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OF
HOMŒOPATHY.

(WITH WHICH THE ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND THE ANNALS OF
THE LONDON HOMŒOPATHIC HOSPITAL ARE INCORPORATED.)

EDITED BY

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

AND

RICHARD HUGHES, L.R.C.P.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE QUESTION OF THE DOSE,
TREATED BY A GENERAL STATISTICAL INQUIRY.

By Dr. BAYES.

IN the series of papers on Posology recently read before the British Homœopathic Society and at the Congress at Oxford, our learned and talented confrère, Dr. Black, proposes that we should cut the gordian knot involved in the question of the dose, by abandoning the higher dilutions, and by treating all diseases by doses varying from the crude drug or crude tincture up to the 3rd centesimal dilution or trituration.

The real question at issue, in the consideration of Dr. Black's proposal to thus simplify our homœopathic posology, lies within very narrow limits, involving only the inquiry into how far "all the requirements of practice" are fulfilled by a range of medicinal preparations extending from "material doses of the crude substances up to the 3rd centesimal dilution."

In the able papers in which Dr. Black has advocated this limitation of the dose, he does not "deny the action of the higher dilutions," but he does deny their *necessity* for the purposes of cure, holding that the cases where the higher dilutions act better than the lower are so exceptional,

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and, therefore, their advantage is so rare, that it is more than counterbalanced by the disadvantages attending their use.

We may, therefore, consider that the whole force of Dr. Black's argument lies within the single question, "Are there any classes of disease in which the 3rd dilution, and the still lower medicinal preparations, fail to act curatively, where the higher dilutions, nevertheless, possess the power to cure?"

If there are such cases, more especially if there are whole series of such cases, then our duty to our patients demands that we shall not abandon the higher dilutions.

It is impossible to decide this important question by arguments; facts alone can answer it satisfactorily.

Nothing is more easy than to assert or deny the universal efficacy of the low or the high dilutions respectively. But few things are more difficult of proof than either proposition. It is a matter of extreme difficulty to assign its true value to an isolated or individual case of reported cure, so many sources of fallacy surround all so-called medical facts, but if we collect a very large mass of observations made by a considerable number of fairly competent observers, many sources of error are self-corrected, and the statistical method gives a value to a mass of observations which does not belong to observations in detail.

I have, therefore, been led to adopt the statistical method of inquiry into the general facts relating to high and low dilution-giving, and have investigated the question as to what is the present practice of those English physicians who profess homœopathy.

If we find that a large number of physicians are in the habit of giving certain dilutions, in a certain class of cases, as the result of their general experience in practice, and if we find that the adoption of their present line of practice has been the result of experiment into the relative value of the different dilutions, then we may fairly accept the present practice of these physicians as having collectively a very material value in determining the question at issue.

The collective experience of a large number of physicians must always possess a far higher value than the individual experience of one man, which, from the nature of things, must be comparatively limited. I do not mean to assert that majorities are invariably right, but I think we may safely claim that where a large number of men are honestly experimenting into such a question as that which is now before us, the verdict of the majority will represent a near approach to the truth.

In pursuing the inquiry I am well aware that there are several sources of fallacy to be guarded against. For example, the question is not to be decided by the opinion of men who, having adopted low dilutions from the first, or high dilutions from the first, have so continued to practise. The observations of these gentlemen may prove that low dilutions cure, and that high dilutions cure, but their experiments do not touch the question whether *all diseases are best cured by dilutions and medicinal preparations below the third*, as the one will assert, or whether *all diseases are best cured by the higher dilutions* as the other insist. Nor will the greater success in practice of a given low dilutionist, as compared with the success of a given high dilutionist, or *vice versa*, be a proof of relative value, because the one man may be a better physician, a more accurate observer, or an abler man than the other. But a fair comparison does exist between the relative results of the practice of the same man, giving the different dilutions experimentally.

If we thus appeal from Alexander the high to Alexander the low dilution-giver, we may accept his award as of some value. Still there are many contingencies which may invalidate or weaken even this testimony when it rests solely on the experience of one man, and the only method by which we may correct this source of error, with some chance of success, is to treat the matter statistically, by collecting the evidence of a number of men, and to accept the verdict of the majority of such observers.

With a view to attain statistical information, based upon the principles thus laid down, I drew up the following six

queries, a copy of which I forwarded to every member of the homœopathic body whose name appeared in the *Homœopathic Directory* for 1871.

1. How long have you practised homœopathy?
2. What are the dilutions or doses you mostly prescribe?
3. What are the highest dilutions you prescribe and in what class of cases?
4. What are the lowest attenuations or doses you prescribe, and in what class of cases?
5. Do you prescribe now the same dilutions as you did when first practising homœopathically?
6. If you have changed your method of practice, please state your reasons?

Two hundred and sixty-nine names appear in the *Directory*; one hundred and seventy-three answers have been received from the gentlemen whose names I append.

The following list will show the general quality of the evidence afforded. I do not propose to attach to the opinions which I have tabulated below the names of the observers (which course of proceeding would be open to many objections); but I have classified the observers according to the length of time during which they have practised their profession.

I have most cordially to thank the gentlemen who have so promptly and cordially responded to my appeal, and I trust that not only will the record of their practice and experience prove of great value at the present crisis, but that it will form a landmark which will enable us at some future date to refer to the position of homœopathy in 1871, and thence to compare its direction and progress during the next decade.

List of registered physicians practising homœopathy, who have answered the queries on which these statistics are based.

1. Physicians who have practised homœopathy for thirty years and upwards.

Dr. Cronin.	Dr. Lillie.
„ Drysdale.	„ Malan.
„ Dunn.	„ Newman.
„ Hayle (Rochdale).	„ Norton.
„ Hamilton.	Mr. Robertson.
„ Holland.	Dr. Roth.
„ Henriques.	„ Veittinghoff.
„ Ker.	„ Walker.

2. Physicians who have practised homœopathy from twenty to thirty years.

Dr. Acworth.	Dr. Kyngdon.
„ Anderson.	„ Lyschinski.
„ Booth.	„ Luther.
„ Barfoot.	„ Leadam.
„ Brady.	„ Laurie.
„ J. D. Blake.	„ Lowder.
„ Bradshaw.	„ Marsden.
„ Craig (Scarboro').	„ Massey.
„ Cockburn.	„ Millard.
„ Cutmore.	„ McSwinney.
„ Cochran.	„ Millin.
„ Dudgeon.	„ Madden.
„ Drury.	„ Metcalfe.
Mr. Engall.	„ J. Moore.
Dr. Guinness.	„ Powell.
„ Hilbers.	„ Reynolds.
„ Suss-Hahnemann.	„ Reed (Denmark Hill).
„ D. Hands.	„ Ryley.
„ J. Hands.	„ H. Reynolds.
„ Hale.	„ J. Roche.
„ Johnson.	„ Ransford.
„ Kelsall.	„ Smart.

Dr. Strong.	Dr. Walker (de Noe).
„ Scriven.	„ Wright.
„ Tuckey.	„ Wyld.
„ Tate.	„ Wilson.
„ Walter.	„ N. Wood.
„ Williamson.	„ Yeldham.

3. Physicians who have practised homœopathy from fifteen to twenty years.

Dr. Ayerst.	Mr. Clare.
„ Arrowsmith.	Dr. Drummond.
Mr. Ayerst.	„ Galloway.
Dr. Baikie.	„ Hayward.
„ Bayes.	„ Kennedy.
„ Cartwright.	„ S. Morgan.
„ Cochran (Glasgow).	„ Shepherd.
„ Craig (Cranlington.)	„ Scott.
Mr. A. C. Clifton.	„ Theobald.

4. Physicians who have practised homœopathy from ten to fifteen years.

Dr. Blackley.	Dr. R. Hughes.
„ J. W. Blake.	„ Irwin.
„ Bryce.	„ Irving.
„ Croker.	„ T. Miles.
„ Collins.	„ Mansell.
„ Carfrae.	„ Nankivell (York).
„ E. Cronin.	„ Pritchard.
„ Dalzell.	„ Pyburn.
„ Dixon.	„ Pearson.
„ Day.	„ Rayner.
„ Evans.	„ Rowan.
Mr. Freeman.	„ Reed (Lynn).
„ Frazer.	„ Harmar-Smith.
Dr. Gutteridge.	„ Tudge.
„ Gardiner.	„ Wheeler.
„ Harper.	„ Wilde.
„ Harvey.	„ Walls.
„ Harmer.	

5. Physicians who have practised homœopathy for less than ten years.

Dr. Ainley.	Dr. Mahoney.
„ Balcher.	„ Moore.
„ Butler.	„ Maffey.
„ Bodman.	„ MacIlwraith.
„ Battye.	„ Morehouse.
„ Berridge.	„ Nankivell.
„ Burwood.	„ O'Brien.
„ Dyce Brown.	„ O'Neill.
„ E. Blake.	„ Phipps.
„ Croucher.	„ Proctor.
„ Coghlan.	„ H. Robinson.
„ Cooper.	„ Ramsbotham.
„ G. Clifton.	„ E. Reynolds.
„ G. A. Craig (Birmingham).	„ W. Roche.
„ J. Craig (Stoke-upon-Trent).	„ H. Reed.
„ Chalmers.	„ Slack.
„ Galgey.	„ Sewell.
„ Flint.	„ Simpson.
„ Fleury.	„ Thomas (Birmingham).
„ Fernie.	„ Usher.
„ Vaughan-Hughes.	„ Wolston.
„ Haughton.	„ E. Williams.
„ Lade.	„ A. Williams.
„ Morrison.	„ Wallis.

I. The above, 173, physicians may be divided, firstly, into HIGH DILUTIONISTS, *i. e.*, men who give high dilutions (30ths and upwards) exclusively, or almost exclusively. These observers number 9.

Three of the nine have had thirty or more years' experience.

One from twenty to thirty years.

Three from fifteen to twenty years.

Two less than ten years.

The first four have never changed their practice.

The next three have changed from the lower to the higher.

One of the two last has also changed from the lower to higher; the other has always given the high dilutions.

The reasons given by the four gentlemen who have adopted the higher and abandoned the lower dilutions may be summed up in the general statement that where low dilutions failed, higher dilutions, accurately chosen from their exact homœopathic relation to the disease, were found to cure.

II. We next come to the **LOW DILUTIONISTS**, *i. e.*, men who give low dilutions (ϕ to 3rd habitually; 6th being their upward limit) exclusively.

These observers number 44.

Three of the 44 have had thirty or more years' experience.

Sixteen have had from twenty to thirty years' experience (10 give no higher than the 3rd decimal, and 4 go no higher than the 3rd centesimal).

Four have had from fifteen to twenty years' experience.

Seven have had from ten to fifteen years' experience.

Fourteen have had less than ten years' experience.

Twelve of the low dilutions given have made no change from the beginning.

Twenty-nine give lower dilutions than at first. (It is, however, only right to state that fourteen of these gentlemen only appear to have given, at any time, dilutions higher than the 6th. The other fifteen have descended from the low to the lower or lowest, and have never given any high dilutions.) Several of these extremely low dilutionists are in the habit of occasionally giving physiological doses of *Morphia, Quinine, &c.*

One is gradually going up higher, finding the 6x and 12x act beneficially where the dilutions below 3x had failed.

One confines himself to the 1st, and another to the 3rd dilution.

The general reasons assigned for giving the lower dilutions and crude drugs appear to point to the fact that, in many cases, those who administer them use the physiological

effects of the drugs rather than their homœopathic action.

The mother tinctures are given in the acutest cases, in order to "bring the patient under their influence as speedily as possible." They are given also in spasmodic affections, spermatorrhœa, acute and chronic dysentery, diarrhœa, asthma, hæmorrhage, pneumonia, cramp, rheumatic fever, syphilis, obstinate vomiting, typhus fever, hepatic obstructions.

In milder cases, sensitive patients, nervous disorders, young children, chronic cases, &c., the 2x, 3x, to 6x are used.

Some low dilutionists give concentrated medicines, or allopathic medicinal preparations, in many cases of acute disease.

One gentleman acknowledges that twenty years' previous allopathic practice, and the popular feeling against high dilutions prejudiced him against them, and, therefore, he now never uses them. Another thinks it is not our duty to widen the breach between ourselves and the allopaths. Another thinks the lower dilutions more reliable, and that their administration is less likely to cause aggravations.

Certain medicines are used by some low dilutionists in their crude preparations, &c. *Iodide of Potassium*, *Quinine*, *Senna*, the tinctures of vegetable drugs, *Morphia* in palpable doses, to induce narcotic results, &c.

One observer thinks we have far too many drugs.

Two think only one dilution is needful; one invariably uses the 1st, the other the 3rd; neither has ever varied his practice nor seen reason to do so.

Beside all these reasons there is the general theoretical belief expressed that high potencies can have no power over acute and dangerous diseases, and that these diseases are nevertheless readily controlled by low dilutions. There are also brought to bear against high dilutions precisely the same objections that are used by allopaths against homœopathy in general.

The real force of the arguments used is contained in "the conviction that the lower dilutions have a virtue in them

which the higher have not, and that the lower cure where the higher fail to do so.

III.—Those who prescribe both high and low dilutions. These may be divided into—

1stly, those whose extreme range is from the very low and the medium dilutions, to the 200th, or by some practitioners higher.

2ndly, those whose extreme upward range is the 30th dilution.

Both these classes may be subdivided into—

a. Those who habitually prescribe from the lowest to the highest in all classes of cases.

b. Those who habitually give the lower or medium dilutions, but occasionally give the higher.

1stly. *a.* Five gentlemen prescribe all dilutions from the lowest to the 200th habitually, in both acute and chronic cases.

b. Forty-six prescribe the lower or medium dilutions habitually, but occasionally have recourse to 200th (of these seven also use dilutions higher than the 200th in certain cases).

One of the above forty-six has practised for over thirty years. Twenty-three of the above fifty-one have practised for twenty years and upwards, twelve from ten to twenty years, fifteen for less than ten years.

Twenty have not changed their mode of practice.

Twenty commenced with lower dilutions or mother tincture and have gradually adopted the higher dilutions.

Eleven, though occasionally giving high dilutions, yet in the majority of their cases give lower dilutions than at first.

2ndly. Those whose extreme upward range is the 30th.

a. Fifteen prescribe all dilutions from the lower or medium dilutions to the 30th habitually in both acute and chronic cases.

b. Thirty-seven prescribe the lower or medium dilutions habitually, and in certain cases give the 30th.

Seven of the above fifty-two have practised for above thirty years; thirteen have practised for more than twenty

years ; twenty for between ten and twenty years ; twelve for less than ten years.

Twenty-nine of the above prescribe precisely as at first.

Six prescribe higher dilutions than at first.

Seventeen prescribe the low dilutions more often than at first.

Those who have descended the scale give as their reasons, that the lower dilutions appear to them to control acute disease more readily than the higher ; some because they have less confidence in the preparation of the medicines than formerly ; some because their patients like the lower dilutions better than the higher.

Some give certain medicines in massive doses or in the lowest dilution or trituration—*e. g.*, *Quinine*, *Iron*, *Felix mas.*, *Sassap.*, *Apis*, *Camph.*, *Digit.*, *Sambucus*, *Actea*, *Amyl. nit.*, *Bism.*, *Cauloph.*, *Coff.*, *Colchicum*, *Ipec.*, *Kali Iod.*, *Opium*, *Verbasc.*, *Digitalis*, *Baptisia*, *Drosera*, *China*, *Helonias*.

Some give the lower dilutions in certain classes of disease, *e. g.*, in diseases of relaxed fibre, insomnia, alcoholism, and acute diseases ; venereal disease, &c. ; pertussis, hæmorrhages, dropsies ; in blood-poisons, putrid fever, diphtheria, diseases of mucous membranes, skin diseases, acute rheumatism.

One gives five to ten drops of matrix tinctures for a dose in hæmorrhages, spasms.

The reasons assigned for giving the higher dilutions are in chronic cases ; in cases where a medicine being strongly indicated the low dilutions have failed. In diseases of infants, in extremely susceptible patients, in constitutional and hereditary ailments, in diseases of the bones and nervous system, in glandular and strumous diseases, in phthisis, in fevers, skin diseases, and in very recent cases.

Some give certain medicines in the high dilutions, *e. g.*, *Carbo veget.*, *Lycopodium*, *Arsen.*, *Baryt.*, *Calcarea*, *Hepar*, *Phosphorus*, *Silica*, *Sulphur*, *Sepia*.

IV. Those who give from the low to the medium dilutions.

Seventeen prescribe habitually the lower dilutions, reaching the 12th as their utmost range.

Seven of these prescribe as they did at first.

Two have gone from the lower to the higher dilutions, with advantage.

Eight have changed by adopting lower dilutions than at first, finding them more successful.

Six of the above have practised from twenty to thirty years.

Four from ten to twenty.

Seven for less than ten years.

The reasons given for the employment of the higher and lower dilutions are precisely the same as those above enumerated.

V.—The positive evidence in favour of the curative value of the higher dilutions contained in the fact that 112 out of a total of 173 physicians, some wholly, a large number habitually, and the remainder occasionally, prescribe dilutions above 30ths, sixty of whom, *i. e.*, $\frac{6}{11}$, prescribe 200th more or less often.

If we still further analyse this evidence we find that those whose experience extends over the whole range of dilutions, low as well as high, number 103.

Of this 103, twenty-six commenced with the lower dilutions, and by the force of experience have been induced to give the higher.

Forty-nine have always been in the habit of using the higher dilutions as well as the lower, and being satisfied with the utility of both, continue to use them.

Twenty-eight prescribe the lower dilutions more frequently and the higher more rarely than at first.

It thus appears that the general evidence is in favour of the continued use of the higher dilutions in certain classes of disease, for while twenty-eight are less satisfied with the higher dilutions than they were at first, twenty-six are more satisfied with their efficacy and use them more frequently; and forty-nine who from the first have used the high dilutions, continue to do so from their practical belief in their superior curative power in certain affections.

If we pursue our inquiry down to those who use dilutions

extending to the 12th, we add seventeen more names to our list, making a total of 127 returns out of 173, who are in the habit of using dilutions above the 12th.

Of those whom I have classed as low dilutionists fourteen are in the habit of using the 6th dilution in certain cases, and thus we have a total of 143 physicians out of 173 who are in the practice of prescribing dilutions above the 3rd centesimal in certain conditions of disease.

As to the weight of general testimony in favour of the higher dilutions, therefore, there can be no question in the mind of an unprejudiced observer.

Out of sixteen physicians who bring more than thirty years' experience to bear on this question, 12* give proof of their belief in the utility of dilutions ranging upwards to 30th, and above, by prescribing them in certain cases of disease.

Thirty-seven out of fifty-five who have practised from twenty to thirty years.

Thirty-five out of fifty-three who have practised from ten to twenty years.

And twenty-nine out of forty-eight who have practised for less than ten years give similar practical testimony to their belief in the usefulness of these higher dilutions.

The weight of testimony against the high dilutions is both positively and comparatively less.

Out of sixteen who have practised upwards of thirty years three only confine themselves to low dilutions.

Sixteen out of fifty-six who have practised from twenty to thirty years.

Eleven out of fifty-three who have practised from ten to twenty years.

Fourteen out of forty-eight who have practised for less than ten years also confine themselves to the low dilutions.

(I have left out of consideration the seventeen who confine themselves to the 12th.)

It will, therefore, be seen that it is not the enthusiasm of youth nor the dogmatism of age which yields us this

* The one additional, not shown in the tables, is a gentleman who did not return a full answer, but sent a note, saying, "I have an ever-increasing faith in the higher dilutions, though I do not confine myself to them."

testimony in favour of the higher dilutions, but that a large majority of physicians practising homœopathy, an absolute majority among each decennial period of professional life, bears this practical evidence to their curative utility.

The value of this testimony is shown to be much greater if we eliminate from each side those observers who have never practically tested the dilutions whose administration they oppose.

For example, we find among the 110 who testify in favour of the value of high dilutions, five only who have never used the low dilutions; while among the forty-four who deny the value of high dilutions, thirty have never even experimentally tried them.

It will, therefore, be seen that the real value of the comparative testimony resolves itself into this—107 physicians who have tested various dilutions in the course of a number of years, testify in favour of the utility of the high dilutions in certain cases. Fourteen physicians who have so experimented, have abandoned the use of high dilutions, having found the lower more efficacious.

We will now proceed to examine the special instances in which those who use both low and high dilutions prescribe the higher by preference.

1. In chronic cases.
2. In diseases of the brain.
3. In diseases of the nervous system generally.
4. In the case of patients who are highly nervous and hysterical.
5. In cases occurring in infants and young children.
6. In nervous derangements of function.
7. In cases where patients are extremely sensitive.
8. In diseases of the skin.
9. In acute specific disease, *e.g.*, scarlatina, variola, erysipelas, &c.
10. In chronic ulcers.
11. In pneumonia and fevers.
12. In acute rheumatism.

13. In constitutional and hereditary ailments, phthisis, strumous diseases, marasmus, glandular disease.
14. In obstinate constipation, for its radical cure.
15. In diseases of the bones.
16. In certain diseases of the eye.
17. In cystic or encystic tumours.
18. In the simplest forms of leucorrhœa.
19. In acute, subacute, and chronic cases whenever the symptoms can be accurately covered by a medicine.
20. In cases where patients do not respond to a medicine in low dilution, though accurately chosen.
21. In the case of certain medicines, as *Arsen.*, *Baryta Carb.*, *Calc. Carb.*, *Hepar sulph.*, *Lycopod.*, *Phosphorus*, *Silica*, *Sulphur*.

Let us now turn to examine the special instances in which those who use both high and low dilutions claim a superior efficacy in favour of the lower.

1. In acute cases generally.
2. In the premonitory stage of acute disease.
3. In cases resembling violent drug action.
4. In acute inflammation of vital organs.
5. When organic mischief is pending, as in hepatic obstructions.
6. When it is desired to act physiologically.
7. In acute phases of chronic disease.
8. In acute inflammations, croup, pneumonia, quinsy, peritonitis, bronchitis.
9. In rheumatic fever.
10. In blood poisons, typhus, putrid fevers, diphtheria, typhoid fever.
11. In cholera, diarrhœa, dysentery.
12. In syphilis and gonorrhœa, and spermatorrhœa.
13. In affections of the mucous membranes; in abortions.
14. In asthma, whooping cough.
15. In obstinate vomiting, dyspepsia, and jaundice.
16. In cancer, ulcerations, and in skin diseases.
17. In cases previously much drugged.

18. In inactive livers and dropsies.
19. In debility from loss of animal fluids ; in low vitality tending to phthisis.
20. In affections of drunkards.
21. In cases where patients live too high, and eat too much flesh and drink too much wine.
22. In people of sluggish temperament.
23. In business men ; in persons of strong nervous systems.
24. In cases of injuries.
25. In diseases characterised by agonising pain ; in dysuria.
26. In diseases affecting the constitution of the blood, *e. g.*, anæmia, &c.
27. In miasmatic poisons—intermittent fevers.
28. In otalgia.
29. In debility of the heart.
30. In paralysis—paralysis of bladder.
31. In case of certain medicines, *e. g.*, *Aconit.* in acute inflammation ; *Belladonna*, *Bryonia*, *Cactus*, *Digitalis* in weak heart ; *Camphor*, *Conium*, *Mercurius*, *Quinine*, *Ferrum*, *Morphia*, *Senna*, *Filix mas*, *Sassap.*, *Apis*, *Sambucus*, *Coff.*, *Ipecac.*, *Tart. emet.*, *China*, *Verbascum*, *Bismuth*, *Amyl. nit.*, *Cauloph.*, *Iodid. of Potass.* ; and for the most part all the new American remedies—*Podophyllum* in $\frac{1}{2}$ -gr. doses, *Colchicum*, *Cannabis*, *Drosera*, *Kali bich.*, *Kali chlor.*, *Mercur. iod.*

From the above lists it will be seen that whatever divergence of opinion there may be as to the comparative value of the high and low dilutions in cases of acute disease, yet there is no such question as to the greatly superior efficacy of the high and highest dilutions in the treatment of chronic ailments.

The testimony in favour of the efficacy of the higher dilutions in the cure of chronic diseases is almost unanimous among those who use both low and high dilutions, and is as strong or if anything stronger than any evidence we possess as to the curative power of any class of medicine in acute disease.

It is often difficult, if not impossible, to define with precision what part a medicine has had in the cure of acute disease. There is the natural tendency to recover (the *vis medicatrix naturæ*) in acute disease, there are the changes of habits, the altered diet, the genial warmth of bed, the enforced rest, and numberless other circumstances to rival, if not to supersede, the asserted efficacy of medicinal dosings.

But in chronic disease it often happens that the sole change in the patient's habits, is the addition of the medicinal dosings, and so far from there being a spontaneous tendency to recovery, the ailments have gone from bad to worse, until they have come under the care of the last-chosen physician. Hence a testimony as to the curative value of certain dilutions in the treatment of chronic ailments is of far more value than similar testimony would be in favour of their cure of acute disease.

It is also worthy of remark, that the same relative experience is to be found among those physicians who chiefly or wholly rely upon the lower dilutions; for we see that where the same practitioner is in the habit of prescribing several dilutions he invariably prescribes the higher in the chronic cases, and the lower in the more acute.

This rule holds good almost universally, whether a man's range of dilutions be from ϕ to 3rd, or from 3rd to 200th.

This persistent relation of the disease to the remedy must be more than a mere coincidence or passing fancy. "The more chronic the disease the higher the dilution," is the rule expressed by one of the physicians making these returns, and this principle appears to govern the majority of our practitioners. Another physician lays down the rule, "the more recent the disease the lower the dilution." This gentleman gives all dilutions from ϕ to 200.

If we now proceed to examine the second list, that of those diseases in which physicians, using both high and low dilutions, prefer the action of the lower dilutions, we find an almost equally unanimous testimony in favour of the use of the lower dilutions in acute diseases. It is true that there are certain acute diseases in which some of these

physicians prefer the higher dilutions, but these are exceptional cases, and the general rule affirmed by the experience of the majority is, "the more recent and the more acute the case, the lower should be the dilution or preparation employed in its cure."

In still further comparing the above lists of diseases which are said to be respectively best treated by the high and the low dilutions, it will be found that there exist many differences in the lists worthy of remark in addition to that broad difference which makes the one relate chiefly to chronic and the other to acute disease.

In the high dilution list we see it insisted upon that the symptoms of the disease should be accurately covered by the medicine. This important principle of homœopathic practice is nowhere insisted upon in the returns relating to low dilutions, a general correspondence is the most that appears to be claimed, and in many cases this even is not insisted upon by all, but the physiological action of the medicine is employed, and a kind of modified allopathy or antipathy takes the place of true homœopathy. It is not from its homœopathic relation to constipation that *Podophyllum* is given in $\frac{1}{4}$ to $\frac{1}{8}$ grain doses, or *Tinct. of Hydrastis* ϕ in 10-drop doses. It is not homœopathically that *Iodide of Potassium* is given in large doses in rheumatism or syphilis, or that *Colchicum*, in material doses, is given in gout, *Iron* in massive doses in anæmia, *Morphia* to subdue pain and restlessness, *Bromide of Potassium* to cure epilepsy, &c.

In all these cases the physiological action is sought, and it is a mild allopathy* and not homœopathy which here brings us its witness. We find that the practitioners who most largely use the lowest dilutions are also the men who most frequently meet with failures when employing medicines prescribed on a supposed homœopathic relationship to the

* I am told by a chemist that one of the leaders of this school employs a French quack medicine in gout and rheumatism; another chemist I found making *Tannin* suppositories, to be introduced per vaginam in cases of relaxation of the female organs. Such departures from scientific medicine are not found in the practice of those who use the higher dilutions.

disease, and hence that they are also to be found using both legitimate and illegitimate adjunctive means.

Abandoning the high dilutions is, in point of fact, abandoning the means of curing and of alleviating homœopathically a large class of chronic and some acute diseases; and those who so abandon the high dilutions find themselves driven to use palliatives, such as *Tannin* suppositories, quack cures for gout and rheumatism, purgatives and opiates.

These are some of the facts which are taught us by a perusal of the experience of the 173 gentlemen whose returns I have submitted to analysis above. There are still some points and some opinions to which I may draw attention in a subsequent paper. My general argument, founded on my own experience and on that thus furnished by my 173 confrères, is this:—that the curative properties of medicines given from their homœopathic relation to disease are not confined to either the low or the high dilutions.

That the physician who confines himself to the low dilutions will leave a large mass of chronic disease uncured.

That the physician who confines himself to the high dilutions will leave a large mass of acute disease imperfectly controlled.

That, as Hahnemann has well said in his *Organon*, Section I, “The physician’s high and *only* mission is to restore the sick to health, to cure, as it is termed,” and, therefore, he is bound to use all and every means to cure his patient, and ought not from any motives of expediency to abandon that method which is the most curative in any given case.

To abandon all dilutions higher than the third would indeed save us brain-work, and save the chemist handy-work, but it would also leave a good deal of cure-work unperformed.

Hence I conceive that the proposition brought forward by Dr. Black not only ought not to be adopted, but I further infer, from the returns above analysed, that it will not be entertained by the majority of our body.

On the other hand, it is to be hoped that this proposition will excite us to a more careful consideration of the circumstances which make one dilution more curable in one class of cases and another dilution more efficacious in an opposite class of cases. The rules which should decide us in the selection of a dose, at present, want precision, but this is not to be attained by theoretical or dogmatic assertion on either side; it can only be arrived at by a careful comparison of a long series of well-selected facts.

For my own part, the examination I have made into the actual practice of my colleagues, as shown in the returns now before me, gives me a greater confidence in the curative range of the higher dilutions than I have hitherto felt.

It is, perhaps, premature to hazard a theory for the selection of the higher or lower dilutions on the somewhat crude reports condensed above, but they tend to point to the general fitness of the lower dilutions and massive doses to meet and cure the early stages of zymotic disease, and of all disease which arises from the introduction of germs or morbid materies into the system and from its development and fructification within the body.

But this must be qualified by the further observation that when the acute disease has run its course the higher dilutions appear to be more fitted to restore balance to the convalescent body or to cure the sequelæ.

On the other hand, the higher dilutions seem to be fittest in cases of chronic morbid change of structure and of derangement of function, especially when it depends on loss of nervous balance.

The general experience also points to the use of the lower dilutions or massive doses when medicines are used as hæmatics; and an equal testimony is given in favour of the higher dilutions when medicines are given as neurotics.

These are the chief general lessons which may be fairly deduced from the mass of evidence laid before us, and they appear to me to deserve our very serious consideration and experimental examination.

Conclusions.

It is difficult at present to lay down definite rules for the selection of low dilutions in certain cases, and high dilutions in others; but my own experience and the collective experience of the majority of the physicians who have sent in their replies appears to point to some rules for selection of the dose, worthy a fair trial if not at present to be admitted as absolute.

1. Diseases which own an external material cause, whether such cause be "germs," "fungi," "fermentations," or "parasites," comprising syphilis, gonorrhœa, verminous disease, zymotic and miasmatic diseases, &c., appear to be best treated during their early and acuter stages by low dilutions.

2. But, on the other hand, diseases owning a depressed vitality of nerve force as their sole cause, where derangement of function or destructive metamorphosis of cell-tissue, or morbidly constructive metamorphosis of cell-tissue constitute their development and course, then the high dilutions seem to be most useful.

3. Following the same rule we find that, during the invasion and acute stage of certain diseases, the low dilutions are most applicable; whereas, on the other hand, their sequelæ are best treated and their convalescence best assured by high dilutions; *e.g.*, in scarlatina a low dilution may check the extent of the disease, and prevent its destructive power to some degree, but when the germs have developed, effloresced and died, the subsequent sequelæ, albuminaria, &c., are best cured by the high dilutions. So also in diphtheria, during the stage of fungoid development, the low dilutions are most applicable, but if paralysis remain, it is best treated by high dilutions.

ON THE MECHANISM OF ACCOMMODATION
FOR NEAR AND DISTANT VISION.

By R. E. DUDGEON, M.D.

No point of the optics of the eye has exercised the minds of physicists and physiologists more than the faculty of accommodation as it is termed, or the adjustment of the optical apparatus of the eye to the vision of objects at a distance and close to the eye.

While some physiologists, as Fletcher of Edinburgh (*Physiology*, Pt. III, p. 48), have denied that any change takes place or is needed in the eye, in transferring the sight from distant to near objects; others have as positively affirmed that a change occurs, and have variously held this change to consist in an increased convexity of the cornea, in an elongation of the ball of the eye, in a forward movement of the crystalline lens, and in increased convexity of the crystalline lens. At the present moment the three former of these views have been abandoned, and almost all physiologists now agree in referring the accommodation of the optical apparatus of the eye, from distant to near vision, to an increased convexity of the crystalline lens.

Dr. Thomas Young (*Phil. Trans.*, vol. xci, 1801) was one of the first to start this notion in the beginning of the present century. He ascribed this increased convexity to a muscular power in the crystalline lens itself,* an idea which has been scouted by most later physiologists, and is now, I believe, completely abandoned.

In 1849, Maximilian Langenbeck (*Klin. Beiträge aus dem Gebiete der Chirurgie und Ophthalmologie*, Göttingen), imagined that he had discovered a circular muscle running round the edge of the crystalline lens, which he termed the

* Young seems to have followed Des Cartes in this view. The French philosopher supposed the crystalline to be a muscle, the ciliary processes being its tendons, and that it adjusted itself by this muscular power to different distances. (*Edin. Encycl.*, Art. "Optics," p. 564.)

musculus compressor lentis accommodatorius, and which he figured in his book; but subsequent observers have been unable to find this orbicular muscle. He first pointed out how the change of shape of this crystalline could be inferred from the alteration observed in the position of the images of a candle reflected from the different dioptrical surfaces of the eye in Sanson's method of examining the eye for cataract.

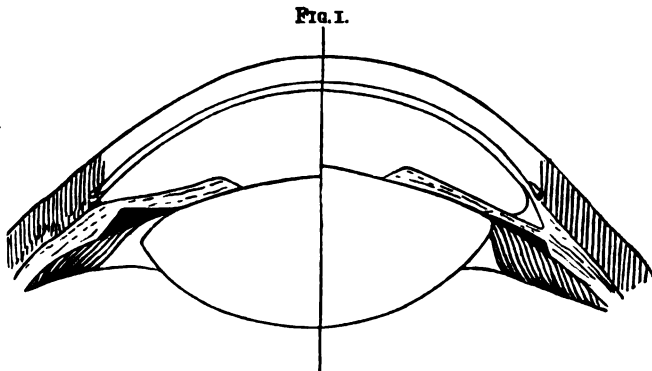
A. Cramer (*Physiologische Abhandlung über das Accommodationsvermögen der Augen, unter Redaction des Autors vermehrt, und aus dem Holländischen übersetzt, von Dr. DODEN, eingeführt von STELLWAG VON CARRION, Leer, 1855*) improved the method of showing the changes in the crystalline lens by the movement of the reflected image of the candle, and he ascribed the increased convexity of the anterior surface of the lens, which he imagined was thereby proved, to the muscular action of the iris.

Helmholtz (*Archiv für Ophthalmologie*, edited by Artl, Donders and von Graefe, Band I, Abth. 2) thus sums up the changes that are now generally believed to take place in the eye when it is adjusted from distant to near vision—

1. The pupil contracts.
2. The pupillary border of the iris moves forward.
3. The peripheric part of the iris recedes.
4. The anterior surface of the crystalline lens becomes more convex, and its vertex moves forwards.
5. The posterior surface of the lens becomes somewhat more convex, and does not sensibly change its place. The lens becomes, therefore, thicker in its centre.

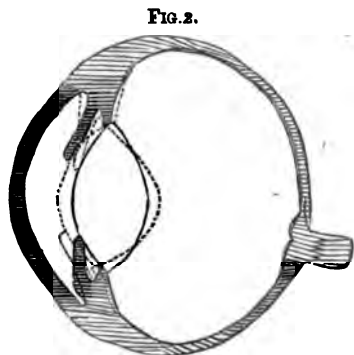
Since a patient of von Graefe's, who had completely lost his iris, was found still to retain the power of accommodation, the notion of the influence of the iris in bringing about this supposed thickening and increased convexity of the crystalline lens has been given up; and it is now held by the principal ophthalmologists to be entirely due to the action of the ciliary ligament, which is now proved to be a muscle by the dissections of Bowman, von Recken, Heinrich Müller, and others, though it is not obvious, from the arrangement of the fibres of this muscle, how it could compress a comparatively

hard body like the lens, or, indeed, how it could compress it at all, were it ever so soft, into the figure it is supposed to assume in accommodation for near vision. I give here the figure



commonly to be met with in ophthalmological works* of the difference in the position of lens and iris when adjusted for distant and for near vision. The left half of the figure shows the supposed state of the eye when accommodated for distant vision, the right the same parts in accommodation for near vision.

A still more striking figure of the same process is given in the joint work of Hensen and Völcker (*Experimental Untersuchung über den Mechanismus der Accommodation*, Kiel, 1868). (Fig. 2.) It will be observed that the lens here



* This is an exact copy of the diagram in Soelberg Wells's work on *Diseases of the Eye*.

depicted not only increases in convexity before and behind, but grows perceptibly larger in passing from distant to near accommodation. (The dotted lines indicate the change supposed to occur.) The authors do not blink this fact, but are quite equal to the task of explaining how this is so. The crystalline lens, they say, consists of a series of tubes arranged side by side. When the eye is in a state of rest, *i. e.* when it is accommodated for distant vision, these tubes are empty, but when accommodated for near vision, the ciliary muscle pumps water from the canal of Petit, which surrounds the lens, into these tubes, thereby increasing the size and altering the shape of the lens. This is a very pretty idea, that the canal of Petit should be, as it were, a main waterpipe with continuous service, ready at any moment to let a full supply of water into the service pipes of the lens whenever the tap is turned on by the action of the ciliary muscle. What a pity the ingenious authors do not inform us what effect this filling of the supposed tubes of the crystalline would have on the refractive properties of the lens, why these capillary tubes do not keep themselves constantly filled without the assistance of the ciliary muscle, or how, being filled, they are to empty themselves again.

Considering the number of great ophthalmologists who have given the authority of their names in favour of the view that the crystalline lens increases in convexity in accommodation from distant to near vision, and of those who have invented such ingenious explanations of the way in which this increased convexity is brought about, it may seem presumption in me to deny that any increase of convexity or alteration of shape occurs in the crystalline at all. Still, I trust I shall be able in the following paper to show that no alteration of convexity takes place in either face of the crystalline in the act of accommodation, and that the phenomena observed during its performance are explicable without having recourse to such an improbable hypothesis.

The optical construction of the eye resembles that of the camera obscura, or photographic camera, the rays of light being refracted by means of a compound lens (made up of the aqueous humour and crystalline lens), so as to be

focussed accurately on the retina, which answers to the screen of the camera. In its state of rest the compound lens of the eye is adjusted for distant vision or parallel rays. Now, supposing the lens of the camera adjusted for distant vision or parallel rays, it is incapable of focussing accurately the rays of light from near objects. The reason of this is, that the rays from a near object impinge on the lens more obliquely than the parallel rays from a distant object, and are therefore focussed beyond the screen adjusted for distant objects. The adjustment for near objects is capable of being effected in several ways.

1. By moving the lens further from the screen, so as to bring the lengthened focus accurately upon the screen.

2. By placing an additional lens in front of the lens adjusted for distance. The focus is thereby shortened to the desired length.

3. By substituting a more powerful lens, consequently one with a shorter focus, for the lens that suffices for distant objects.

4. By retaining the same lens at the same distance from the screen, but giving it a slight turn on its axis. The focus is thereby shortened, but in the case of a lens with spherical surfaces, there occurs more or less confusion of the image depicted on the screen, which is corrected by placing in front of the eye a diaphragm with a small aperture, whereby the aberrant rays of light are cut off and the image is rendered distinct.

Now let us see how these various methods of adjusting the lens of the camera from distant to near objects will help us in understanding the phenomena of accommodation of the eye.

1. It was formerly supposed that the length of the optic axis was increased by the pressure of the external muscles on the eyeball. But this is now known not to be the case, for not only would the simultaneous action of all or some of the muscles not produce this effect (rather the opposite effect), but it has been proved that eyes have retained their adjusting power when all the external muscles are paralysed. Sir David Brewster (*Optics*, p. 302) contended

that the crystalline lens moved further forward, and so increased its distance from the retina, but he does not show us by what mechanism this advance was effected, nor does he tell us what becomes of the portion of the aqueous humour that must be displaced by the advance of the lens. It is evident it cannot be pushed forward, for the cornea does not alter its shape in accommodation for near vision, nor can it find its way to the back of the lens, as the ciliary ligament and zonula Zinnii would effectually bar its passage.

2. When the adjusting power is lost or impaired by old age or other causes, we can cause the rays from near objects to be focussed accurately on the retina by placing a lens before the eye—in short, by wearing spectacles.

3. It was at one time thought that the refractive power of the dioptrical apparatus of the eye was increased by the cornea becoming more convex, owing to the pressure of the external muscles. But it is now ascertained that the convexity of the cornea is not altered in accommodation for near vision. The generally received doctrine now is that the convexity of the crystalline lens, and especially of its anterior surface, is increased in accommodation for near vision. Donders, indeed, goes so far as to give us the exact amount of this increase. He says (*Accommodation and Refraction of the Eye*, p. 67) that whilst the radius of curvature of the cornea remains fixed at eight millimetres, that of the anterior surface of the crystalline lens increases from ten millimetres—its convexity when the eye is accommodated for distance—to six millimetres when accommodated for near objects; the convexity of the posterior surface increasing at the same time half a millimetre.

Now, I have shown in a former article (*British Journal of Homœopathy*, vol. xxix, p. 15) that this supposed increase of convexity of the anterior surface of the lens does not take place; but as this is an important point, I may be pardoned for repeating here my proof of the incorrectness of this view.

The refraction of the eye is, as I said, performed by a compound lens made up of the aqueous humour and

the crystalline. If the curvatures of the cornea and of the anterior surface of the crystalline were spherical, and we knew exactly their radii of curvature, we could easily calculate to a nicety the focus of the lens formed by the aqueous humour. But we know that these surfaces are not segments of spheres, but of ellipsoids; the figure of the cornea being such that it is more convex in the centre than at the sides; whereas that of both surfaces of the crystalline lens is the reverse of this, and they are less convex in the centre than at the sides. Any calculation, therefore, that we make of the focus of the aqueous humour on the supposition that its surfaces are spherical must be erroneous. The measurements given by Donders refer to spherical surfaces, and are a sort of average of the surfaces measured. But as the central portion of the cornea is more convex than if it were spherical, and the central portion of its posterior concave surface formed by the front of the crystalline lens is less concave than if it were spherical, and, moreover, as it is only through this central portion that the rays of light have access to the interior of the eye, the remainder being covered up by the iris, it is obvious that the aqueous humour must have a shorter focus than it would appear to have from calculations based on the idea that its surfaces are spherical. And this we find to be the case in reality. For if we immerse the eye in water, and thereby extinguish the lens formed by the aqueous humour (water having the same refractive power as the aqueous humour, and light consequently undergoing no refraction when transmitted through it to the aqueous humour), we find that to supply the place of this lost lens we require an artificial lens with a focus in water of an inch and a half. But calculations made on the supposition that the surfaces of the lens are spherical and of the convexity set down by Donders would make it a lens of about two inches focus; whereas the experiment under water shows that it is a lens of one and a half inch focus.

If the prevalent idea were correct, viz. that in accommodation for near vision the anterior surface of the lens increased in convexity, thereby increasing the concavity of the aqueous lens, then we should find that, when looking at

near objects below water, we should require a less powerful lens than that indicated. If the supposed increased convexity of the anterior surface of the crystalline should *make it equal* to that of the cornea, the aqueous lens would cease to be a lens at all, and we should require no artificial lens below the water to enable us to see near objects. But if, as Donders alleges, this increase in the convexity of the anterior surface of the crystalline *exceeds* the convexity of the cornea, instead of a convex lens, we should require a concave lens to replace the lost lens of the aqueous humour. But as I have proved that we require an artificial lens of equal power for near and distant vision to replace below water the lost aqueous humour lens, it is evident that no change in the convexity of the crystalline occurs in accommodation for near vision.

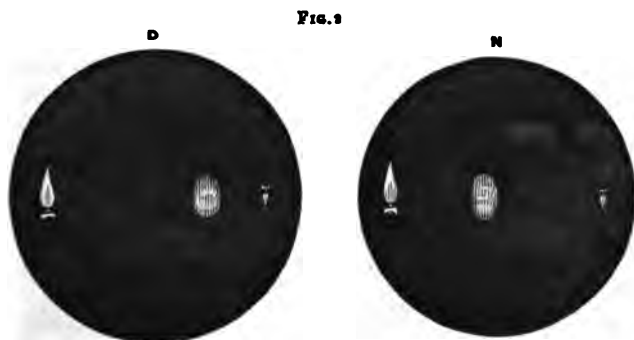
If the convexity of the crystalline increased in accommodation for near vision, and the lens consequently increased in thickness in the middle, it must diminish in circumference, and consequently the edge of the lens must be further removed from the ciliary processes (supposing these to remain fixed) in near than in distant vision. But though Becker, quoted by S. Wells (*Dis. of Eye*, p. 538), says he observed an increase of space between the edge of the lens and the ciliary processes in albinotic eyes during accommodation for near vision, Graefe alludes to nothing of the sort in the case of aniridesis with perfect accommodation described by him; indeed, although he says "it was easy to convince oneself of the increased convexity of the anterior capsule when the eye was accommodated for near vision" (he does not say how this conviction was obtained), he confesses that no change in position or form of the ciliary processes could be detected (*Arch. f. Ophth.*, Bd. vii, Pt. 2, p. 150). Nor could Donders observe anything like it in cases where iridectomy had been performed and the margin of the lens was visible, though it is right to say that Coccius (*Mechanismus der Accommodation des menschlichen Auges*, Leipzig, 1868) says that, in persons in whom iridectomy had been performed, he observed the ciliary processes swell and move forwards during accommodation for near vision.

It should always be borne in mind that there is nothing in the structure of the eye, nor yet in the fact that it is a living organ whilst other optical instruments with which we can compare it are dead matter, that can remove it from the dominion of those laws of optics that govern other optical instruments. There is nothing more easy than to prove the truth of the remarks I have just made by the employment of lenses of glass and water: If we take a glass lens of any convexity, ascertain its focus, and by the aid of a watch-glass of greater convexity form over it a water lens in imitation of the arrangement of the aqueous humour and crystalline of the eye, we shall find that the focus of this compound lens is shortened to an extent proportioned to the difference between the greater convexity of the watch-glass and the smaller convexity of the glass lens. The enclosed water between the watchglass and surface of the glass lens has the form of a meniscus, which is a lens that converges the rays of light, consequently adds to the refractive power of the glass lens below it. If we now take a watch-glass of less convexity than the glass lens, and by means of it placed over the glass lens form a water lens, we shall find that the compound lens thence resulting has a longer focus, consequently is of less refractive power than the glass lens by itself. In this case, the water lens having a concavity of a smaller radius of curvature than its convexity, is what is called a concavo-convex lens, that causes divergence of the rays of light. But this is what is supposed to occur in accommodation of the eye for near vision. That nothing of the kind takes place, but that the aqueous lens of the eye always remains a meniscus of considerable power, viz. having a focus of one and a half inch, is proved by the immersion experiment above described.

4. Thus, as the shortening of the focus of the dioptric apparatus of the eye in adjustment for near vision is not effected by an advance of the crystalline, nor by the addition of a supplementary lens, nor by any increase in the convexity of the cornea or crystalline lens, it can only be brought about by a slight rotation of the crystalline lens on its axis, and a careful observation of the movement of the image of

the candle reflected from the anterior surface will teach us the direction of this rotatory movement of the crystalline in the adjustment from distant to near vision.

In order to observe this movement with the greatest accuracy, I constructed an apparatus similar in principle to that used by Cramer for the same purpose, but modified in such a manner that I could at will observe the eye from either side, while the candle was placed on the opposite side. While the observed eye was steadily fixed on an object right in front of it, the light of the candle impinged on the observed eye at 30° on one side of the line of vision, and I looked at it through a microscope of low power, placed at an angle of 30° on the other side of the line of vision. In this way I could see (fig. 3) the three images of the candle as



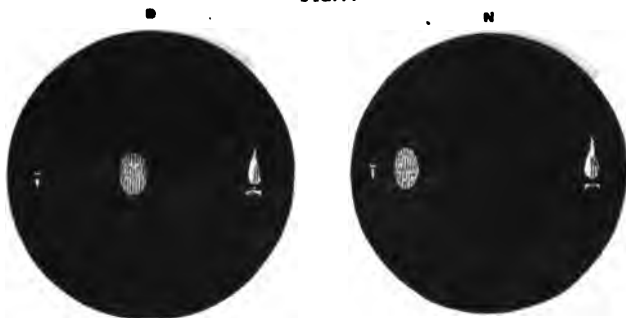
they were reflected respectively from the cornea, the anterior surface, and the posterior surface of the crystalline.* When

* In the figures that follow, representing the appearance of the candle flame in the pupil, the largest bright image is the reflection from the cornea, the large dim image that from the anterior surface of the crystalline, the small bright image that from the posterior surface of the crystalline. When seen through the microscope, all the figures are of course reversed, but I have drawn them in their proper position. I should imagine from the shape of the images in the figures given by Cramer and Donders, that they are represented reversed as seen through the microscope. If this is so, then the figures of these two observers refer, I imagine, to the left eye observed from the nasal side. My figures represent the appearances in the right eye of a young medical friend. The letter D indicates the eye accommodated for distant, N for near, vision.

I observed the eye directed to a distant object from the nasal side, the light being on the opposite or external side, I found the dim ill-defined image reflected from the anterior surface of the crystalline occupying a place between the other two bright images reflected respectively from the cornea and posterior surface of the crystalline (D). On causing the observed eye to look at a near object on the same line of vision, the dim image moved distinctly towards the large bright image reflected from the cornea (N), and it moved back to its former place as soon as the eye was fixed upon the distant object.

I now changed the positions of candle and microscope, and observed the reflection from the external side, the light of the candle impinging on the eye from its nasal side. The three images were again seen nearly in their former positions when the observed eye was directed to the distant object. On again causing the observed eye to look at a near object the dim image now moved through an appreciable space towards the small inverted image reflected by the posterior surface of the crystalline, as shown in the diagram (fig. 4), thus proving that the movement of the crystalline

FIG. 4.



was in the same direction as in the former case. Had the anterior surface of the crystalline increased in convexity in the act of adjustment from distant to near vision, it is obvious that in both cases the image of the candle reflected from its surface would have appeared to move towards the apex of the convexity, to wit, the centre of the pupil, but on the contrary, in both instances it moved

towards the external edge of the pupil, showing that the change in the crystalline was merely a change in the aspect or slope of its anterior surface, and that this change consisted in a slight movement of rotation from without inwards.

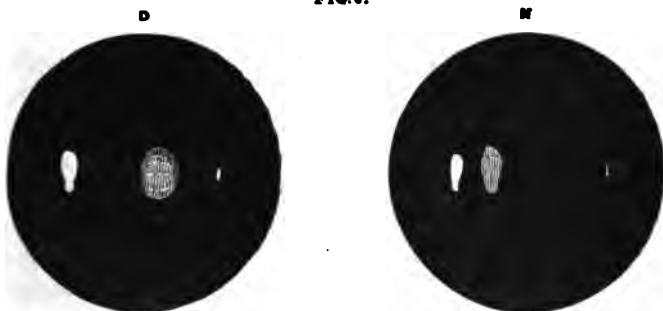
The figures given by Cramer (fig. 5) distinctly agree

FIG. 5.



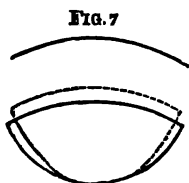
with what I myself observed in looking at the eye from the nasal side. But the figures given by Donders, which I here reproduce (fig. 6), show conclusively that the motion

FIG. 6.



of the crystalline is as I have stated it to be. In his figure of the eye accommodated for distance the image from the anterior surface of the lens appears in the centre of the pupil, and in that of the eye adjusted for near vision it has moved towards the pupillary border of the iris, which it could not have done had the change consisted in an increased convexity of the anterior surface of the crystalline.

It will also be observed in Donders' figures that the size of the reflected image has become smaller, and he alleges brighter, in its new position than it was in the former position, and this agrees with my own observation, that when the image approaches the pupillary margin of the iris it becomes more vivid and narrower, proving that the convexity of the anterior surface of the crystalline increases towards the sides, and that the central portion is the flattest part of it. This of course is not the explanation given by Donders of his figure. He gives a diagram showing the image of the candle to be reflected in both distant and near vision from the centre or apex of the anterior convexity of the crystalline, and he has to account for its appearing to move towards the pupillary margin in near vision by supposing, as Cramer also had done, that this surface of the lens moved towards the cornea. Here is



(fig. 7) a copy of a portion of his diagram, where the dotted line shows the change in form and position he assumes to be undergone by the crystalline lens in the transition from distant to near adjustment. On the hypothesis that the change in the position and appearance of the reflected image is the result of a slight movement of rotation inwards of the lens, this movement and alteration of figure of the reflected image are satisfactorily explained without the necessity of supposing any advance of its whole anterior surface towards the cornea, which, moreover, it is difficult to imagine could be effected by any action of the minute muscular apparatus of the ciliary ligament. The great apparent mobility of the image reflected by the anterior surface of the crystalline, its indistinctness, and its comparatively large size, are all accounted for by the slight convexity, compared with the cornea, of that portion of the surface of the lens included within the pupil. *Were it quite a plane surface the observed image would be inverted*; its upright position, therefore, is a proof that the surface it is reflected from is convex, and this an examination of the lens removed from the eye shows to be the case.

A slight movement and a very slight diminution in size of the image reflected from the posterior surface of the crystalline has been noticed by several observers, and this is fully accounted for by the presumed rotation of the lens, for the image is then seen reflected from a more convex portion of the lens, and must consequently appear to change its position slightly and to be somewhat smaller, but as the posterior surface is so very much more convex, and is seen through the aqueous humour and the crystalline lens, the change will be proportionately small and inappreciable except by means of such an instrument as Helmholtz's ophthalmometer.

The contraction of the iris in accommodation for near vision will correct any indistinctness of the image of the external object mirrored on the retina by cutting off the more obliquely impinging rays of light, if indeed the peculiar ellipsoidal form of the convex surfaces of the crystalline does not completely provide against such indistinctness.*

In Donders's figures of the pupil given above, the contraction of the pupil is not indicated (at least not in the English edition; I don't know how it is in the original Dutch work) but Cramer's figures show this very well.

And here I may notice that the great corrective power of a small aperture—though well known to opticians—has rarely been thoroughly appreciated by writers on the optics of the eye. But any one may convince himself of this property of a small aperture in enabling him to see distinctly objects that are completely out of focus when seen through a larger aperture. Thus, if we place before the eye a card perforated by a pin-hole we shall be able to read a book at less than an inch distance from the eye. The cause of this is, that the small aperture excludes from the eye all rays but those that impinge perpendicularly on the refractive surfaces of the eye, and as rays entering a lens perpendicularly suffer no refraction, they penetrate to the retina distinctly and without confusion.

* The property of elliptic and hyperbolic curves in lenses of obviating spherical aberration is alluded to in Brewster's *Optics*, p. 54.

It was probably owing to some unusual contractility of the iris diminishing the pupil to a very small size that those two individuals cited by Sir Everard Home (in vol. xcii of the *Philosophical Transactions*) were enabled to adjust their sight tolerably to distant and near vision, although their crystalline lenses had been extracted for cataract.

A friend of mine, a gentleman upwards of forty years of age, can read moderate-sized print equally well at three inches or three feet from his eye. I notice when sight is accommodated for the three-inch distance that the pupil contracts to a very small aperture, and that it dilates as the book is removed further and further from the eye.

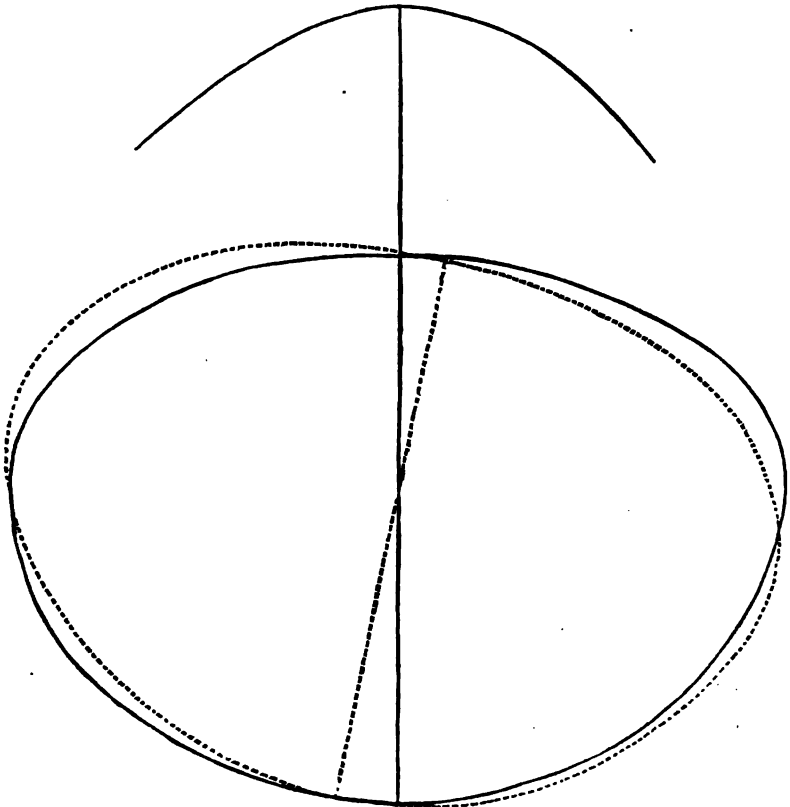
The great differences we observe in the size of the pupil in different individuals, the sight being equally good, may be owing to the more or less perfect form of the crystalline. Thus a well-shaped ellipsoidal anterior surface of the crystalline will admit of perfect vision through a large pupil, whereas an irregularly shaped surface will require a smaller aperture for perfect vision. In youth, when we may suppose the shape of the crystalline to be most perfect, the pupil is generally much larger, even when the eye is accommodated for near vision, than in old age. It is quite possible that the altered shape of the crystalline in old age may have as much to do with the loss of the faculty of accommodation as diminished muscular power of the ciliary muscle.

Several observers—Helmholtz in particular—have observed an advance to the front of the pupillary margin of the iris in accommodation for near vision. I cannot say that I have been able to distinguish this forward movement. It must be somewhat difficult to appreciate a small advance of the iris occurring during its contractile motion, but I can readily understand that some slight advance of the pupillary margin on its external side must occur, owing to the tilting inwards of the crystalline lens, if, as is now generally believed, the iris lies upon the anterior surface of the crystalline, and there is no posterior chamber of the aqueous humour as was formerly supposed.

The diagram here given (fig. 8) shows in horizontal

section a magnified representation of the exact shape of the cornea and crystalline lens of the ox from the measurements of Chossat (*Annales de Chimie et de Physique*, vol. x), and the dotted line shows the tilting movement I believe to occur in the act of accommodation for near vision, whereby the refractive power of the lens is increased to the

FIG. 8



extent required for focussing on the retina the more obliquely impinging rays from the nearer object. The peculiar ellipsoidal shape of the crystalline allows this tilting movement to take place with much less disturbance of parts than would occur were its surfaces spherical, and the increased refractive power is greater than in the case of

spherical surfaces, owing to the greater convexity of the ellipsoid towards its circumference. This property of that geometrical figure will ensure a shortening of its focus by its mere inclination independently of an increased thickness of the refractive medium through which the rays of light have to pass (though this too occurs in a slight degree), which is the sole means by which the shortening of the focus is effected in the case of a lens with spherical surfaces.

To resume, I believe I have in the foregoing pages proved that in accommodation of the eye from distant to near vision—1. There is no increase in convexity of the surfaces of the crystalline lens; 2. That the required shortening of the focus of the crystalline is effected by a slight movement of rotation of the crystalline from without inwards; 3. That the contraction of the pupil during this act corrects any tendency to the formation of of a blurred image on the retina by cutting off the more obliquely impinging and, therefore, superfluous rays of light.

The observations and experiments that have led me to the above conclusions may all be repeated by those who will take the trouble to do so. The chief difficulty in the matter is to educate the eye to observe the minute changes that occur in the image of the candle flame reflected from the anterior surface of the crystalline lens viewed from both sides, but this difficulty will be readily overcome by patience and practice, and I have every confidence that all who repeat my experiments with the necessary care and skill will arrive at the same conclusions as to the mechanism of the act of accommodation of the eye to near and distant vision.

I should observe that the image of the candle flame reflected from the anterior surface of the crystalline lens will not always be found in the exact position I have indicated in the diagram, even though the respective angles at which the light and observing eye are placed indicated above are carefully maintained. It will be found to occupy different positions in the pupil in different eyes, sometimes in the centre of the pupil, sometimes nearer one or other of its sides, sometimes higher up, sometimes lower down,

and sometimes it will be impossible to find it at all with the light and observing eye placed at the angles indicated; but wherever and whenever it can be seen at all it will be found that its motion in accommodation, from distant to near vision is in the direction I have indicated. The best eyes for observation are those of young persons with good sight and tolerably large pupils; but even under the most favorable circumstances the image reflected by the anterior surface of the crystalline is so ill-defined that any attempt to measure its size is futile, and its upright position is only obvious when the end of the candle flame gives a flicker.

With regard to the muscular power by which the motion of the crystalline lens I have described is produced, I am unable to say anything very definite. If I might be allowed to hazard an opinion I would say that the action of the external fibres of the ciliary muscle on the zonula Zinnii might be competent to produce this tilting operation. At all events, such a movement of the crystalline would seem to be more within their power than the compression of the hard lens and the increased curvature which, it has hitherto been supposed, were brought about by this extremely delicate muscle. Perhaps the appearance of the zonula Zinnii itself, when treated with *Acetic acid*, described by Nuhn (see Donders, *Op. cit.*, p. 25), may really be owing to some muscular fibres in that membrane, and, if so, they would seem well calculated to perform the movement in question.

Whether the tilting motion of the lens I have described is limited to the lens and its capsule which slide upon the surface of the hyaloid membrane, or whether the movement of the lens imparts a corresponding movement to the vitreous humour, or at least causes a sort of undulation in its anterior portion I have not been able to determine. From the firm manner in which the lens and vitreous humour are united I should think the latter occurs, and perhaps the communication of the motion to the vitreous body may account for the *phosphenes* seen and described by Czermak (*Arch. f. Ophthalmologie*, Bd. VII). He noticed, namely, that when he went into a dark room and by his voluntary act strained the eyes as in accommodation for

near vision, and then suddenly relaxed the strain so as to bring them into the condition of accommodation for distant vision, he perceived a ring of light similar to that observed when the finger is pressed on the eyeball. This appearance may be accounted for by the sudden return of the vitreous humour to its normal shape or position, and if the actual movement be limited to the anterior position of the vitreous humour, there might be a shock or undulation transmitted through its whole body and conveyed to the retina, thus producing the sensation of light.* I have often observed these phosphenes in the dark, but have not been able to produce them voluntarily as Czermak seems to have done.

If any reliance can be placed on the assertions of Hensen and Völcker, who have given us the impossible diagram of the changes in the eye during accommodation I have reproduced above, their remark that the choroid and retina move forward during accommodation for near vision would not be inconsistent with the change I have presumed to take place in the vitreous humour when the crystalline is tilted in accommodation for near vision. At least, it is easy to suppose that such an advance of choroid and retina might occur at the external side of the eyeball.

ON UTERINE DISEASE.

By Dr. J. MOORE, of Liverpool.

[This paper was intended to be read at the Congress in Oxford, in connection with the ovarian paper, but the time allotted did not suffice.]

My object in bringing forward the whole subject was to ascertain if possible, and to define, the present state of our knowledge of the curability of uterine and ovarian diseases by homœopathic medicines pure and simple, without the

* In the accommodation of the eye from distant to near vision, the image of the candle reflected by the anterior surface of the lens moves slowly to its new position, but on relieving the strain on the eye by adjusting it to distant vision this image springs quickly back to its original place.

aid of surgery and local appliances, and to discriminate such cases as absolutely need surgical aid for their cure, in addition to internal medication.

At the Congress I brought forward the ovarian section of my paper; that chiefly embraced such cases as may be treated and cured medicinally, and such are not the disputed points of the question. I could only refer there to uterine disease proper by drawing a few inferences, the result of upwards of twenty years' experience in this class of diseases. Here I purpose to give the facts from which the inferences are drawn, selecting a few prominent cases, illustrative of the necessity of local appliance, and specially of escharotics.

This subject was brought forward at the first Congress ever held in this country, in 1850, at Cheltenham, by Dr. Madden, and was there fully discussed, but without any definite result or unanimity of opinion.

Touching the subject of escharotics, I am well aware that some homœopaths contend for the homœopathic action of *Arg. nit.*, even when used as an escharotic, and a celebrated homœopathic practitioner in America told me that he had produced in a healthy female an ulcer by the local application of *Arg. nit.*, and that this ulcer precisely resembled that form of ulcer in which he had found *Arg. nit.* so beneficial; yet I doubt very much if *Arg. nit.* administered internally would produce such a result; I fear it would destroy the coats of the stomach before it arrived at such a climax as ulceration of the uterus. The symptom given in Jahr, 'Chancre-like Ulcer on the Prepuce,' certainly looks confirmatory of this view, if, indeed, it was produced by internal administration of the medicine, but of that we have no evidence that I am aware of. I do not mean to deny the homœopathic action of *Arg. nit.* on the genital organs, both uterus and ovaries, for the symptoms are palpable in the provings, and perhaps we have greatly underrated its powers in curing uterine and ovarian disease when internally administered; but in the cases I cite I regard it in its escharotic effects, and as an escharotic it holds a middle place in intensity between *Potassa fusa* and *Carbolic acid*.

Query. Was not the above ulcer produced by local application ?

It is no disparagement to the genius and greatness of Hahnemann that his *Materia Medica* does not contain any very clear or reliable uterine symptoms; the only four objective symptoms given being “ Swelling of the cervix, *Canth.* ; softness of the uterus, *Opium* ; irregularity of the os, *Natrum* ; metritis, *Secale* ;” all of very little help in practice, and very much below the standard of our present knowledge of the action of medicines on the uterus.

The fact that the speculum was first brought into use by Recamier in 1821, and not generally employed for many years afterwards, and the additional fact that the last thirty or forty years of intense professional activity have thrown much light on diseases of this class, both on their nature and their curability,—these facts must be remembered before we pass a censorious judgment on our great master, who had not these advantages ; also they must be taken into account before we laud him as our guide in this domain of disease.

Further, it is well known and admitted by all who are conversant with these diseases, that the subjective symptoms are often disproportionate to the objective symptoms found on examination. Severe lesions of the os uteri are often met with when only debility is complained of with the accompanying leucorrhœa ; whereas numerous irritative subjective symptoms of the uterus and ovaries are met with when no organic lesion is found, and as the master and his immediate followers trusted to the subjective rather than to the objective symptoms, here, as elsewhere, they fell into error occasionally.

With our greatly advanced knowledge of these diseases, there is still much difficulty in their treatment from the variety of sympathetic symptoms attending them. Thus, I have known sick headaches treated by able homœopaths for twelve months without cure, when examination revealed uterine ulceration as the cause, and when this was cured, the headaches ceased.

I believe we shall exalt and not lower homœopathy

by admitting in certain cases the necessity of surgery, instead of asserting the exclusive sufficiency of medicine alone, as some have done, while others have handed over such cases to allopathic specialists, with the remark, "Homœopathy is not applicable to these cases."

Such extreme views are alike opposed to sober truth; scepticism and credulity, here as elsewhere, landing their votaries at an equal distance from the truth, though in opposite directions.

In the following paper I shall avoid all mention of the malignant diseases of the uterus and ovaries, confining myself to the ordinary curable maladies, and to those met with frequently in general practice. I shall be satisfied if my paper will clear up some difficulties, and help the young student of homœopathy to discern when to rely exclusively on medicines, and when to supplement them with surgery.

Ulcerations of the uterus.

There are four kinds of ulceration of the os uteri usually met with in practice.

1. The abrasive ulcer.
2. The granular ulcer.
3. The strumous ulcer.
4. The syphilitic ulcer.

Scirrhus ulceration may be distinguished from all these kinds of ulceration by its hardness, its inverted edges, the contraction of the vagina generally present, the lancinating pains, and the general appearance of the patient, but this is not included in my paper.

The general symptoms of all these ulcerations may be briefly stated as the following—four in number.

1. A weak feeling, or pain in the back.
2. A sense of bearing down in the pelvis, or dragging in the hips.
3. Sinking feelings at the pit of the stomach.
4. Constant leucorrhœa of a yellow colour.

The above are the cardinal symptoms, and if all be present

uterine ulceration may be safely diagnosed as the disease, even without examination internally.

In addition to these symptoms, there may be nausea, dyspepsia, biliary symptoms, sick headache, neuralgia, pleurodynia, and ovarian pains, but these latter symptoms are only present in complicated cases, and render the difficulty of cure so much the greater.

In ovarian complication it is of great importance early to discriminate which class of organs is primarily affected, as that knowledge will have much influence on the treatment, for while both classes of organs are often involved at the same time, they are not equally so, and that primarily mainly affected, demands primary attention; while serious lesions of the os may exist without ovarian disease, and ovarian disease exist without uterine disease. If both classes are diseased at the same time, our treatment must be directed to the primary or focal disease. If either class of disease exist for a long time, it will certainly involve the other. I have rarely seen ulceration of very long standing without some affection of the ovary, nor ovarian affection without some uterine disturbance; but the origin of the disease in general may be diagnosed, and it has a close bearing on the treatment, and the same holds good in treating other diseases. Who, for instance, would select his remedies for hip-joint diseases out of the class whose primary action is on the knee-joint; as there is a certain order in the disease, there must be a certain order in the cure, as we shall see by and by.

While the group of symptoms given above is reliable in diagnosing four out of every five cases, perhaps nine out of ten, in some cases the only symptoms are weakness and leucorrhœa, and in others there may be present all the symptoms, and no ulceration found, only catarrhal discharge from the womb; in a very few cases leucorrhœa is absent, and so small in quantity as to be unnoticed, the ulcer secreting so little, that it never causes troublesome discharge, and yet giving rise to so much irritation in sensitive subjects as to affect the general health, while in a lymphatic temperament you may meet with a large granular ulcer

with very little disturbance of the general health, and but for the copious and annoying discharge, so serious a lesion could not be guessed at, as will be found on examination to exist.

The causes of ulceration.

These may be briefly stated to be the same as those which cause inflammation and congestion of the uterus generally.

Chill from cold and damp, specially cold caught at the monthly period. Damp feet, and too light clothing in wintry weather, during the period. Neglected congestions often terminate in ulcerations; severe and instrumental labours; many date from this event. Mental causes, so fruitful of much uterine disease, struma, syphilis, &c.

I will now cite one or two cases of each kind of the disease. I pass over the abrasive ulcer, for, as its name signifies, it is a very superficial affection, and may be easily diagnosed on examination from the other forms. It appears to be produced by acrid catarrhal discharges from the mucous membrane of the interior of the uterus. It does not need any caustication for its cure, though often resorted to in the first instance, yet I think needlessly. Here is the sphere of *Calendula* internally and locally applied, very dilute *Carbol. glycer.* if necessary locally, the medicines indicated by the kind of leucorrhœa, attention to the general wants of the system, sitz baths, &c.

2nd. The granular ulcer, illustrated by a case in 1852.

A druggist's wife, of lymphatic temperament, dark complexion, aged 27, sent for me, as I had attended her in my allopathic days. She was pronounced in a hopeless condition from profuse repeated hæmorrhage, said to arise from polypus. Had been attended by three allopaths, two of the very old school and at the top of their profession, in Liverpool. On paying my visit I certainly found her in a very deplorable state; constant vomiting, and great exhaustion and hæmorrhage occasionally, the vomiting, perhaps, arising from the *Morphia* which she had been taking freely. I administered *Arsenicum* 3, and subsequently *Nux*, and by dint of these medicines the sickness ceased in two or three

days, and she was able to bear examination with the speculum. I did *not* find any polypi growths, but a large ulcer, involving three quarters or more of the os uteri, evidently of long standing from its insensibility to local application, I cauterized it with solid *Arg. nit.* every four or five days at first, then less frequently, continued *Arsenicum 3*, occasionally interposing *Arnica 1*; subsequently, there being pain and weakness of the back, gave *Sepia 3* and *6* on alternate weeks; gave her a highly nutritious diet, including wine and porter. She gradually recovered: no hæmorrhage occurred after the treatment was begun. Whenever it threatened I administered *Arnica*.

In five months she was quite cured. Two years afterwards she was confined of an acephalous fœtus, which I attribute to the fright she was constantly subjected to by the allopaths, who told her she could not live more than a fortnight, and also to the long-continued drain upon the system. Since the above confinement she has had three healthy living children, and is perfectly well this day, fat and flourishing. I have had many similar cases since the above, but few so serious in character. One of the same nature, as regards the hæmorrhagic tendency, occurred in an American lady, aged 30, in 1862. She had three living children. In this case abortion had been induced spontaneously some weeks previously, as I afterwards had reason to believe. Here the hæmorrhage went on from week to week, notwithstanding my persistent use of the most closely indicated medicines—*Ipec.*, *Plat.*, *Crocus*, &c. At last I examined and found a large ulcer, which ceased to bleed as soon as touched by solid *Arg. nit.*, continued occasionally *Causticum*, in addition to internal medicine, and in four months she was well. I will now give a well-marked specimen of the strumous ulcer, though some allopaths will go so far as to call all ulcerations of the uterus (not malignant or syphilitic) strumous.

An American lady, fair complexion, about 24 years of age, married, having one child, applied for advice. For three years she had suffered from total suppression of the catamenia, and symptoms of ulcer of the uterus, as above described, with profuse yellow leucorrhœa. Also

had strumous ulcers of the neck, some healed, others still open. Had been under several allopathic doctors up and down the American Continent, where her husband, who was captain of a ship, had sailed. I examined and found a large and offensive ulcer : cauterized it with solid *Arg. nit.*, and by alternate weeks of *Arsenicum* and *Phosphorus*, Nos. 6 and 3, and occasionally No. 12, cured the disease ; it took five months, however, to do so.

Note.—In one month from the time I pronounced the ulcer healed she menstruated, and since then has had children, but how many I can't say, as she has lived in America ever since. Has only sent me word once that she has had a baby.

4th. The syphilitic ulcer. Here I may preface this case by stating that the Hunterian chancre is very seldom met with in private practice, in either male or female, and in respectable married life ulceration of a syphilitic character is of the secondary kind generally, and a very important question arises here with painful prominence. How soon after the healing of the primary sores in the male is it safe to marry ? Two or three cases have been brought before my notice in which infection has been conveyed to the wife where the primary sores had been healed for several months ; hence we must be cautious about advising *roués* to marry, and the question is difficult as to the safe period after the removal of the primary sores (I should say one year in syphilis, half a year in gonorrhœa). To return to my case I was sent for in the beginning of 1869 to a lady aged 30 or thereabouts, fair complexion, suffering from lameness of one knee, and stiffness of the hip-joint. It turned out to be a kind of Alexandra case. She was confined eighteen months before my visit prematurely of a stillborn child, Caught cold three or four days afterwards. Her knee swelled, matter formed, two allopathic hospital surgeons were called in in addition to the family doctor. One of these prescribed amputation of the limb ; the other advised puncture of the knee. This was done. Pus escaped and ran for many weeks. Perfect rest was enjoyed by the use of a long splint ; the wound healed with the usual results.

Knee-joint ankylosed. Hip-joint stiff as a board and perfectly useless. It was for the hip-joint I was called in. I prescribed *Rhus* externally and internally, followed by *Phosphorus*. Some improvement took place, but fears began to be felt that she was again pregnant, and leucorrhœa being very profuse and of a yellow colour, I deemed it right to make an examination per speculum, when I found a large ulcer nearly encircling the os with profuse fetid discharge. I also diagnosed early pregnancy (she was pregnant between two and three months).

I decided at once the course to be pursued, viz. to heal the ulcer, and told the husband that though there might be some risk of miscarriage in doing so, yet a greater risk was incurred of her former trouble returning by letting things take their course, viz. leaving the ulcer uncured. I found the ulcer very insensible and indurated. It did not yield to *Arg. nit.*, though I gave it a fair trial; was obliged to use *Potassa fusa* once to get rid of the morbid granulations, and then used the *Carbolic acid* with very happy effect. The case was cured by four and a half months' treatment. Pregnancy went on to the full period, and a perfectly healthy child was born. The medicines employed were *Merc. corr.*, *B. Hepar*, *B. Phosphorus*, *Iodium*, *Thuja* 12. Given separately each for a few days.

The reading of the whole case, I think, is the following. In the former pregnancy syphilitic ulceration had existed throughout; hence the death of the child and premature labour, subsequent absorption of the matter into the knee-joint, necessitating puncture for its removal. Ankylosis of the knee-joint and stiff hip-joint from the use of a splint to the whole limb for so many months. All these dire evils might have been prevented by correct diagnosis and local and general treatment in the former pregnancy. Persistent yellow leucorrhœa throughout the period of pregnancy ought never to be lightly regarded, even when no other symptoms are present. Recently a case, non-syphilitic, occurred in my practice pointing to the same necessity, viz. the treatment locally of such cases during pregnancy. A lady, about 25 years of age, with one living child, two years old, mis-

carried when pregnant a second time at five months, had a good deal of hæmorrhage—still not an alarming quantity. I resolved to find out the cause, which was not very apparent. I found that she had been troubled with yellow leucorrhœa during the pregnant period. I prescribed for her according to the symptoms, which were very few, merely weakness of the back and the leucorrhœa. The medicines were *Sepia* ʒ, *China* φ, and *Calcarea* ʒ; each separately for a few days. She improved very much, and indeed left off all treatment as unnecessary. Again she became pregnant, and when two months gone was again threatened with abortion. Happily this time I managed to stop it by *Gelsemium* φ and *Arnica*, being sent for early. As soon as the hæmorrhage ceased I requested an examination, which I ought to have done before, but was deterred by motives of delicacy. I found, as I suspected, a granular ulcer of the size of half-a-crown, evidently of long continuance, as it was insensible to caustic, and the granulations were very prominent; cauterised it with solid *Arg. nit.*, and prescribed the same medicines mentioned above, chiefly *Sepia* and *China* separately and *Arsenicum*, and gradually discontinued the caustic. The ulcer was nearly well in three to four months; she is now within two months of her confinement, and for the last two months has only used *Carbolic acid* lotion. The former miscarriage might have been prevented if the patient had complained of the discharge and appropriate treatment employed, but here, as so often happens in such cases, the absence of symptoms, especially of pain, prevented her from attending to the disease. Let it be noted here that the internal medicinal treatment was the same, both before and after the caustication, but the result how different!

Complications.

The above cases are cited as simple ones of ulceration, but they are very often complicated with other derangements, making the treatment a matter of much difficulty, sometimes even of perplexity, as to the course best to be followed.

A few words on the complications, viz. neuralgic pains of various kinds, spinal affections, paralysis of the lower extremities, dyspepsia, nausea, morning sickness, &c. In cursorily noticing these it may be stated that all such symptoms must be combated in the usual way, choosing, however, the medicines, as far as can be done, out of those having uterine relationships, as well as the prominent symptoms striking at the pathological root as well as at the superficial affection. Thus, in congestive headache *Bell.*, *Sepia*, *Opium*, *Glonoine*, &c. In bilious headaches *Merc.*, *Puls.*, *Gelsem.*, &c. In cases of nausea and morning sickness *Puls.*, *Kreo.*, and *Conium*. In pleurodynia *Puls.*, *Cimicifug.*, and *Gelsem.*

I had once a case of ulcer on the os, attended with morning sickness, in a person married two years, without children. She believed herself to be pregnant, and it was only after the expiration of the nine months that she sought advice. On examination per speculum a small ulcer was found, and on caustication the sickness stopped at once. I had tried the usual medicines for morning sickness before I resorted to local application, but without effect.

Whatever be the complications of these cases, my counsel is to heal the ulcer as soon as possible after it is known to exist, excepting such cases as are found to be irritated by the caustic. Such cases generally will be found of an inflammatory character, or occurring in intensely nervous subjects, and will require special treatment, constitutional and local. In inflammatory or congestive symptoms of the os *Bellad.* is most reliable; in neuralgic, *Gelsemin.*, and in such cases the local applications may be, first, *Calendula*, afterwards *Carbolic acid* very dilute. The following is a good form—*Carbolate of Glycerine*, one dram to half a pint of water, a fourth part to be used once a day; it may be used stronger without the patient feeling the least inconvenience from its injection.

The most serious case of complication that I have had to treat is the following one, which I will very briefly detail.

A young woman of dark complexion, nervo-sanguine temperament, aged 24, wife of an English sea captain, whose

previous history was unknown to me, requested my services in June, 1868. She had been confined about four months with her first child; a severe, but not an instrumental labour. Had lost the motor power of her lower extremities entirely; sensation normal. Had persistent leucorrhœa of a yellow colour; is subject occasionally to epileptic attacks not of a violent character, sometimes at nights, occasionally by day. Altogether the case was very unpromising. On going fully into her history I found that she had on one occasion lost the power of her limbs before marriage for some months, and that at the same period she had the leucorrhœa above mentioned. I therefore lost no time in making an examination, and found what might have been surmised, a large and flabby ulcer, evidently of long standing; causticated it with solid *Arg. nit.*, and continued to do so at intervals of three or four days for about three months. The medicines chiefly employed were *Bellad.*, *Sepia*, *Arg. nit.* 3 and 3^x, *Rhus*, and *China*.

At the end of about four months the ulcer was healed, and in three months more the power was restored, and she walked to my house, a distance of two miles, soon afterwards, and has never had a relapse of the paralysis, though she has had two living and healthy children since—one born in June, 1869, the last in the beginning of this year. I attended her in her labour in 1869. Last time a neighbouring allopath was called in; the labour was tedious, strong doses of *Ergot* were given, and even then the child had to be brought "forcibly away;" the consequence was, that the ulcer has again appeared in a modified form. This was not the case after the first confinement, and is not the case generally, unless manual or instrumental interference has taken place.

Very frequently cases of spinal irritation are met with in the unmarried, complicated with ulcer of the os, and I believe this was the case in the above patient, but it was overlooked then and maltreated; at least, nothing done for it but the everlasting and wholesale tonic system. I will now give a few indications for the medicines. I have used but few, simply because I have found them sufficient. When the

weakness in the back and pit of the stomach predominate *Arsenicum* 3 and 6 is the best medicine, and will be found a standard medicine in the great majority of cases of ulceration. Pain in the back indicates *Bell.*, *Sepia*, and *China*; *Arnica* where there is a tendency to bleed in the ulcer, and may be occasionally alternated with *China* to advantage. When congestion is present, *Belladonna* is most reliable; when there is much nervous irritation *Gelsemium* is indicated, and bearing-down sensations are met by *Sepia*, *Aletris*, and perhaps *Senecio*. If ovarian irritation coexists, then *Phosphorus*, *Mercurius*, *Bryonia*, and *Platina*, and must be chosen according to the symptoms.

I must not leave this subject without a caution on the subject of caustication.

Where it produces pain or much irritation it ought not to be persevered with, but a lotion used, either of *Calendula* or *Carbolate of Glycerine*, highly diluted, ʒij to ℥j of water. In cases where *Caustic* is used it ought gradually to be diminished as the wound heals, and never to be persisted with to the point of complete cicatrization; if it should be so used great danger of contraction of the os is incurred. I met with a case many years ago which had been under a celebrated allopathic surgeon, an old man. He had gone on causticing until complete occlusion of the os was produced, and I had very great trouble indeed in getting a small passage—the ordinary sound could not be passed. I had an instrument made of a needle-shaped form to prepare the passage for the sound. Hence the caution given above not to causticate during the last month of cicatrization, if nature and medical treatment are sufficient to carry on the work, as may be judged by occasional examination.

Labour after long standing and extensive ulceration is a little more tedious than usual, from the dilatation of the os being slower than natural; beyond this I know of nothing exceptional, and the ulcer does not break out again if effectually cured before labour.

Dietetic.

With reference to diet I have to say that, in ulceration of

any magnitude, a highly nutritious diet is absolutely necessary, with wine, and beer, where they can be taken; say, two glasses of wine per day and one or two of beer, but beyond this it is very seldom needful to go. I have met with cases of abrasive ulceration where even one glass of wine cannot be borne. *Zincum* will be found beneficial in such cases. In the deep ulcerations, however, the contrary is the case; and, indeed, we shall fail in curing some cases entirely unless a stimulating diet accompanies our treatment. This fact was forcibly brought to my notice by a dispensary case I treated some years ago. A poor woman past middle life had a large ulcer of the os uteri, with prolapsus on a level with the external parts, so that it could be treated without the use of the speculum. Medicinal and surgical means were employed, but no progress was made in healing it up, though the medicines were carefully selected. At last I thought of trying a stimulating diet, and sent her half a dozen of porter. From the time she began the porter the wound began to heal, and completely cicatrised, though the prolapsus remained.

Query.—Would not many of our old chronic dispensary cases be cured by these means?

I omitted to state in connection with the uterine case above, viz. that complicated with paralysis and epilepsy, that it is the only case in which I have used the *Argent. nitrat.* internally for any prolonged period, and I was led to it in this case by the brain and spinal symptoms, and when the ulcer was healed she lost her fits for a long period, and the paralysis also, as above stated. During her last labour, having had *Ergot* freely given by the attendant, the ulcer has partially returned, and the fits occasionally occur; and this return of the ulcer is the only case of partial renewal I have met with after the original cure.

Exception may also be taken to that case which I have described as syphilitic, that no special symptoms of syphilis being present were given. The appearance and character of the ulcer, coupled with the fact that the husband had nodes in the os frontis prior to the case, with the speci-

alities above detailed, irresistibly led me to the opinion given.

I shall now give two or three cases of ovaritis; though they have already appeared in the *Monthly Homœopathic Review* in connection with the *Oxford Congress*, they are absolutely necessary here, as they form part of the basis from which I draw my inferences, and are blended with the above subject.

The first case occurred in a married woman between thirty-five or forty years of age, of fair complexion, and highly nervous temperament. She had twice miscarried between the fifth and sixth months, or a little later. It was on the occasion of her last mishap that I was called in (1850).

After recovery from the effects of the abortion, I resolved to find out the cause, if possible; though most anxious for a family she declined examination per speculum, on the ground that Sir C. Locock and Dr. Ferguson had both examined her and pronounced the uterus to be perfectly sound, and that debility alone was the cause of the abortions which had occurred. This reason did not seem conclusive, because there were no indications of very great debility. On going closely into the symptoms I found pain in the region of the left ovary, extending down the inner side of the thigh. From some previous experience I thought of *Phosphorus* provings, which show it to have great influence on the sexual organs, both male and female, by its acting violently on the testes and the ovaries, producing profuse menstruation even after it had ceased for eighteen months; by various kinds of leucorrhœa—chiefly the reddish—&c.

On October 29th, 1850, I accordingly prescribed *Phosphorus* 6 for a few days, thrice a day. She complained that the medicine irritated her, though she thought it did her good. I now gave two or three doses of *Chamomilla*, and retained the *Phosphorus*; but then gave No. 30. At my next visit she still complained of the medicine irritating her, though she felt the pain better. I now gave her *Phosphorus* 100 (Jenichen), a dose only once in twenty-

four hours. After this I heard no more of the irritation, but she steadily improved: and I continued this for about eight weeks—the only intercurrent being *Nux*; and on one occasion *Mag. mur.* for a few days—for what reason I cannot remember. I returned on the 3rd February, 1851 to *Phosphorus* 30. In March she was quite well, and on the 30th March, 1852, one year afterwards, gave birth to a son, born at the full time.

The other case to which I desire to draw your attention is that of a married woman, æt. 40, whom I was called to see in October 1866. She was five and a half months gone in pregnancy. On visiting her I found her threatened with a second miscarriage. The characteristic pains had commenced; but *no* hæmorrhage had appeared. By aid of *Belladonna* and *Sepia* it passed off. On inquiring into the causes I found each ovary increased in size to the extent of a large hen's egg; and it was a matter for astonishment how she could have become pregnant in such a state. I gave a very doubtful prognosis as to her being able to complete the full time under such circumstances; but advised her to undergo a course of medicinal treatment. There was no indication whatever of uterine ulceration, or of any form of disease of that organ. Regarding the ovaries as chronically inflamed, I prescribed *Bell.* 1, *Mercurius sol.* 3 and 3x, and *Bryonia* 1 for a few weeks. She went on to her full time, and had a living child, which she nursed. She felt such slight inconvenience that she paid but little attention to herself; but after weaning she became anxious to be cured of her chronic disease, in order to avoid a repetition of her former troubles. She now suffered great pain at each monthly period, the return of which had been regular. Examination of the uterus did not discover any disease of that organ. Both ovaries were distinctly enlarged. By persevering in the line of treatment I shall presently describe, one (the left) has disappeared, and the right one is still slightly perceptible by deep pressure, and apart from pressure she suffers pain in it occasionally. She has never become pregnant again; and four and a half years have elapsed since the birth of her only child.

The medicines I prescribed separately were *Mercurius sol.* ʒ and 3x, *Bryonia* ʒ, *Kali bromid.* ʒ, *K. hyd.* ʒ, and *Iodium* ʒ, the latter dissolved in *Kali hydriod.*, thus, *Iodine* gr. ʒ, *K. hyd.* gr. x. in ℥vii aquæ, Coch. min. bis in die sumend.; thus the dose of *Iod.* became the 64th of a grain; this I continued for weeks with such intercurrents as appeared to be required, e. g., *Merc. sol.*, *Puls.*, or *Nux.* I also used a liniment of *Iodine*, ʒj. to *Ol. olei* ʒj.

The Treatment of Ovaritis.

Remembering the various tissues entering into the structure of the ovaries and their appendages, viz. serous, mucous and ligamentous membranes, together with the parenchyma, we are prepared to expect a variety of symptoms, some of which are very painful. Our medicines must be chosen here, as elsewhere, in harmony with the totality of the symptoms. Though highly and purely nervous symptoms are often met with, yet we should be careful not to set down all, or indeed many, of the symptoms to neuralgia. The ovaries being, according to my experience, very frequently inflamed, or congested, when the derangement is styled neuralgic, I feel sure that if we treated such cases as inflammations, we should obtain more brilliant results. Note also that every month the ovaries and uterus undergo a natural congestion; and if not relieved by the proper secretion, there is laid the foundation for disease after an epoch of time. The kind of pain will point out the most homœopathically selected medicines; and these will be *Aconite*, or *Belladonna*, or *Bryonia*, or *Mercurius*, *Phosphorus*, *Iodium*, *Pulsatilla*, *Platina*, *Colocynth*, *Lachesis*, *Conium*, *Staphysagria*, or *Cimicifuga*.

As regards the *indications* for the medicines I suggest the following:—When the ovarian pain shoots or extends towards the hip—*Mercurius*, *Bryonia*. When upwards to the side—*Pulsatilla*, *Cimicifuga*. When the pains shoot down the inner side of the thigh, *Phosphorus* is most reliable; perhaps also *Staphysag.* and *Colocynth*. In

bilious headaches, &c., *Gelseminum*. When numbness in the limbs, *Platina* and *Colocynth*. When accompanied by great debility—*China*; but if not presumptuous, I should like to distinguish between those medicines which relieve, and those which cure. Chronic ovaritis has often been cured in my hands by *Belladonna*, *Mercurius*, *Bryonia*, and *Phosphorus*. The great difficulty is tiding the patients well over the monthly period, as that is usually a time of aggravation; and we shall now, therefore, say a few words on dysmenorrhœa, and its treatment; because it is intimately allied to the treatment necessary for ovaritis at the monthly periods; and is of itself sufficiently difficult to treat to merit especial notice. Some cases cause intolerable suffering every month; and very little can be done by the old system save by overpowering narcotic doses, the effect of which is such that the patient will rather bear the disease than its prescribed treatment.

Dysmenorrhœa arises from three different causes; hence we have the neuralgic, the congestive, the mechanical; but in practice the three are often so blended that it is not easy at first to discriminate which feature is predominant. Perhaps for all practical purposes the congestive and neuralgic may be considered together. When the pain sets in with violence in the ovarian regions, and through to the back, and is followed by profuse secretion, and even hæmorrhage, which often happens, we may look upon it as a *congestive* case.

If, on the contrary, the pain runs down the thighs, or even as far as the feet, we may regard it as *neuralgic*.

When, on the contrary, there is great pain, and bearing down with *forcing* feelings in the *uterine region*, and very little discharge the first or second day, we may pretty certainly conclude that the case is a *mechanical* one; arising from contraction of the inner and outer os and cervix uteri, probably of all three.

There are ninety medicines in Guernsey's work marked for dysmenorrhœa! One is puzzled how to use such wealth. In *practice* you will not find many of much use, and in some bad cases it is very difficult indeed to find one.

Belladonna, *Cocculus*, *Colocynth*, *Platina*, *Arg. nit.*, *Conium*, *Gelseminum*, *Phytolacca*, and last, but best of all, *Senecio* (*Aletris* ?), are the most reliable, and, in cases where these fail, *Kali bromid. φ*, *Kali hydriod.* *Kali hydriod.* will be found of great service, taken at the intervals of the period, giving *Senecio*, *Gelseminum*, or *Bellad.* at the time.

When all medicines fail, and the symptoms point to mechanical obstruction, we are justified in proposing examination, and dilating the os uteri with the sound. It is only in rare cases of this kind that tents are really required.

In 1868 I had a very severe case of this disease under my care, in a young person aged 23. All the three classes of symptoms were present. Not only was there pain in the ovaries, but it extended down to the very feet, and violent pressing pains in the uterus during the first two days of the period. I could not with any medicines give her relief; so I proposed an examination, and found the organs very small, os contracted, and cervix likewise. With some trouble I passed the sound twice or thrice the week before the period. This gave some relief, and removed the intense irritability of the organs; but I attribute the cure to *Kali bromid. φ*, which I gave during the interval of the monthly period, and *Senecio* at the time of the attack. Doubtless the great difficulty in the great majority of cases is in the separation of clots instead of the natural secretion; and dilatation gives relief by allowing these to pass easily; but I am convinced, by experience in this and other cases, that the majority of such cases may be cured medicinally, and this plan is always to be preferred, even though it may be a more tedious process.

Though I have endeavoured to map out the various kinds of dysmenorrhœa, and to discriminate the mechanical from the others, I do not wish to overlook the great fact that the dynamic symptoms are so often intermingled with the mechanical that great benefit may be derived from our medicines, even if the mechanical obstruction exists. But for the perfect cure, *dilatation* is necessary.

I will now briefly give my conclusions from the whole subject.

1st. That we have arrived at a period when all are agreed that many uterine and ovarian affections are cured by homœopathic medicine alone, without escharotics. The catarrhs of the uterus, leucorrhœa, abrasive ulcers, and ovaritis, acute and chronic—the latter when it has become so serious as to have caused abortion again and again, and the cures have been confirmed not only by the ease of the patients, but by their going to the full period of pregnancy, when they had previously miscarried, it may be, several times, and where tonic measures had been employed by the allopaths without effect.

2nd. The diagnosis between uterine and ovarian disease must be carefully and accurately made. For though both uterus and ovary may be affected at the same time, and the symptoms consequently be complicated, we should miss our mark if we failed in tracing back the disease to its point of origin. The subjective symptoms are not unerring guides here in forming a correct opinion. They are often comparatively faintly marked when the lesion is serious—as in the case of large ulcers of the os and cervix, marked by nothing but weakness and yellowish leucorrhœa.

3rd. For diagnosis it is in many cases unnecessary to use the speculum, and it is never required where the ovary is clearly the seat of disease. In all cases, whether uterine or ovarian, I begin the treatment with medicine alone, and I commend this course to my younger brethren.

4th. When medicines carefully administered fail to benefit, and the symptoms point to the uterus as the seat of disease, then the speculum ought to be employed.

5th. (*Ethical remark.*) On the *first* occasion of using the speculum, and on all others, it is well that the patient should have a female friend or nurse present.

6th. When we examine and find ulceration of the os uteri of a granular character, and decide on the use of caustic, we should next select the kind of caustic. If there

is strong reason for believing it to be of a syphilitic character, I should advise *Potassa fusa* at once, and give a week for the separation of the eschar, and afterwards apply the *Arg. nit.* every four or five days. Should the ulceration be of a common kind, begin with *Arg. nit. solid*, and, as the healing process goes on, allow longer intervals between the applications.

7th. That escharotics ought not to be persevered with when they occasion *severe* pain. They are contra-indicated in such circumstances. Where they are really needed they give either *no* pain at all, or a mere transient burning, lasting for about an hour.

8th. That *Belladonna* and *Sepia* will remove the inflammatory symptoms which cause the pain, and pave the way for local applications if required. In such cases *Carbolic acid* ought to be used instead of *Arg. nit.*

9th. That abortions may often be arrested, even after hæmorrhage has taken place, by properly selected homœopathic medicines, and for this purpose *Gels.* and *Arnica.* are invaluable, not underrating, however, our old friends *Bell.*, *Sepia*, *Cocculus*, *Sabina*, *Secale*, *Plat.*, and *Ipec.*

10th. That ovaritis, if found to coexist with pregnancy (as it sometimes does), ought to be treated persistently throughout the period, if need be; if not, the probability is that very troublesome inflammation, perhaps suppuration, may succeed the labour, which might have been prevented by forethought and appropriate treatment.

11th. That hæmorrhages from the uterus may in general be controlled by medicinal treatment alone, and that we possess a rich list of reliable medicines for that purpose, chief among which are *Aconite*, *Arnica*, *Hamamelis*, *Sabina*, *Secale*, *Crocus*, *Platina*, *China*, *Ipecac.*, and *Millefolium*; but there are exceptional cases where the bleeding is caused by ulcers or polypus, and these may be suspected when hæmorrhage returns without any very obvious cause; and when such happens to be the case, examination should be made and surgical means be employed, in addition to the medicinal treatment indicated.

12th. That ulceration, if *thoroughly* cured, never returns;

where it is said to do so, I believe it has never been *healed* entirely; and if a portion is left, it may be very easily ruptured, enlarged, and become as troublesome as the primary sore. The only exception to this is in the case of violent labours, and especially where *Ergot* has been given.

Lastly. The most extensive ulceration may be cured without any transference of the disease to other organs; and ovaritis, if it coexist with ulceration, may be cured after the healing of the ulcer, but not *before*, according to my experience; and the long life of the patients in the enjoyment of good health, and healthy children born to them, prove the cases to have been cures indeed; and these cures may be safely effected even during pregnancy.

ON HAHNEMANN'S MERITS, ERRORS, AND CRITICS.

OLD TALES RETOLD.

By DR. ROTH.

1. *Influence of Hahnemann on the old school.*

SINCE the provings on the healthy have revealed the effects of many medicines which, according to the principle *similia similibus*, have been applied for curative purposes, the number of the advocates of reformed medicine has increased every year; bleeding, leeching, vomiting, purging, blistering, sweating, and other old school practices, have been to a considerable extent abandoned; the prescriptions of medicinal hodge-podge mixtures have been diminished in numbers as well as in length, and more attention has been paid to diet and regimen. Many orthodox practitioners prescribe a single medicine only, others prefer treating many diseases without any medicine; physiologists and practitioners of the old school follow also Hahnemann's example of proving medicines on the healthy. A professor of *materia medica* has recently even had the courage to prescribe

homœopathic medicines in very small doses ; but although his book has gone through a second edition, he has not yet had the courage to acknowledge to whom he owes the use of these medicines. Dr. Acland has even proposed to the Medical Council of Education that a certain amount of money should be spent on physiological provings of medicines. That all this progress is due to the great genius of Hahnemann is my first and true tale.

2. Theories not belonging to Hahnemann's doctrine.

That Hahnemann had, especially in his advanced years, promulgated theories and dogmas not at all belonging to his original doctrine, which have been most severely, and without the least forbearance, attacked and criticised by many of his admiring but not blind disciples, especially by those who wished most earnestly and zealously the progress of medicine based on the only true principle of physiological experiment and practical experience, is another tale often repeated during the last forty years, and still unknown to our brethren of the old school.

3. The old school attacks only high dilutions.

The journals of orthodox medicine, the advocates of the old, and the opponents of the reformed school of medicine, afraid of giving up their conservatism, retard the progress of medicine ; although they justly and reasonably find fault with the errors, defects, and deficiencies which have surrounded the new doctrine, and although they are still indefatigable in fighting the peripheric shades, in repeating constantly their attacks of the same errors in the outer circle, they cannot and dare not attack scientifically the centre, the light and the essence of the new doctrine, which, notwithstanding all opposition, gradually makes its inroads upon old medicine. This constantly repeated old tale of the old school's opposition to the new doctrine, and of its continued aggression on errors surrounding, but not belonging to, reformed medicine, must be my apology for having

collected, extracted, and translated a few old tales in order to prove that rational homœopathic practitioners have more severely even than many orthodox authors, criticised not only the principal subject of the old school attacks, viz. the high potencies, but also the other errors to which the attention of old medicine has been directed, but in a smaller degree.

4. *Rights and duties of every medical man.*

(a) It will be admitted that every medical man wishes to cure his patients as quickly as possible, and without doing any harm.

(b) That it is the right and duty of every professional man to exercise his private judgment in the treatment of his patients.

(c) That it is the duty of every medical man to examine the various modes of treatment, without blindly following any dogma, hypothesis, or authority; that he is not *jurare in verba magistri*, but should take the trouble of observing, examining, reasoning, and acting for himself.

(d) That it is desirable and necessary for each of us to practise forbearance and brotherly love towards our colleagues whose convictions lead them to a different mode of treatment, either because they had no opportunity of studying other modes of treatment, or because they were misled by teachers having their own hobbies, or because their previous mental training was of a kind to disqualify them for choosing a course for themselves, although it enabled them without further inquiries to follow a path trodden before, and for them, a path which they pursue without seeing the necessity of increasing and improving their previously acquired little knowledge.

5. *Hahnemann's merits are imperishable.**

(a) Although Störk and Haller preceded him in the suggestion of provings of medicines on healthy persons, it is his

* From Dr. Roth's (of Paris) "Papers of a Deceased," Supplement to Hirschel's *Zeitsch. für Hom. Klinik*, 15th October, 1859.

immortal merit of having been the first to pursue such provings with consequence, and of having applied practically a hint previously thrown out, but not appreciated by anybody.

(b) He is the inventor of the physiological experiment on the living ; the first to have made use of the *vital reagent* ; his glory is not in the least tarnished by having overrated this great help for learning the power of medicines. It is the fate of all discoverers to look at their discovery with the love of a parent, and to attribute to it all possible virtues and perfections. The auscultators and pathologic anatomists are not less intemperate in overrating the real position which their favourite studies should occupy in medicine.

(c) The use of small doses and dilutions has been foreseen by others ; but there is a large ocean between misty forebodings and real practical work. Hahnemann, like Columbus, was on this ocean the first navigator, and first descried land.

(d) Who has taken any notice of the triturations which Langelot in 1672 indicated, in the *Philosophical Transactions*, as chemical operations ; or of the triturations suggested by Garray in the last century as a mode of medicinal preparations ?

(e) Who has paid any attention to Lorry's paper in the *Mémoires de la Société Royale de Médecine*, 1778, page 182, on dilutions of medicines, which, we are told, are alone capable of developing the essential powers of vegetable substances ?

(f) How few people at present know what Robert Boyle wrote in 1673, viz. that the powers of inert substances, even of marble, can be developed by trituration and movement ?

(g) Who has thought of the same Robert Boyle having written a book in 1685, *On the advantages of the use of Simple Medicines* ; have his countrymen therefore ceased to *cram* their patients with the most senseless mixtures of medicines ?

(h) Who was the first to prove practically that such a medicinal hodge-podge is unnecessary for the cure of disease ?

(j) Who would have ventured before Hahnemann to omit bleeding in the treatment of pneumonia?

(k) Indirectly he is even the founder of the school of *nihilists*, who, at present, after having seen how the egg is placed on one end, give themselves the appearance of extraordinary wisdom.

(l) Who before Hahnemann thought of the practical application of the principle *similia similibus*, which has been mentioned since the time of the ancients? The latest experiments of the praiseworthy and learned Claude Bernard prove that vital manifestations opposed (contrary) to each other, produced by vital reaction after poisoning, do not neutralize each other.

(m) Who proclaimed the direct action of medicines on definite parts and functions? Although Sauvagesius showed the road, Hahnemann was the first who pursued it with iron perseverance. This has also been irrevocably proved by the latest physiological researches.

(n) Who has nursed more carefully, or guarded more faithfully than Hahnemann, the holy traditions of vital powers? In the medical halls of the Collège de France this doctrine which we believed totally lost re-echoed during the last few years; the crude materialism of the pathological anatomists has been silenced by the experimental and irrefutable proofs of Claude Bernard.

(o) All we have named was done by an unknown German physician, who was neither a professor of a celebrated university, nor at the head of a great clinical institution, and who had not the means of proving, of rectifying, and of perfecting, his great ideas. He was able to predict the gradual crumbling down of old medicine; to scoff and laugh at it, and, although driven from place to place, to defend his ideas against the hostility of the world.

(p) He alone was able to guess the value of all the signs which his contemporaries passed without taking the slightest notice. It was the gift of a great genius only, to be induced, by unknown plants, pieces of trees, and wooden implements which were brought hither by the sea from Cathay, to think and conclude that an unknown continent

must be very near. Just as Columbus, was Hahnemann : he discovered a new world in medicine.

(*q*) What these men detected was far more than they themselves imagined. The one fancied to land in Asia, but not on the Propylææ of a large and new part of the world, the exploration of which still required a century ; the other landed at the archipelago of symptoms. A very long time must still be required before the principle *similia similibus* will be recognised in its full extent, which was unknown even to Hahnemann.

6. *Hahnemann's medical errors.**

But as Hahnemann, although a genius of the first order, did not live in the æther of an eternal pure atmosphere, he mingled with us here on earth ; being tied to earth, he was not free from all earthly errors. He was a great man ; he rose above all, with his head brightly surrounded with rays, and turned towards heaven. As his feet had not been placed higher than ours, he also waded in the mud of human weakness and error.

His medical errors were the errors of his time ; as an anatomist, physiologist, and nosologist, Hahnemann belonged to the last century. Störk, de Haen, and Stoll were the corner-stones of his pathological knowledge. As a therapist he pursued the road he himself had constructed. We must, therefore, not be surprised that many of his ideas are not in harmony with the experience of the present century, of which he scarcely took any notice in his advanced age. Single sounds of progress pierced his seclusion, and caused a disharmony of theories, which differed widely from the clear views he held when in the full vigour of his power. As a man, he could dispose only of a definite and limited amount of productive power, which, when once used, does not renew itself. He showed his greatest powers in 1805, in *The Medicine of Experience*. All his later didactic works are but weak echoes, repetitions, and self-deceiving improvements. Later, a constant fluctuation and autocratic change of his own views took place, which was

* From Dr. Roth's papers, l. c.

shown in the highest degree in the fifth edition of the *Organon*, the decrepid child of his old age. Here even the once clear language disappears, and the hesitation of thought is enveloped in a strained and contorted mode of expression.

This unsteadiness of thought showed itself also in his practice; and although many believed it the effect of a constant and restless endeavour for improvement and perfection, it is only to be ascribed to the unruly working of a mind which had lost its point of support—*experience*.

7. *What prevents our brethren of the old school from studying the doctrine of Hahnemann.**

“The most important and principal causes are our own defects, vices, and errors; the gloss of the extraordinary, of the wonderful, and the incredible; the psora-hobgoblin; the chimera of potencies and dynamisation; the mysticism of the decillionth particles, of globules, and pre-eminently the over-voluminous register of symptoms by which the physiological value of the medicine is entirely lost, are, in fact the errors, and which, like errors in general, stick to every new truth.”

Watzke (one of the most zealous, sincere, and truthful students and advocates of reformed medicine, says in the same address, “Let us prove by our words, our writings, and by facts, that those errors and vices which our antagonists have been hitherto accustomed to consider as the essence of what is called homœopathy, *have nothing to do with the specific law of healing*, nor with the gigantic work of a physiological materia medica which was begun by Hahnemann and his disciples; let us not expect more from our adversaries than from ourselves; let us first endeavour to work more diligently than hitherto, and take as our model the indefatigable activity, the iron perseverance, and the wonderful self-sacrifice with which Hahnemann during his whole life, and even in his old age, continued the most earnest, the most difficult, but also the most useful and most necessary task

* Watzke's Address to the Homœopathic Congress in Vienna, 10th August, 1856.

of a medical practitioner, namely, the provings of medicines on his own healthy body. Let us work in this manner and our preaching will not be in vain, but we will gain the respect and assistance of our professionally antagonistic brethren, an assistance which our science deserves as much as it requires it for its further development."

8. *Hahnemann's negative influence on old medicine must change into a positive.**

"The immense negative influence which Hahnemann's doctrine exerts already on the whole domain of practical medicine can be neither denied nor contested; this influence will even change into a still more powerful and positive one by the aid of the simplicity and excellence of our curative principle, the already existing contributions to the preparation of a true *materia medica* by the advocates of a *specific* medicine, and further, by the value and results of a mode of treatment which, although really efficacious, excludes the possibility of a positive injury; this positive influence will be promoted still more at the present period when, notwithstanding the *vis nature medicatrix* and the instinct of self-preservation (the golden calf which the latest physiological school is just adoring), death collects a rich harvest,† at the present period when laymen as well as the priests of *Æsculapius* desire most intensely and daily are in a high degree aware of the want of a definite principle of healing and of specific medicines; medicines, which, according to one of the oldest advocates of specific medicine, Sydenham, grow in every country, and almost before our door, and can serve not only as curatives but also as prophylactics, especially in those diseases from which men suffer most frequently and most seriously."

9. *The Psora-hobgoblin.*

With regard to the *psora theory* which, as I believe, is at present entirely given up except by a few *purists*, as those blind followers of Hahnemann call themselves, who prefer

* Watzke, l. c.

† The cholera raged at that period in Vienna.

the *jurare in verba magistri* to thinking for themselves, I will but mention the following :

When Hahnemann proclaimed in 1828, in his seventy-third year, that seven eighths of all chronic diseases are the consequences of suppressed itch, and published his antipsoric medicines, the purists immediately published a number of chronic cases in which antipsoric medicines had caused wonderful cures. They gave up the medicines which were used before in chronic complaints by Hahnemann and themselves ; antipsorics were in fashion, and the psora theory was stoutly defended and hailed as a great assistance to Hahnemann's doctrine. The adversaries of Hahnemann accused him of ignorance of the cause of itch, which cannot be admitted, because in 1792, when in his thirty-seventh year, he added a postscript to a paper on itch, in the *Anzeiger* (Ein Tagblatt zum Behuf der Justiz, &c., vol. ii, 30th and 31st July, 1792), which mentions that itch is caused by small living insects or acari, that August Hauptmann, Bonomi, Schwiebe, and others, have repeatedly observed these animalcules in many patients at various seasons ; *Flores sulphuri* are recommended morning and evening, till the perspiration and clothing are well impregnated with the odour of sulphur. Externally an ointment of the same medicine mixed with lard is prescribed. This cure being without danger or any bad consequence, is recommended to every patient suffering from itch.

To this paper, signed B., is added the following postscript signed by Dr. Samuel Hahnemann.

10. *Hahnemann's treatment of itch.*

“The cause of itch mentioned in the preceding is the only true one, and based on experience. These extremely little animalculi are a species of acari, which have been illustrated by Wickmann, Dover, Legaz, and others. Linné mentions one kind of acarus belonging to the dry itch and another kind to the humid one.

“The treatment recommended is proper and efficacious, but as the continued use of the *Flores sulphuri* cause

tenesmus and hæmorrhoids, the medicines against itch are to be used only externally. Those who are very much weakened require internally tonics, *China*, wine, iron filings.

“The sulphur ointment is generally believed, but without any reason, to drive the itch into the body ; this prejudice is removed by using instead of the ointment a lotion, which cures the itch more energetically and kills the little insects in the course of a few days. Take the fourth part of an ounce of (Hahnemann's) calcareous *Hepar sulphuris* in powder (prepared by mixing equal parts of oyster shells and *Sulphur*) and as much *Cremor tartari* ; place both in a glass bottle, add two pounds of cold water, and shake the bottle several times. All parts affected by the itch are washed daily three times with the clear liquid which has been deposited. In the beginning itch is cured within six or seven days without any bad consequence ; fourteen days are required when the itch has already lasted some time, and the most obstinate cases require three weeks. This remedy has the advantage, by the evaporation from and the strong odour of the washed parts, of killing the *acarus scabiei* in the linen and clothing, and thus of preventing the possibility of a new infection. No remedy is more useful in orphan asylums, because the beds, rooms, and furniture, are insured by the strong and widely diffused odour against the insects. Thus the contagion, which cannot easily be removed by the ointment, is soon suppressed. Cleanliness, fresh air, and wholesome diet, are indispensable to the convalescents.”

Dr. Langheinz (who communicated the above in Hirschel's *Journal*, 1st September, 1863), asks, “What are we to think when reading this vivid description of the then still allopathic practitioner, Hahnemann, of the mystic psora theory published thirty-six years later?”

Having thus disposed of one of the errors we will refer to

11. *The potency-chimera or hallucination of dynamisation.*

Amongst the shades which obscure the doctrine of Hahnemann, the theory of dynamisation, intimately connected

with the doctrine of infinitesimal doses, occupies a conspicuous place. Before 1801 no peculiarity in the preparation of medicines had been mentioned, but in this year in Hahnemann's essay on *Scarlet Fever* the dose of *Opium* prescribed in a certain form of scarlatina is, in comparison with the ordinary dose, *very small*; the *Tincture of Opium* is prepared by mixing intimately the *Opium* with the alcohol by *shaking* very well the bottle containing the solution. This intimate mixture of the component parts of the solution with the vehicle, water or beer, in which it was given, is particularly insisted upon.

A similar diligent *shaking* for a minute at a time is also recommended in the preparation of the three tinctures of *Belladonna*, which were mixed in the proportion of one of the drug to 200, 300, and 400 of the vehicle, and used as prophylactics against scarlatina.

The object of this dilution was chiefly the diminution of the power of the medicine; he remarks, "That as the dose which he generally uses is not sufficient for patients of very tranquil disposition, it must be increased and *stirred* for a minute longer with the fluid vehicle.

"It is scarcely credible how much this and every other medicine loses in power if we allow it to be licked up simply and unmixed, or give it only on sugar; or, though we drop it into a fluid, administer it without *stirring* it well up with the vehicle. It is only by *stirring*—by brisk long-continued *stirring*—that a liquid medicine obtains the largest number of points of contact for the living fibre—*thereby alone does it become right powerful.*"

Dr. Dudgeon* considers this the germ of the future dynamisation theory; the doctrine by which the mere stirring or shaking with a non-medicinal vehicle was alleged to increase the power of the drug met with opposition from those disciples of Hahnemann who believed that an increase of the material quantity of the drug was the only means for increasing its effect.

* *Lectures on Homœopathy*, Lecture XII, "Hahnemann's Theory of Dynamisation," the perusal of which I earnestly recommend, especially to the younger homœopaths, as well as to the adversaries of homœopathy.

12. *Mischievous commencement of high potencies, by a layman.*

As I do not intend entering into the detailed history of the origin of the dynamisation theory, I will mention that Hahnemann first diluted a medicine in order to diminish its power ; that the shaking and stirring was used for mixing the medicine with the vehicle (later he fancied that stirring and shaking increases the power of the diluted medicine) ; that the diminution of the dose was used for the prevention of aggravation of morbid symptoms and of development of accessory sufferings ; he believed the susceptibility of the patient for the suitable (homœopathic) drug to be so great that even the smallest particle of such a medicine would be sufficient for curative purposes.

“According to Hahnemann, medicinal substances are not dead bodies in the usual sense ; their real essence is merely dynamic, spiritual, pure power, which, by the remarkable process of trituration (and shaking) in the homœopathic manner can be increased to the limits of infinity.”—*R. A. M.*, vol. vi, p. 9 (quoted by Kafka), *A. H. Z.*, vol. lxi, 1860, p. 190.*

This unhappy and mystic idea of a *dematerialisation* of the medicines, and of the transmutation of a material medicinal substance into an *immaterial medicinal spirit*, which has proved the greatest impediment to the rational development of homœopathy, unhappily suggested to a layman, a Russian count Korsakoff—the notion of infecting 1000 unmedicated sugar globules with one globule previously moistened with the 300th part of one drop of the 100th dilution of a medicine ; this was the mischievous commencement of the disgraceful high potencies, although, according to Dr. V. Meyer (*A. H. Z.*, vol. lviii, p. 57) Hahnemann was satisfied with the 30th dilution, and *did not approve* of the *higher dilutions*—“once this (diluting) must have an end, and cannot continue into the infinite.” Hahne-

* *R. A. M.*, for *Materia Medica Pura*. *A. H. Z.*, for *Allgem. Homœop Zeitung*.

mann prepared each dilution first with ten succussions (powerful shakings) ; later only with two, because he fancied that *ten* succussions made the drug too powerful. He dissolved one grain of *Nitre* in half an ounce of water mixed with alcohol, shook this solution during half an hour, and considered it similar in power to the 30th potency.

We find thus that Hahnemann *called* an original or first dilution the 30th potency only because he *shook* it for *half* an hour.

13. *The tale of Dr. Gross's madness, and blood-power.*

Dr. Gross, having adopted Korsakoff's notion, infected sugar globules with *blood-power* by adding to them one globule imbibed with a dilution of his own blood, and published two cases of congestion which he cured with this wonderful medicine.—*Archiv für Hom. Heilkunst*, edited by Stapf, 1834, vol. xiv, 2, p. 50.

The following tale of Dr. S. W. Gross's preparation of potencies of his own blood, and cure by globules infected with this blood-power, is told in his own words :—
“ Having by chance been slightly wounded, I took as much blood as was sufficient to moisten *one* globule, which I mixed afterwards with 10,000 other globules, and shook them in a well-corked bottle during fifteen minutes. I took then one globule out of this bottle, mixed it with other 10,000 globules, placed in a second bottle, and shook them again for fifteen minutes.

“ Of this second potency I gave a few globules to a lady suffering from congestion to the head and chest, and prescribed, whenever a similar attack should occur, two globules to be placed on her tongue. She did it, and felt soon the most beneficial effect.”

Second case :—“ A young man suffered from a serious disease of the chest and frequent blood expectoration, which amounted several times to a real hæmorrhage ; besides several other medicines for the relief of his principal complaint, I gave him also a few globules of the same preparation (potency of blood-power), and prescribed that they

should be taken only in case the congestion should be very intense and the expectoration of blood occur." Here follows a long report of the patient, giving a description of a severe state of congestion to the head and chest, with all accompanying symptoms; further, that the other medicines having no effect, and his pains being intense and unbearable, the excretion of blood while coughing lasting for two days, he took then four globules at 3 p.m. When he went to bed, half an hour later, profuse perspiration of the head followed, and an hour later he felt much better. The following day, the other symptoms also disappeared, and he then felt quite well.

Dr. Gross adds that this blood potency was also very beneficial in a similar, but less severe, attack a few months later. The curative effect was felt in each case within the *shortest* time.

14. *Another layman prepares and sells secret so-called high potencies.*

These sad abuses and mischievous practices seemed to be very engaging to other laymen; thus, the veterinary surgeon Jenichen, who wished to increase still more the power of medicines, prepared 1000, 2000, 8000 potencies, 50 and 60,000 dilutions; he made a profound secret of his process, and sold the medicines very dearly. Immediately Dr. Gross, another layman Bœnninghausen, and Dr. Hering of Philadelphia, began to proclaim the wonderful cures by Jenichen's secret medicines; high potencies only were considered the right drug; all the so-called *rationalists*, who opposed all this swindle, were utterly condemned by these new apostles of secret medicines.

15. *The tale of the conversion of Dr. Hering, of Philadelphia,*

Hering, the great advocate of Jenichen's high potencies, wrote a paper in 1863, from which I quote the following:

"In my arrogance I believed in 1822 that there is something in Hahnemann's doctrine, and wished, by way of experiment, to free it from its errors, to purify it, to make

it scientific. I wished to make an experiment on my sister Ernestine, who was a real incarnate *Pulsatilla*; when I called on her and found her eyes inflamed, I was so intensely incredulous that I wished to prepare myself the tincture, but as I did not find the plant where I had seen it before, I fetched the *Tincture of Pulsatilla* at Theodore Rückert's, in Herrnhut, and prepared myself the dilutions. To 100 I did not object; the second 100 I considered naturally as nothing; the third 100 as nothing at all; there was nothing but laughing going on. Having already prepared the six little bottles, and wishing to make a trial, I continued the dilutions, thinking, in case of failure, I can again descend the ladder, otherwise I would have certainly stopped. While all the sisters laughed I gave her (Ernestine) one drop of the 6th dilution, that is 1,000,000,000,000th, and we went merrily to bed. Having walked to and fro from Zittau to Herrnhut (it was spring), I slept like a top, when I was awoke by a loud call of 'Murderer, up, march! Now save your sister if you can.' It was my father who, with a light in his hand, stood before me in the greatest rage; he said, 'Try your devilish experiments on dogs and cats, but not on women, and least of all in my own house, on your sister, on your poor sick sister. This d—— poison must be immediately removed from the house.' Thus he continued, while I silently obeyed, and following him, covered myself with my Russian sheepskin cloak. Ernestine was up, and ran to and fro moaning and crying, 'I must die,' and, in fact, she was out of her senses. The other sisters were very anxious, the little ones crying. The oldest sister, Klara, was the only one who remained quiet and tried to soothe all. I fetched the *Materia Medica*, 1 ed., vol. ii, p. 233, ordered hot water, and *Camomile* flowers, prepared a cup of tea, an infusion, and gave it to the patient in teaspoonful doses; if this should be useless, coffee is to be prepared. Ernestine complained of being blind and was shivering. After taking the *Camomile* she went to bed, got warm, and perspired. 'Do you believe,' asked sister Klara, when I took one flower of *Camomile* to prepare the tea, 'that this is really the effect of the *Pulsatilla*?' I answered, 'Give

her this ;' sat near the window, looked at the starry heavens, when the thought struck me ' Hahnemann may still be right.' There I sat till all were quiet and asleep.

" He who remembers such things cannot object that others should feel an emotion by the revelation of an infinity, after having been accustomed to think differently during their whole previous life. But when one case after the other confirms the efficacy of 'small doses,' as we are inclined to call this thing, then we see who has learned to think—'He who has seen the effect of 100 to 1000, not only once or several times, but always in suitable cases, and has to some extent learned to think, cannot but desire a *further progress* in this direction. This is certain, that it can never be 'nothing.' Notwithstanding this I heard lately again a sigh, 'that 30 act; also 200 and 300,' but the further potencies are still too ghostly. . . . They all fear and are afraid of ghosts. All these people are *unaccustomed to think scientifically*, and this is the only cause inducing them to make use of expressions which are abominable to those who are accustomed to think scientifically. We can say nothing else to such people but '*Learn first to think correctly.*'"

The following extracts from two letters of (the equerry, veterinary surgeon, or horse trainer, as he was called) Jenichen, will show the extravagance and absurdity to which this *potency-chimera* was carried on.

16. *A tale of the announcement of the birth of Jenichen's latest baby, Arsenicum 8000.*

Jenichen's letter to Gross, dated Wismar, 2nd January, 1846, published with comments by Bœnninghausen (*A. H. Z.*, vol. lxi, p. 71, 1860):—"Jenichen was induced by the words of Gross, 'Where will the high potencies end, where is their limit,' to increase his *Arsenicum* 2500 to 8000. He wanted for this purpose 165,000 powerful succussions, produced by the faithful power of his arm. On the 1st January, 1846, at 2.30 a.m., *Arsenicum* 8000 was born. He is most anxious to know whether this baby will soon die or reach the age of

centuries, which will depend upon its being able to do something or nothing, or perhaps *very much*, &c.”

Bœnninghausen calculates that Jenichen has worked nine days to prepare 5500 new potencies, and consequently has used thirty succussions for each, and that working twelve hours each day he has made twenty-five strong movements with the arm every minute.

Jenichen ascribes all the triumph to Hering, who encouraged high potencies, and exclaimed, “*Every year higher.*” In a letter to Bœnninghausen Jenichen says, “Being conscious that I work for the whole sick world (because I hope that in course of time and by degrees my preparations will be propagated), and that nobody can prepare the medicines in this manner, this it is which preserves my courage and revivifies my bodily powers.”

17. *The tale of Bœnninghausen’s wonderful cures of men and animals with high potencies.*

Bœnninghausen recommends *Arsenicum* 200, two globules, Korsakoff’s preparation, dissolved in 12—15 table-spoonfuls of water, to which half a table-spoonful of corn brandy is added, every 2—3 hours a table-spoonful to be given to patients suffering from scalds. When the scalds are not too bad, recent, and have not yet been treated with cold compresses, &c., or any other external appliance, the burning and intense pain will diminish in 10—15 minutes, and will cease in the course of a few hours.

Arnica in similar doses in external and internal injuries, without any external applications, has also similar extraordinary effects.

Aconite and *Spongia* 200 in croup; 300 cases treated with the greatest success.

In tympanitis of cattle, after having been fed on wet trefoil in autumn, two globules of *Colchicum* 200, dissolved in a bottle (size is not mentioned) filled about one third with fresh water, the solution to be shaken, and at once to be poured down the mouth of the diseased animal, will effect a cure within *half an hour*; the inflated body collapses,

eructation and flatus appear within ten minutes. This shows the difference from the old palliative treatment with the trocar. "On my estate, Darup, and its vicinity, the farmers know the effect of this treatment, and have always in stock *Colchicum* 200 in globules. Allopaths ask how large is the quantity of a drug which a patient, or, in general, man, can take without being poisoned or being affected by a dangerous drug-disease? The homœopaths ask how *small* is the quantity of a medicine required to cure a disease?"—(A. H. Z., vol. lviii, p. 155, "A Few Words on Posology.")

18. *Further tales of other miracles by Gross and Fincke.*

Other Tales of the Miracles performed by Dr. Gross (the eminent discoverer of homœopathic "mare's nests") with Jenichen's Secret Preparations were first published in the *Neues Archiv für Hom. Heilkunst* (vol. i, 3, p. 35, 1844) under the title of "My Latest Experience in Homœopathic Practice." Although these cases have been severely criticised by Dr. Böhm of Vienna in German, by Dr. Roth of Paris in French, and by Dr. Dudgeon in English homœopathic journals, and notwithstanding Böhm proved that none of Gross's cures could be ascribed to high potencies, the error, which is (according to Rummel) "as infectious as a catarrh," was propagated in a much greater ratio than of "one fool makes ten."

Dr. Fincke publishes in the *American Homœopathic Review*, 1860, pp. 285—288 and 327—336, thirty-two extraordinary cures by high potencies, of which usually only *one* dose was given.

His motto, that these high potencies can never be in sufficiently small doses, is taken from Hahnemann's *Chron. Diseases*, 2nd edit., I, p. 149.

Fincke is not satisfied with 30 and 200 *Sulphur*, but speaks of *Sulphur* 20,000, and he pretends to have perfectly cured angina faucium and ophthalmia rheumatica, corneitis, and tussis stomachica with *one single* dose of *two* or of *one* globule, and that no other medicine was further required.

The other cures were effected by *Acon.* 1100, *Arnica* 1100, *Bellad.* 1400, 6000, *Bryonia* 9000, *Canth.* 1630, *Carbo am.* 1000, *Cham.* 1730, *China* 8000, *Hepar s.* 1750, *Mercur.* 3000, *Nux v.* 5000, *Phosphor.* 7000, *Pulsatilla* 7000, *Rhus t.* 10,000, *Sulph.* 20,000, *Veratr.* 2400.

Bönninghausen, who communicates Fincke's paper, says that he has Jenichen's *Arsen.* 40,000 and *Phosph.* 19,000, by which he has cured men and animals, and asserts that it appears that the specific medicinal power propagates itself into the infinite when the manipulations have been well executed, just as the magnetic power is communicated to an unlimited number of steel bars, without the original magnet losing any power or getting weaker at a later time; he mentions a cattle disease with paralysis of all limbs, which he cured with *Pulsatilla* 200 and *Nux vom.* 200. (*A. H. Z.*, 1861, vol. lxi, p. 78.)

19. *A tale of the cause of the great power of high potencies.*

"All organic and inorganic component parts of the universe possess a double life; one is a universal life, in which every part, as a fragment of the whole, participates. It is indifferent whether it is od, æther, or a magnetic fluid, by which this universal life manifests itself by a greater or smaller power of attraction between the various parts; the original source of this life can be only God. The other is a special individual life upon which the form and the inner power of every part depends. This inner power—this spirit which is inherent in every organic or inorganic part—varies in animals, plants, and minerals; just as the soul in man develops from inside outwards, so the *spirit* inherent to every body causes its own form, which propagates itself from generation to generation according to eternal laws inscrutable to us.

"In the same manner as the soul only when acting freely, and freed from matter as in a state of clairvoyance, develops the qualities of a being, which is of divine nature, thus the spirit inherent to all other bodies obtains only then the highest expression of power when unchained from all the

matter which sticks to it. *This is the cause of the constant efficacy of high potencies acting like lightning.*" (Hlatky, *A. H. Z.*, 1863, vol. lxvi, p. 19.)

20. *The tale of the American provers of high dynamised medicines, or, rather, of the dematerialised spirit of medicines.*

The advocates of dynamisation and high potencies christened the power of increasing the efficacy of their medicines *Hahnemannism*; and brother Jonathan established, under the leadership of Hering, in Philadelphia, a society for proving the *dematerialised* high-potencies of 300 to 10,000 and more. They consider Maupertuis "*lex parsimoniæ*" (the law which its author expresses by "*la quantité d'action nécessaire pour causer quelque changement dans la nature est la plus petite qu'il est possible*") the law "*minimis maxima*" as an essential and necessary completion of the law "*similia similibus*;" they explain the effect of many medicines being primary and secondary, and that the secondary is,—according to Newton's law "*Actioni contrariam semper et æqualem esse reactionem*"—contrary to the first. To show their erudition and wisdom, they have chosen the following motto:

<i>Maxima</i>	}	<i>curantur</i>	{	<i>similibus.</i>
<i>Contraria</i>				<i>contrariis.</i>
<i>Similia</i>				<i>minimis.</i>

21. *Objection to high potencies by Purists.*

V. Meyer (*A. H. Z.*, 1858, lv) concludes his twenty-five theses on the doctrine of doses with the following:

"My experience regarding the so-called *high potencies* is too scanty, and I dare not speak of their efficacy and mode of application. I believe that they have curative power, as I have no reason for believing that all curative power ceases with the 30th dilution. Those high potencies which merely by shaking and succession of a lower potency have been raised to a higher one I do not and never will acknowledge as a higher potency, although they are proclaimed as such. Real high potencies must be prepared in the same tedious

careful manner as the usual dilutions. If this rule would be followed by all homœopaths and publicly promulgated, *the mystical rising to the infinite would soon disappear from the homœopathic stage*, as it is not probable that there will be found either a pharmacist or medical man who will have sufficient time, money, and power of self-sacrifice to sublimate a medicine *lege artis*, that is, by progressive and continued dilution to the 5000th number.

Dr. V. Meyer, although a most zealous Hahnemannist, does not admit that *shaking* and *succussion* raise the curative power of a medicine. As the editor of the *A. H. Z.*, in which the purists and advocates of the high potencies published their wonderful cures, Dr. Meyer refuses even to publish in his journal the number of a high potency except it is prepared *lege artis*.

Rückert (*A. H. Z.*, vol. lvii, p. 68) considers *good medicines*, the acquisition of the exact knowledge of these medicines, and *suitable* quantities, besides all the other knowledge required for every medical man, as the three *essentials* for a homœopathic practitioner. He says, "During the thirty-six years of my practice I have made experiments with all dilutions from 0 to 30, also with high potencies, and even with permitting the patients only to smell the medicine; but during the last ten years *I have discarded the high potencies*. Although I do not wish to deny their efficacy, I did not like to use medicines the *preparation* of which is unknown to me and kept secret.

22. *Physical impossibility of increased power by dynamization.**

"The advocates of high potencies assert on the authority of the master that the power of a dose of medicine increases in proportion to its diminution. They assume that the dilution causes dynamization, development, increases the potency (power) of the medicine.

"The phrase that medicine is made more powerful by dilution is, when considered absolutely, perfectly *untrue*.

* Schleicher, *Hirshel's Zeitschrift*, vii, p. 189, 1868.

Experience teaches just the contrary; the strongest poisons are made harmless—and even, inefficacious—if used when sufficiently diluted. No practitioner is inclined to use such a large dose as could hurt his patient, and therefore every one will admit the relative value of the phrase “that a small dose can be for curative purposes more suitable and relatively more efficacious than a large one which might hurt.” The question is, therefore, especially to know how small must the doses be in order not to hurt, and how large they must be in order to be useful: the answer can be found only by experience. But the advocates of high potencies differ from all other practitioners in this respect, that they maintain that no diminution of the doses can arrest the action of the medicine, but that, on the contrary, the dilution increases it.

“Power is nothing else than a quality—an attribute of matter; the power of a medicine is but the result of the chemical and physical qualities of a medicinal substance.

“Power is inseparable from matter; therefore it is impossible to think of retaining power when the matter is lost. The quantity of power is, *cæteris paribus*, in exact proportion to the quantity of matter, and therefore we may speak of high dilutions, but not of high potencies.”

23. *Hahnemann's doses in 1789.*

In the treatise on *Venereal Disease*, published in Leipzig, 1789, section 621, we read—“I have sometimes not had occasion to use more than one grain of soluble *Mercury* in all, in order to cure moderate idiopathic venereal symptoms and commencing syphilis; yet I have met with cases in which 60 grains were necessary.”

Section 623 of the same treatise:—“On an average I have found that in order to eradicate a moderately severe syphilis not more than 8 grains were required, while for a severe and deeply-rooted case about 12 grains were needed.”

Section 626:—“I increased the quantity of the soluble *Mercury* very gradually from $\frac{1}{4}$ to $\frac{1}{3}$, $\frac{1}{2}$, $\frac{3}{4}$, 1, $1\frac{1}{4}$ grain, so that

I could leave it off on the slightest appearance of salivation."

Section 630:—"If we wish to prevent a painful and inflamed bubo from suppurating by the speedy destruction of the venereal virus, or timely avert the threatened danger in phymosis and paraphymosis from chancres the doses of soluble *Mercury* should be from 2 to 3, 4, 5 grains . . . and should terminate gradually what we were forced to commence violently."

24. *Hahnemann's doses after the recognition of his great principle (1790).*

Hahnemann took one grain of the extract of *Æthusa cynapium* when distracted and incapable of reading any more ('Suggestions for ascertaining the Curative Powers of Drugs,' *Hufeland's Journal*, 1796, vol. ii, par. 3; *Lesser Writings*, Dudgeon's translation, p. 318).

An infusion of 10 grains of *Ledum palustre* was prescribed for a child six years' old (l. c., p. 330).

In typical diseases of all kinds (in periodical headaches, &c.) the type-exciting property of *Arsenic* in small doses, one tenth to at most one sixth of a grain in solution becomes valuable, and will, I venture to guess, become invaluable to our perhaps bolder, more observant, and more cautious successors (l. c., 336).

Hahnemann prescribed in mania (resembling that peculiar to *Veratrum*) with constriction of the gullet, of the larynx, sense of suffocation, rigidity of the tongue, tough mucus in the mouth, constriction of the chest, an anxious (gnawing) sensation in the stomach, nausea, great general anxiety. 3 grains of *Veratrum album* every morning, which was continued during four weeks, with gradual cessation of all his sufferings. The malady had lasted four years or more (l. c., p. 350).

To a woman thirty-five years of age, suffering from furious delirium and general convulsions of the limbs, who had been treated for ten days with emetics, purgatives, *Cinchona*, *Opium*, and other medicines, he prescribed half a grain

of *Veratrum* powder morning and afternoon. During the following three days only half a grain was given daily, when all the symptoms disappeared (l. c., p. 351).

25. *Undiluted Tincture of Arnica prescribed by Hahnemann in his advanced age.*

The staunch believers in high potencies and high dilutions will be shocked to hear of another proof of Hahnemann's application of an *undiluted* tincture; this observation is published in the *Journal de la Société Hahnemannienne*, vol. ii, page 206, 1847, by Dr. Perry, who at one period was a most enthusiastic follower and defender of the mysterious high potencies, and who used once even the 2000th dilution:

"One of my brothers had the last joint of the right index crushed through large scales used for very heavy weights. The whole nail was torn off; the fleshy parts of the fingers were quite smashed, and formed an irregular wound, from which the lower end of the naked bone protruded; the pain was unbearable.

"A few hours after the accident Hahnemann was consulted; he prescribed the immersion of the finger in pure (undiluted) *Tincture of Arnica*, then to bandage the finger with linen, and to moisten it constantly with *Tincture of Arnica*. In the first moment, while the finger was immersed in the tincture, the pain was so violent that my brother swooned. I ran, therefore, quickly to Hahnemann, and asked whether the treatment should be continued. He answered very calmly, without being in the least impressed by the painful occurrence, that the pain would not last long, that I should return, and that I would find my brother already better. In fact, the pains had quickly subsided; he felt at my return but a sensation of numbness in the finger, which also soon disappeared. After the lapse of three days the application of the tincture was omitted, the wound was covered with a thick clot of blood, the cicatrization progressed quickly, without any consequent suppuration; the nail grew again; the finger was but slightly deformed."

Dr. Perry, the most zealous administrator of high potencies, has afterwards publicly retracted his error regarding the high potencies. I am not sure whether he was induced to do so in consequence of the case just mentioned.

26. Hahnemann's doses continued.

For a case of violent spasmodic asthma, when *Ipecacuanha* in the smallest doses did not cause any nausea, five grains were prescribed; further, quarter-of-a-grain doses of *Submuriate of Antimony*, of *Sulphate of Copper*; these and other medicines had no effect, when he prescribed four grains of *Nux vomica* twice daily, which cured the patient. (Are the obstacles to certainty and simplicity in practical medicine insurmountable? *Hufeland's Journal*, vol. iv, part 4, page 106, 1797.)

To a child five years old, poisoned by *Camphor*, after strong coffee was given, and a part of the *Camphor* removed by vomiting, four drops of *Tincture of Opium* were poured into the mouth, and this quantity still increased (because a part seemed to flow out of the mouth); also clysters of water mixed with some drops of *Thebaic tincture* were used. The child might have taken two grains of *Opium*. (Antidotes to some heroic vegetable substances. *Hufeland's Journal*, vol. v, part 1, 1798).

In the leucophlegmatic cachexia of children of ten years, especially in autumnal diseases, twelve grains of *Arnica root* can be given without the slightest bad results. (l. c.)

A druggist had taken half a grain of *Cocculus indicus*, and felt violent symptoms of poisoning; six hours later the symptoms still increased in intensity, when Hahnemann was consulted, and first tried a few drops of *Thebaic tincture*, which was followed by a strong *Camphor* emulsion. After having taken fifteen grains of *Camphor*, the patient was relieved, several symptoms continued, and Hahnemann regretted not to have given thirty grains. (l. c.)

A robust man had taken *Mezereum* internally, and continued the medicine after his complaint had disappeared,

he suffered from intolerable itching, which did not allow him an hour's sleep. Hahnemann prescribed thirty grains of *Camphor*, six grains every six hours; before all had been taken the itching had disappeared. (l. c.)

In a fever epidemy, by which many children had been affected, in March 1798, Hahnemann prescribed, after the failure of other medicines, *Opium* $\frac{1}{3}$ of a grain to an infant of five years, $\frac{3}{10}$ to children of seven years, $\frac{7}{20}$ to a child of ten: he himself took half a grain. (Some kinds of continued and remittent fevers. *Hufel. Journal*, vol. v, 1798.)

"I was very cautious in the use of *Camphor*, and did not give to adults above from fifteen to sixteen grains, per diem, in almond milk; but I soon perceived that in order to produce a speedy recovery it was necessary to give, even to weak subjects, thirty grains, and to more robust individuals forty grains in the twenty hours." Half a grain of *Opium*, six to seven grains of *Ledum palustre*, three times a day for adults, are the doses mentioned in that essay.

In a paper, "Some Periodical and Hebdomadal Diseases" (*Huf. Journal*, vol. v, pt. 1, 1798), eight grains of *St. Ignatius' bean*, half a drachm of *Cinchona bark* in the morning, and one drachm after dinner, are the doses prescribed in a severe fit of asthma.

In 1811 (in 1st edition of *Materia Medica Pura*), Hahnemann prescribed three grains of *Cina* for a child of two, and six grains for one of four years. The doses of other medicines are not mentioned, and are probably the usual ones.

In 1822 (2nd edition of the same work), when Hahnemann was 67 years old, all doses are very much diminished, but they still vary.

In 1830 (3rd edition), the dosis of all medicines is the smallest part— $\frac{1}{300}$ of one drop of the thirtieth centesimal dilution. Hahnemann was then 75 years old. *A. H. Z.*, vol. lxi, p. 78, 1860.

Later he gave 50—100 dilutions. We trace thus the so-called high dilution to a delusion by which he was infected in his advanced years through his blind disciples.

27. *The so-called Pure Homœopathy is a doctrine of errors.**

“Having earnestly assumed the duty of watching the irrational application and practice of the homœopathic art of healing, and wishing, without the least forbearance, to have the verdict of common sense, I am convinced that nothing has more prevented and undermined the successful development of homœopathy as a science or art, or the confidence in it, and the respect for it in the eyes of professional and laymen, than the bragging, the stupidities, the absurd fancies, phantoms, the trade in mysteries, the face of importance, and the charlatanry of certain homœopathic practitioners, whose register of sins is indeed very numerous.

“While the aggressions of allopathists have never hurt, but always improved homœopathy, I cannot help bringing the so-called *pure homœopathy*—a doctrine of errors, based on a trade in mysteries, and on imaginary miracles—into public notice.

“I must declare this so-called pure homœopathy to be a *doctrine of errors dangerous to science and to suffering humanity*, which, in case of general adoption, would very considerably damage for some time the *rational* homœopathic art of healing.

“The dogma *that all diseases can and must only be treated by the highest dilutions* (which are designated by the so-called *purists* as the 30, 60, 100, 3-400, 5 to 8 and 20,000, lately even 70 and more thousand), must be considered as most *injurious* in practice; because such a proceeding easily endangers the life of man, and daily experience stigmatises it as a lie.”

28. *Criticism of Jahr's work.†*

“This false doctrine has been lately, by one of its high priests, highly praised and exalted in a large voluminous book, the style of which is heavy and difficult to understand, and so full of contradiction and inconsequences, that it is not

* Trinks, *Hirschel's Zeitschrift*, vii, p. 107, 1858.

† Trinks, l. c.

only fatiguing, but highly repugnant to read it. (Dr. Trinks refers to the review of Jahr's book, by Dr. Gruber.)

"We should be ashamed to tolerate such scandalous books as manuals of physiological and practical materia medica, as those of Jahr and Possart, in which the great labours of Hahnemann and others are so mangled, minced, and again bungled together. Are we, then, to learn materia medica according to such asses' bridges; and are homœopathic practitioners to treat their patients under such guides? Is this scandal to continue? It would have been impossible for such people as Jahr and Possart to offer their worthless and senseless products to the public, if criticism, as in any other science, had been carried on with dignity, earnestness, and energy. Compare the critics of other sciences, and the unrelenting strictness with which they handle such products, and then read the *All. Hom. Zeitung*, and the reviews of Jahr and Possart in that paper.

29. *Incapability of believing in the cure by globules of 30th dilution.**

"Nature has moulded me without any faith, and the absolute deficiency of this organ in my brain disables me entirely from believing in cures with one or more globules of the 30, 60, 100, 1000 dilution, where twenty or thirty days, and even months, pass before their action has ceased; my little common sense makes it impossible for me to see in these pretended cures, cures by art, because I am unable to perceive any material influence on the disease which is to be cured; thus I lose also a great part of the joy with which the enthusiastic *purists* are filled, on account of their wonderful cures.

"The organ of credulity which nature has denied me is compensated by a scepticism which makes any illusion impossible, and, although deprived of many a pleasure and joy, I remain on *terra firma*, and escape many painful delusions.

"Doubt and schism have led me away from allopathy to

* Trinks, l. c.

homœopathy, and the study of Hahnemann's writings confirm my conviction that a limit has been assigned to the tyranny of imagination and metaphysical speculations in medicine, and that experience only has been raised to the position of highest regulator and index in medicine.

"When I learned at a later period that Hahnemann himself prepared illusions, and permitted himself in his later years to be deceived by others; when I read in homœopathic journals the most incredible miracle-cures; then my *skepsis* certainly developed to a higher degree, and I must publicly confess that the practice of many homœopathists caused me inexpressible nausea, and would have disgusted me with homœopathy, if I had not been convinced during the last thirty-five years of its unspeakable advantages.

"It is therefore necessary to separate the doctrine from individuals, if we are not to be unjust, and throw away the kernel with the husk. Starting in this manner, I follow faithfully and zealously the doctrine, but leave its bad representatives to be judged according to their merits.

"These purists proclaim from time to time to an astonished public,—which has the courage of believing,—their miraculous cures by an infinitely small dose, which continues to act for weeks and months; but no *rational* practitioner is found to be as successful as the *purist*.

"This *pure* homœopathy must be a profound and powerful science and art, otherwise its disciples and followers would not bear themselves towards other rational practitioners with such haughtiness and presumptuousness: they believe themselves alone in possession of the philosopher's stone, as if they understood the art of healing *par excellence*, and as if they alone had received on their heads the blessings of the master.

It is not from mere love of opposition that I fight against this doctrine of treatment numerously provided with mysticism and miracle-mongering. I have actually taken the trouble of applying the high dilutions in acute and chronic complaints: in acute diseases the course of the disease was just as if *no* medicine had been used; neither the progress nor the fatal results could be pre-

vented, and it was soon a matter of conscience to discontinue these high potencies. In chronic diseases, whether curable or incurable, I had no better results from high potencies, although the latter were afterwards cured with larger, stronger, and repeated doses.

30. *The hallucination of aggravation.*

“I had occasion to treat patients who have been for months, and even years, under the care of *purists* without deriving any benefit from their treatment; many of these patients requested me most earnestly to give them high potencies, and these only at long intervals, because they feared any slightly stronger doses (or lower dilution) would cause them most painful aggravation, and a number of new complaints. I prescribed a powder of milk-sugar, without any medicine, or an ounce of distilled water. At my next visit I had to hear of the aggravation caused by my strong doses; these hallucinations were afterwards cured by showing them the written prescription. Thus I attained my object, and cured within a short time many patients by large and strong doses, while the incurable patients remained in their *status quo*, just as under the *purists*.

(Amongst other cases, Trinks mentions that Dr. Franz suffered from severe fistulæ (in consequence of renal stones) which pierced the scrotum and peritoneum; he died in hectic fever. Hahnemann prescribed the smelling of globules of *Antim., Silic., and Corr.* Trinks adds *discite monitis.*)

“All these observations and experiments induced me to discontinue the high potencies, as useless to science, art, or the patients. I gained the conviction that *this so-called pure homœopathy is a doctrine of errors, a doctrine false in theory and practice*; that it is damaging to science, art, and suffering humanity; that it opens the door to quackery, the crassest illusions, and deceptions, and that it must be opposed with zeal and energy by all who earnestly desire the real progress of science and art. On my part I consider such a doctrine as a sin towards the patients, whose

* Trinks, l. c.

sufferings are not only left without relief by similar playthings, but are unnecessarily protracted, and possibly made incurable by such *mysticism*.

“Every rational practitioner who considers that the vital power of patients varies in quantity, according to individuality and constitution, and that every case, even of the same disease, varies infinitely, cannot help admitting that it was a great mistake of Hahnemann to assert that the dose of a suitably selected medicine can never be sufficiently small, a mistake which he wished to correct in later years by the recommendation of a more frequent repetition of the dose. The rational practitioner will never submit to a dogma in posology, but will choose the strength of the doses according to the intensity of vital power, the character, and locality of the disease.

31. *Truth and exactitude required for the progress of homœopathy.*

“If the homœopathic mode of treatment is quickly and successfully to be developed, not the least doubt must be left in its clinical application, the action of every medicine used in each clinical case must be observed with the greatest exactitude, and must be proved without any doubt.

“Science requires at present principally *truth* and *exactitude*. Homœopathy is not to be permitted to lag behind with regard to these two essential requisites. Just as the other schools endeavour to obtain the possibly greatest exactitude in the investigation of diseases, and the material changes which they cause in the organism, thus a still greater endeavour for exactitude must be made with regard to the use of medicines ; if homœopathy neglects to do this, the time will soon approach when it will be done by others, because the present science of medicine cannot stop at pathological anatomy, it cannot fail to be pushed forward sooner or later to work at a new *materia medica*, because the old one will, according to Hahnemann’s example, be thrown off as perfectly useless. Then the present medicine will be found to tread the same path which Hahnemann has trodden, and

with much greater energy than the present homœopathic practitioners have been, and are still, doing.”—(Trinks, *l. c.*)

32. *The greatest enemies of homœopathy are to be found amongst its followers.**

“Almost thirty years have passed since I was induced through the cures of a homœopathic practitioner to study Hahnemann’s doctrine. Although I am convinced, in consequence of unprejudiced and extensive experience on men and animals, that the principle *similia similibus* is based on correct observations of nature, and that the selection of a medicinal substance according to his principles, enables the practitioner to act directly against the disease, I am still not blinded by the faulty proceedings of phantastics, and believe that Hahnemann has only shown the way on which we must proceed with the greatest zeal in order to be able to erect a building of some perfection on the basis he has indicated.

“To tell the truth and answer the question, *why only a proportionately small number of professional men follow the doctrines of homœopathy*, and why many others secretly making use of its curative principle are afraid of acknowledging it publicly, we must admit that the cause is to be found in the sad elements which for a long time, like parasitic growths, have deprived the young plant of its sap and tried to graft on it their own fruit; although, in course of time, much has been done to extirpate these parasites, the object has been but partially obtained. Similar to the Lernean Hydra, new heads rise as soon as the old ones have been trampled down. It cannot be denied that the greatest enemy of homœopathy is to be found amongst its own followers, and when considering all the nonsense which they have, in opposition to reason and experience, hatched and identified with homœopathy, those who earnestly wish to proceed on the path of really scientific investigation require a great amount of courage and a most sincere conviction of the excellence of its doctrines to

* Dr. Gentzke, *Hirschel's Journal*, vol. viii, 1858.

acknowledge publicly that they are followers of this new doctrine.

33. *The parasites of homœopathy.**

“To understand the position of those faithful believers in the various dogmas which have been compared to the parasites of homœopathy, let us look at the phases through which homœopathy has passed, let us observe what an amount of the most shameless boldness, and of crass ignorance, has been used in publishing the most adventurous and exuberant imaginary tales—*ad excelsam homœopathiæ gloriam*. Just as in previous ages, but at a higher standard, have the products of an extravagant imagination of some individuals been—through involuntary self-deception—considered by others as the products of observation in nature. The cause of all this is to be found in the over-rating of the effects of homœopathy, which, like any other product of man, always retains a degree of imperfection; and, as the results frequently did not prove favorable, this was not ascribed to imperfection; no attempt was made, as far as possible, to improve such a state by experiments and observations; but perfection was sought for in *unessential and even senseless theories originated by cracked brains*.

“Even Hahnemann (without wishing in the least to detract in any way from his great merits) left at a later period, when the weight of years had paralysed his mental power, the original path of investigation, and being misled by defective observations he was seduced to patch into his doctrine many tenets, which, although without any real basis, have been praised as something extraordinary and trumpeted forth as new perfections by those credulous followers who have been accustomed to see only through the eye-glass of their master.

“I can still recollect many facts belonging to that period which even then disgusted the unbiassed.

“The most fabulous and miraculous cures had already been performed by homœopathy, and all journals had them published. Hahnemann himself had repeatedly mentioned

* Dr. Gentzke, l c.

that the homœopathic method of curing possesses a degree of perfection, that it was as sure to cure diseases as to solve an arithmetical problem, when suddenly, like a *deus ex machinâ*, Hahnemann's work on Chronic Diseases was published, with the exposition of his theory on their pathogenesis and with his antisporic medicines, &c.

"At once the views of his echoing gang were changed, the eye-glasses hitherto worn were thrown into the lumber-room and new ones according to the pattern of the master were used.

"It was a singular fact, that the same medicines which, but shortly before, and selected most carefully according to the principle of *similia similibus*, had effected the most miraculous cures, had suddenly lost their efficacy, the mystic trio (psora, syphilis, sycosis) was scented everywhere; the terrible psora especially infected the brains of a number of chiefs, and taking hold of their "thalami nervorum opticorum" caused them to see always the prodigious.

"With the psoric eye-glasses on their noses they soon detected the monster, and a suitable antipsoricum soon drove the psora out of the Temple.

"These and similar scenes have been repeatedly enacted either alone or mixed with each other at various periods, and I believe it unnecessary to mention the rôles unnecessarily played in homœopathy by the homœopathic aggravation, the famous decillionth, the prescription of smelling the single globule, the solution of a single globule in water, and other tom-fooleries."

34. *Deficiencies of the Materia Medica Pura, with suggestions for its purification.*

"The deficiencies and imperfections of Hahnemann's *Materia Medica* have been, as it is well known, frequently mentioned by various authors. I believe these imperfections can be divided into two series; the first could not be avoided in consequence of the natural conditions of its preparation, while the second should have been omitted for the sake of the principle *similia similibus*.

“ To this first series belong all those symptoms which have been observed on sick persons, as well as those taken from quotations having reference to sick persons. There cannot be any contradictory opinion with regard to the necessary omission of these symptoms, as long as *sick* is not synonymous with healthy ; a *materia medica* proclaiming itself as *pure* because it is to contain merely *positive* effects of medicines observed on healthy persons only, is not under any conditions to be made *impure* by observations made on the sick. Even in cases of poisoning, only such symptoms may be mentioned as are observed before the administration of an antidote.”*

Amongst those who during the last thirty years have not only advocated, but have, with great perseverance, tried to purify the *Materia Medica Pura*, Dr. Roth of Paris, and Dr. Langheintz of Darmstadt, must be mentioned. The last, in a paper read to the Homœopathic Congress in Mainz in 1863, says :

“ I wish to direct your attention to a *disagreeable* but still *necessary*, and, in fact, *unavoidable* subject, viz. the purification of the so-called *Materia Medica Pura*. . . . I will but mention that, in accordance with the spirit of the age, it is the proper time and necessary to enter fully into the matter.

“ If the *Materia Medica Pura* would be really as pure as its name expresses, as Hahnemann proclaimed it in the preface of the first edition of the first volume, and *as I and many others for a long time believed it to be*, then we would have but to continue to build on a basis laid down with much trouble, but still on a firm basis.

“ But the *Materia Medica Pura* is *not* pure. Those who have read Dr. Roth’s (of Paris) papers, published in the *Vierteljahrschrift*, and paid some attention to my review of the symptoms of *Opium* and *Moschus*, will admit, without any discussion, that our *Materia Medica Pura* does not deserve this proud title.

* Dr. Gruber, Review of Jahr’s “ Doctrines and Principles of the Theory and Practice of Homœopathy, &c., *Hirschel’s Zeitschrift*, vii, p. 89’ 1858.

“ Although further proofs are not required, it will do no harm to refer you to *Hufeland's Journal*. Hahnemann has named symptoms 35, 846, 963, marked G . . . ch., as taken from observations of some authors on *Belladonna* in that journal. I read the original, that you may not believe that I exaggerate

“ Such proofs are sufficient for showing the *impurity* of the *Materia Medica Pura*; we have, therefore, to consider the consequences of such a serious circumstance. This *Materia Medica Pura* is the foundation of Homœopathy, and we take from this work our proofs for the reality of the principle, *similia similibus*: what can we answer to an adversary declaring all our conclusions—based on undetermined ground,—fallacious and uncertain, in consequence of our own admissions of the impurity of the *Materia Medica Pura*?

“ In this meeting I dare not name all the injurious consequences which the uncertainty of the *Materia Medica Pura* necessarily has on the practice and progress of homœopathy: it would appear presumptuous on my part to teach you what you have known before me, and much better than I am able to express.

“ What I have said is sufficient proof that the preparation of a truly *pure* materia medica, of physiological pharmacodynamics, is a *vital* question for homœopathy, a great question of conscience for the homœopathic practitioner, and a question of *honour* in presence of our adversaries.

“ Your kindness encourages me to say a few words on the devotion and respect due to the great dead. Every one agrees that such want of respect and devotion is a painful disgrace, which we all sincerely desire to avoid; but our task being just the search after truth, duty and conscience direct us merely and solely towards it. Therefore, *truth* is to be our principal guide, to which devotion must be surrendered.

“ Dr. V. Meyer objects to sceptics (or, as they have lately called themselves, *rationalists*) being chosen as purifiers of the *Materia Medica Pura*. Chosen purifiers are useless; those who have not the vocation, will not permit themselves to be chosen for such a task; while those who have a vocation

for it will not be restrained from doing it even when persecuted as *rationalists*. I call myself with some pride a *rationalist*, if homœopathy is to be degraded to dogmatism, and if, like this, it does not acknowledge 'ratio,' then I have done with it.

"But who can doubt that only 'ratio' can be the vital principle of every science, and if 'ratio' leads to stupidities, the cause must be ascribed to the irrational application of 'ratio,' that is, digression from the eternal law of 'ratio.' Meyer believes it better to retain twenty false symptoms than to leave out one which is correct and verified. Thus every progress in science would be annihilated, and we would have a doctrine, unable to bear criticism and inquiry, because it would cause everywhere nothing but gaps, and pharmacodynamics would be a dogma, excluding every inquirer, because *science* and *dogma* are medically and absolutely exclusive.

"In possession of physiological pharmacodynamics, we would be able to have discussions on the truth of our *similia similibus* quite different from those carried on without success during the last fifty years. If homœopathy is, as we think, a *truth*, it must be proved as *irrefutable* as the theory of undulation in the doctrine of light; the first step in this doctrine is, *prepare a true materia medica*.

"All branches of medicine have advanced in the present century farther than it was possible during several preceding centuries. . . . Only the *Materia Medica* is still expecting the man to perfect it. Should he not proceed out of our own ranks? as homœopathy has the merit—not of having invented—but at any rate of having been the means of making known the value, and of having practically developed, the *provings of medicines on the healthy*.

"A period as favorable as the present might, perhaps, not soon return, when it is acknowledged that every medical man should know the physiological action of medicine. It is admitted, according to the Pereira-Buchheim dictum, that homœopaths are *perfectly justified in asking for provings on the healthy*. It is, therefore, our duty to purify the material already existing from its dross, to add to it new material

where modern science finds it deficient. By preparing pure physiological pharmacodynamics, we will be of use *to all medical men, as such, as to all patients*; thus we will have the highest reward with which kind fate can crown our labours.

“While appealing to you to begin this great and worthy task like Dr. Roth and myself, but with more mental power and knowledge than I possess, I will remind you that history (which will also judge homœopathy and its disciples) is the great court of justice; may it give us an honorable verdict, because twenty-five centuries of medical art look down upon us.”

Dr. Roth, one of the first to criticise the *Materia Medica Pura*, called it, according to Heincke in *A. H. Z.*, vol. lxvii, p. 161, “a large mound of symptoms, an accumulation and collection of errors of various kinds, which owe their origin, 1, to false quotations, 2, to subjective symptoms, which are not the special effects of the proved medicine but of the individuality of the prover, 3, to symptoms observed in patients while using a medicine, 4, to symptoms taken from cures, *Vierteljahrschrift* xii, p. 63; he has eliminated not less than 16,140 symptoms taken from the provings of six provers only, *Hirschel's Journal*, xii, p. 128.

“*Revision* is the watchword issued from Paris in politics as well as on the field of our *materia medica*, not to correct errors, not to remove with care and caution the unnecessary, the bad, but this word is used (as proved here and there) to cover the real intention of forcibly destroying what exists, in fact, of making a revolution.

“Dr. Roth tries in a public manner and in a roundabout way (Dr. Heincke, *A. H. Z.*, vol. lxvii, p. 161), to proclaim that Hahnemann's *Materia Medica Pura* has, *from its beginning, never been pure*; he soon found out that the provings on the healthy are scarcely sufficient, and that they alone, without the aid of toxications, are not suitable to serve as indications for the choice of a medicine; that traditions have been necessarily called in aid, old pharmacologies, dissertations, books of herbs, and *acta curiosa* have been ransacked, and the curative effects have been, as far as possible,

filled in amongst the symptoms on the healthy. Hahnemann's materia medica is a bundle of errors and self-deceptions, hence Hahnemann has chosen his medicines not according to provings but according to curative symptoms, &c. This mode of selection was therefore in opposition to his doctrine and to the caution mentioned in the *Chronic Diseases* not to use *curative* symptoms as indications. "But it is still a fact," (Heincke, *l. c.*, made these extracts from Dr. Roth's writings).

35. *Jahr's caution to pure homœopaths to beware of the criticism of an honest man.*

Dr. Jahr, *A. H. Z.*, vol. li, p. 56, 1855, the father of the known repertories—containing a mass of the materia medica pura symptoms which, in accordance with truth and exactitude, should be eliminated—did his best to repulse violently Dr. Roth's (of Paris) attacks on the *Materia Medica Pura* as well as his suggestions for its purification, and concludes his paper with the following :

"I finish with the remark that I have as little intention of attacking Dr. Roth's personal character as he had of attacking mine. Socially Dr. Roth is an excellent man and worthy of the highest esteem; as an *author* he is unhappily a "*party*" man, whom, as I believe, the spirit of opposition and contradiction combined with his eclectism (he *confesses himself openly*, as I am told, *not to believe in similia similibus*) have inspired with an animosity towards Hahnemann and his doctrine, and have blinded him to such an extent that he would be capable to give not only a price of 500* but of 50,000 francs to the man who would render suspected not only the list of the symptoms of *Aconite* but also all the provings of Hahnemann; according to *his* own conviction he is an *honest* and trusty man, which is still more a reason that the genuine homœopath should beware of him and of his criticisms."

The members of the British Homœopathic Society not-

* At that time Dr. R. had offered a prize of 500 francs for a monograph on *Aconite*.

withstanding this caution of Dr. Jahr, have lately resolved to translate Dr. Roth's studies on materia medica.

36. *Conclusion.*

Those who have had patience to go through these old tales will admit *that the criticism of homœopaths* on the errors and theories which obscure the real essence of homœopathy, namely, "the use of medicines—previously physiologically proved—for the cure of diseases according to the principle of *similia similibus*," is more severe than the usual criticism of the old school disciples, who are and have been satisfied to ridicule only high dilutions and high potencies without any scientific objections to the real doctrine of homœopathy.

In addressing myself to my younger colleagues I wish to encourage them to study—

First. The natural history of diseases when not interfered by any medicinal treatment.

Secondly. The effects of medicines on healthy persons.

Thirdly. To examine and observe the various modes of treating diseases of the old and of the new school (by bleeding, leeching, cupping, purging, vomiting, sweating, stimulants, tonics, &c.), with and without medicines, by diet and regimen, by mineral water and the usual water cure, by electricity, medical gymnastics, and various climates.

Finally. I beg them never to believe in miraculous cures caused by whatever agent, not to follow blindly any dogma or authority, but to use their own reason, to be sceptical till continued and repeated experiments enable them to gain sufficient experience for choosing in each individual case the quickest, surest, and most harmless treatment.

Our duty is not to hold up a special principle of treatment and to sacrifice the patient for its sake, but to choose according to our honest conviction the means for the best of our patients ; but without the study of the natural history of diseases, and of the effects of medicine on the healthy, this choice of the right means is impossible ; this is a truth which no rational practitioner can deny ; even those who deny the principle of *similia similibus* and prefer to apply medicine on that of

contraria contrariis or any other principle are obliged to acknowledge the great merit of Hahnemann, the inventor of the physiological experiment for proving medicines on the healthy body, who has taught us the mischievous effect of the violent interference with the natural course of many diseases by too strong medicines, by bleeding, leeching, vomiting, purging, &c., and thus has traced for us the mode in which the medical art is to be changed into an *exact medical science*, an aim evidently desired, and although very difficult, still to be attained by the *united efforts* of the whole profession.

NOTES ON HOMŒOPATHY IN VIENNA.*

By JOHN G. BLACKLEY, M.B. Lond.

MR. PRESIDENT AND GENTLEMEN,—On looking over the notes made during my recent sojourn in Vienna, I am sorry to find those specially relating to homœopathy and the homœopathic institutions of Vienna so very meagre. Scanty as they are, however, in compliance with the request of several of your members, I venture to lay them before you.

One of the earliest of the large cities in which homœopathy took deep and decided root, and numbering amongst its practitioners many who had the advantage of personal intercourse with Hahnemann himself, one would naturally expect to find the number of homœopaths in Vienna very large; add to this the notorious leaning of a large number of the foremost teachers of the Vienna school towards the *laissez-faire* method of treatment, and one can easily understand the causes which have combined to place Vienna in the foremost ranks as a teacher and propagator of the doctrine of similars.

* Read before the members of the Liverpool Homœopathic Medicœ-Chirurgical Society, December 6th, 1871.

As early as the beginning of this century, the practice of homœopathy commenced in Vienna, and continued to increase until the pressure brought to bear upon the government by the dominant school caused an edict to be issued in 1818, prohibiting its being practised by the Austrian physicians. That it was still practised *sub rosa* one can hardly doubt; but it was not until the year 1836 that the fetters were knocked off. In 1831 the Hospital of the Sisters of Charity, in Gumpendorf, had been founded by Count Coudenhove, and at his instigation the physician in charge had tried secretly a few homœopathic remedies. In 1833 Dr. Schmid, a professed homœopathist, took the charge and continued the mixed practice. In 1835 was appointed Dr. Fleischmann, whose name is so familiar to all of us, and he, through the intercession of Count Kolowrat, soon obtained permission to employ homœopathy openly in the hospital. In a very short time an imperial ordinance, signed by the emperor himself, appeared, granting to every duly qualified physician the right of freely practising according to the homœopathic method. The hospital thus established under the able charge of Dr. Fleischmann, has, as you are aware, continued its good work down to the present day, and you are doubtless familiar with the reports published periodically by Dr. Fleischmann; it has been visited from time to time by students who are now settled down in practice in all parts of the globe. At Dr. Fleischmann's death, in 1868, Dr. Rothansel, who had been for many years assistant-physician, was appointed to the chief post, and continued to hold the position until his lamented decease, which occurred only a few weeks ago.

At the time of my visit, which commenced about this time last winter, I found the hospital containing seventy beds, all full, the nursing being done by the Grauen Schwestern, or Grey Sisters of Charity. Of the manner in which these good women perform their duties, it is impossible to speak too highly; and I hope I shall not be accused of partiality when I say that it is the best kept and neatest hospital which I have ever seen, either in this country or in Germany.

During a period of nearly three months I visited the hospital daily, and saw many interesting cases. Foremost among these I should mention a large number of cases of typhus and typhoid. The hospital, distant about three miles from the centre of the city, is situated in a low-lying, closely populated suburb, in which typhoid fever is endemic, and where epidemics of typhus frequently occur; the wards are consequently always well stocked with cases of this kind. The Vienna school generally do not agree with our English teachers in drawing so sharp a line of demarcation between typhus and typhoid or enteric fever; they therefore include them both under the generic name of "typhus," the first being called simply "typhus" or "exanthematous typhus," and the second "abdominal typhus," believing in a community of origin for the two diseases, the type differing with the individuals attacked and the class of organs which the disease germs find most vulnerable in different cases. One or two cases which I saw certainly tended to corroborate this view, the differential diagnosis between the two diseases being at first impossible. After partaking strongly of the character of enteric fever for a period of ten or fifteen days, they lapsed into true unmistakable typhus, and ran a tedious course complicated with pneumonia, &c. In all the cases of enteric fever we found the spleen more or less enlarged. This is a physical sign not sufficiently recognised by our English pathologists, and is very useful as a means of strengthening the diagnosis, as it is generally present after the disease has lasted a few days, before there are any symptoms of tenderness on pressure in the lower parts of the abdomen. The treatment adopted in these cases presented no very striking novelty. In cases where there was not distinct evidence of ulceration of the small intestines *Rhus* was the medicine generally chosen; where distinct ulceration was present *Arsen.*, and, as a rule, these medicines, given generally in the third dilution, were steadily adhered to during the whole course of the attack, unless some very decided change in the character of the case occurred. This persevering administration of one remedy is a marked feature in the treatment of almost all the cases

in the hospital, and to a beginner constitutes a very useful lesson, teaching him that, having chosen the right medicine, he may await with patience and confidence the desired result.

Another very interesting class of cases constantly seen in the wards are cases of "lead colic," occurring principally, not amongst painters, but amongst French polishers. The manufacture of furniture forms one of the staple industries of Vienna, and in the immediate neighbourhood of the Gumpendorf Hospital are several large factories. Much of this furniture consists of light wood, which is stained with a preparation containing a large proportion of white lead. In the process of polishing this is rubbed into the skin of the hands and soon produces its characteristic effects. Most of the cases had been inmates of the hospital several times before. One of the men informed me that for some years he had had an attack every six months, for which he had always come into the hospital, and had generally gone out well again in about ten days, remaining free for another six months. The medicine used in these cases was *Opium 3*, and, of seven cases which I saw all but one went out cured within ten days. I did not observe any gouty tendency in any of the cases.

Several very good cases of pneumonia presented themselves: one a very fine case of double pneumonia which was discharged cured in thirteen days. In uncomplicated cases, *Phos.* was the medicine invariably used.

Of scrofula and phthisis there is unfortunately no lack in Vienna: indeed phthisis goes amongst medical men by the name of "morbus Viennensis," and exists, I believe, even to a greater extent than in our own large towns. Although the hospital is ostensibly for the reception of acute cases only, many of the beds were filled with chronic cases of scrofula and phthisis. Even here, however, the relief afforded in many cases, as fresh symptoms presented themselves, was very striking. One or two apparently hopeless cases of strumous ophthalmia showed almost magical improvement under *Hepar Sulphuris* and *Merc. Sol.*

The hospital is not, I am sorry to say, made as much use of for purposes of study as it might be. A quondam pro-

fessor from one of the Italian universities, and a physician from Boston, U.S., were, besides the assistant-physician and myself, the only companions of Dr. Rothansel in his daily rounds.

The Leopoldstadt Hospital, situated in a part of Vienna called the Leopoldstadt, with whose reports you are also familiar, was founded in 1849 by Drs. Wurmb and Watzke; and is also connected with a convent of the Grauen Schwestern. It contains at present forty beds, for women only, and is under the able superintendence of Dr. Eidherr, with Dr. Karl Würstl as assistant-physician.

The third and largest homœopathic hospital in Vienna is situated in the densely populated district of Sechshaus, about five miles from the centre of the city, and contains nearly three hundred beds. The date of its foundation I have not been able to learn, but for the last fifteen years the post of chief physician has been held by Dr. J. O. Müller, who has an assistant-physician to help him in his onerous duties. Owing to the distance, and the early hour at which the daily visit is made (9 a.m.), I did not see Dr. Müller; but on going round the wards alone on one occasion, found the beds tolerably well filled, a considerable proportion of them being occupied with surgical cases, which, I learned, were under the special charge of an allopathic surgeon and his assistant, subject to the supervision of Dr. Müller. The wards are not so fine or so neatly kept as those of the Gumpendorf Hospital, although the patients are of a somewhat better class, as each is expected to pay the expense of his board during the time he remains in the hospital. The nursing here, again, is done by the same benevolent sisterhood.

It is not easy, owing to the want of a reliable directory, to ascertain the precise number of homœopathic practitioners in Vienna, but, including several crypto-homœopaths, there are at least fifty. Of these thirty are members of the "Austrian Homœopathic Society." This society, which formerly deserved, and, I believe, still keeps, its name of the "Austrian Proving Society," has rendered itself famous in time past by its re-provings of many of the principal Hahne-

mannian remedies. These provings, together with many valuable monographs on individual diseases, were published in the *Oesterreichische Zeitschrift für Homöopathie*, first published in 1844 under the editorship of Dr. Watzke. Always somewhat irregular in its appearance, it received a blow from the revolution in Vienna in '48, from which it never recovered. After a final effort by Dr. Watzke to revive it in 1849 by the issue of another number, it ceased to exist altogether. From this date until 1857 no record of the work of the Society appeared. In that year Dr. J. O. Müller was successful in resuscitating the defunct periodical for a short time; but after the issue of a few numbers it again sank into quiescence, and up to the present date no further transactions have appeared.

The Society now holds monthly meetings (three of which I attended) at the house of the president, Dr. Weinke. The average attendance is about twenty. On those evenings upon which I was present no papers were read, but a subject was announced as a topic for conversation at the next meeting. On one occasion scarlatina was the theme, and on another a very interesting evening was spent in detailing various classes of cases in which *Stramonium* had been of service.

Some slight effort seems being made at present to revive the work of re-proving medicines, and I, along with two American physicians, was eagerly pounced upon by the secretary Dr. Frölich, and requested to undertake a proving for the Society. This proving I have commenced, but have, so far, nothing to relate concerning it, not having yet perceived any symptoms.

Attending the courses at the General Hospital, at the same time as myself, were six avowed homœopaths, four of whom were physicians from the United States, one, still a student, from Rio, and the remaining one a physician from Zürich. As far as I could learn, the best possible feeling existed between these men and the other students, many of whom, in the special courses, were men already qualified and in practice. Touching the state of feeling towards homœopaths, manifested by the larger section of the medical world, it is, I think, decidedly better than with us.

Many of the leading men of the allopathic school are constantly called in in consultation by our homœopathic colleagues in cases of difficult diagnosis, or where surgical interference is necessary. Dr. Gerstel informed me that in obscure cases he generally called in Skodà, who always expressed the greatest willingness to come.

Passing from the precincts of homœopathy into the outer world of medicine, as seen in the great hospital of Vienna, it is interesting to note the existence of symptoms similar to those which are manifesting themselves at present in this country. I refer to the increased interest taken in therapeutics. The expectant school, which has reigned so long in Vienna, has had its day; and the younger generation of teachers are again commencing to believe in the action of medicines, more especially of single remedies. The large number of experiments recently undertaken for the purpose of testing the action of drugs upon the lower animals, and even upon the human subject, are evidently tending to strengthen this faith.

Amongst the most interesting of recent experiments of this kind are those upon the physiological action of *Carbolic acid* by Dr. Neumann, who, in a small pamphlet* published a year ago, details a large number of very carefully conducted experiments made upon frogs, rabbits, dogs, and the human subject. (In the last case the drug was administered internally to patients suffering from chronic skin affections.) In these experiments the general symptoms produced were tolerably constant in the different classes of animals; paralysis commencing in the hinder extremities and gradually spreading upwards, spasm of all the muscles, dilatation of the pupil, oppressed respiration, emaciation, diarrhœa, and death in convulsions. In two of the experiments made upon dogs, however, the results appear to me so suggestive that perhaps you will bear with me for a few moments whilst I read them to you in full.

I. A dog of middle size was taken, and a scruple of

* *Ueber die Wirkung der Carbonsäure auf den thierischen Organismus, auf pflanzlichen Parasiten, und gegen Hautkrankheiten*, von Dr. Isidor Neumann, Docent der Hautkrankheiten an der Wiener Universität. Wien, 1870.

Carbolic acid, diluted with two drachms of water, was injected under the skin of the inner surface of the thigh. There soon formed a swelling about the size of a hazel nut, surrounded by an œdematous border. On the following day suppurative fever came on; the swelling had meanwhile increased in area, and the abdominal wall had become tympanitic. After the lapse of a few days the animal died with all the symptoms of pyæmia. On post-mortem examination there was found on the inner surface of the thigh, at the spot where the *Carbolic acid* had been injected, a large abscess filled with pus, and running from the same towards the abdomen numerous bands of strongly thickened connective tissue, having a basis of lymphatic vessels filled with lymph cells. In the course of these bands were rows of small abscesses, from the size of a peppercorn to that of a bean, filled with thickened pus. In the lungs were several detached spots, as large as one inch in diameter, in which the tissues were dark red, congested, destitute of air, softened, and partly infiltrated with lymph-cells. The remaining lung tissue was slightly œdematous and pale; the bronchial tubes contained much frothy mucus; their mucous membrane pale. The heart contained dark viscid blood, and, adhering to the valves, several grey masses consisting of white blood corpuscles and fibrin. The spleen was unchanged; the liver dark brown, soft, and showing fatty degeneration to a high degree; the kidneys congested, soft, and their cells turbid.

II. In this experiment a similar animal was taken, and half a drachm of the acid diluted with water was injected under the skin of the chest. The same appearances as in the last experiment quickly presented themselves. After the lapse of two days a similar quantity was injected into the stomach, but a portion getting into the larynx, the animal choked. The *sectio cadaveris* showed:—On the left side of the chest where the acid was injected, the subcutaneous connective tissue for a space of several inches infiltrated with pus, changed in some parts to a soft yellowish mass, with, here and there, small accumulations of pus; the lungs containing a large quantity of frothy mucus,

smelling strongly of carbolic acid, their tissues congested and beset with ecchymotic patches; the blood in the heart viscid and dark, but without coagula; the remaining organs normal.

In the post-mortem examination of several other cases the liver and kidneys were invariably affected; the former being in a more or less advanced state of fatty degeneration, and the latter showing granular degeneration of the cells lining the tubuli.

The production of abscess, lymphangioitis, and pyæmia, naturally causes one to ask the question whether carbolic acid really acts through the power ascribed to it of destroying disease-germs, or whether we have not rather, in it, a true specific against the suppurative tendency, pyæmia and the like, for we know that small quantities are always absorbed into the system when it is applied externally. It is at least a subject which would, I think, well repay more careful investigation.

These, then, are such notes as I have been able to put together. They are, as you perceive, merely a brief statement of facts, without any attempt at estimating the present position, or speculating upon the future prospects of homœopathy in Vienna. It appears to me that, although at present in an apparent state of quiescence, the leaven of homœopathy is gradually penetrating the whole medical world. It is growing horizontally if not vertically. In place of building up for itself an isolated tower, in the midst of a city of ancient buildings, it is slowly but surely sapping the foundations of these; and as they crumble away one by one, forming a solid and lasting foundation, whereon shall, in due time, be built a superstructure of "medical science," which, for beauty of contour and scientific accuracy of detail, shall excel anything which the world has as yet seen.

LATEST ALLOPATHIC THERAPEUTICS.

THE appearance of the third volume of the *System of Medicine*, edited by Dr. Russell Reynolds, affords fit occasion and fair material for estimating the present therapeutic resources of the old school, at least in this country. We have no intention of reviewing the volume as a whole; but we propose to survey, with comment, the sections on "Treatment" which form part of every article. We do so with no hostile bias or foregone conclusion, but with the simple desire to learn and exhibit what our brethren of another creed are able to do towards effecting our common end—the cure or alleviation of disease.

The "local diseases" embraced by this volume are those of the digestive (excluding the stomach) and the respiratory system. Our first observation is, that throughout all this range of disorder the pieces of practice alleged as of positive curative efficacy can be counted on the fingers of one hand. Let us give them *in extenso*.

The first is the use of *Ipecacuanha* in dysentery. From twenty-five to thirty grains of the powdered drug are given in as small a quantity of fluid as possible. "The patient should be kept perfectly still, and abstain from fluid for at least three hours. It is seldom that under this management nausea is excessive; and vomiting is rarely troublesome, seldom setting in for at least two hours after the medicine has been taken. In from eight to ten hours, according to the urgency of the symptoms, and the effect produced by the first dose, *Ipecacuanha* in a reduced dose should be repeated, with the same precautions as before. All who have had opportunities of trying this mode of treating dysentery can bear testimony to the surprising effects that often follow the administration of one or two doses of *Ipecacuanha* given in this manner. The tormina and tenesmus subside, the motions quickly become feculent, blood and slime disappear, and often, after profuse action of the skin, the patient falls into a tranquil sleep and awakens refreshed. The treatment may require to be continued for some days, the medicine

being given in diminished doses, care being taken to allow a sufficient interval to admit of the patient taking some mild nourishment suited to the stage of the disease."

Secondly.—Dr. Maclean, who gives us the above, urges "the free use of this invaluable remedy, not only in dysentery, but also in suppurative inflammation of the liver." As far as his experience extends, it is nearly as efficacious in this disease as in the other.

Then we have, from Dr. Anstie, very definite information as to the remedies for hepatalgia and pleurodynia. For the former (which he considers purely neuralgic) he finds *Muriate of ammonia* of sure efficacy. "The first case that came under my notice was that of the girl, who, as already stated, was suffering from severe mental anxiety in consequence of imagining herself to be pregnant; here the tentative use of *Sal volatile* gave some relief, and the *Muriate of ammonia* was then administered in half-drachm doses every four hours. Nothing could be more striking than the amendment in this case. The drug was administered during the stage of jaundice, and that symptom immediately began to disappear with great rapidity; the neuralgic pains reappeared, but only for a day or two, and in a comparatively mild form; they ceased altogether after a day or two. In every subsequent case of hepatalgia my experience was the same; *Quinine* afforded no relief, *Muriate of ammonia* quickly produced improvement, and in a very few days the pain altogether disappeared."

Of the treatment of pleurodynia (regarded by him as always a myalgia) he writes:—"Two remedies only are necessary. The side should be covered with a sheet of spongio-piline, or with flannel and oil-skin; or a simpler and readier method is to surround the side with a sheet of thin macintosh, which may be put on over the flannel shirt, jersey, or spun-silk vest. One quarter of a grain of *Morphia* should be subcutaneously injected, and repeated, if necessary, in two hours time. This plan never fails to give complete relief, but the patient should be sedulously warned against all movements not absolutely necessary, for a few days after the pain has ceased."

These are nearly all* the instances we can find, in a volume of 968 pages, in which the authors speak with any strong confidence as to the efficacy of internal remedies. To them must be appended, while we are on the creditor side of the account, the local applications which seem regarded as of real value. These are washes of *Borax* in simple thrush, and of *Chlorate of potash* in mercurial and other sore mouths; astringents in relaxed throat, and inhalations in laryngeal affections—mainly of stimulant and astringent substances. Lastly, we have the means found useful by Dr. Hyde Salter in relieving the asthmatic paroxysm,—*Chloroform, Lobelia, Ipecacuanha, Stramonium,* and such like.

With these exceptions it is difficult to find that our authors depend, in their treatment of disease, on any but hygienic and dietetic, and, where available, surgical means. What Dr. Wilson Fox says of pneumonia fairly represents the general *consensus*. "Looking to the evidence of statistics, and to the individual experience of careful observers, it must be admitted that medicinal interference and active treatment are, collectively speaking, of but little influence, either in shortening the duration in, or of diminishing the mortality of, pneumonia. Treatment, in the wider sense of nursing, diet, support, and remedies adapted to individual cases, is, however, the author believes, by no means inefficacious in aiding the tendency of nature to effect a cure." The testimony of other contributors is to the same effect. Dr. Bristowe, writing on enteritis, says, "Experience shows us that we have little or no power to arrest internal inflammation, unless it be indirectly by promoting the quiescence of parts, and by relieving pain and irritation." Mr. Curling says of the treatment of neuralgia of the rectum:—"The remedies calculated to give relief are such as are useful in neuralgia elsewhere, as *Quinine, Steel, Arsenic, Bromide of*

* Unless the following, from Dr. Warburton Begbie on *Waxy Disease of the Liver*, is to be added. "The writer has witnessed, in several instances, the remarkable subsidence of both hepatic and splenic enlargements under the use of the *Muriate of Ammonia*, in doses of from fifteen to thirty grains, freely diluted, three times daily."

potassium, local sedatives, and hypodermic injections, and they are as uncertain in removing the affection of the rectum as in curing neuralgia of other parts."

Nor do we find in this volume what appears in some recent medical literature,—a lookout in the direction of specific medication for help. Dr. Maclean, indeed, naïvely mentions that *Aconite* is, "in all acute inflammations, a remedy of much value." But *Mercury* in dysentery and in affections of the mouth, *Belladonna* in those of the throat, *Phosphorus* in hepatic disease and pneumonia, are unknown, or, as in the first instance, mentioned only to be condemned. We grieve that it should be so. In this field of therapeutics there is a mine of remedial wealth comparatively unworked,—we who are called homœopaths being too few and too busy to do much more than apply what has been already been obtained. We do not care one whit about "converting to homœopathy" these brethren of ours; but we do long that, for the sake of medicine, for the sake of suffering humanity, they would test our assertions and see what our remedies can do. It is not easy to express the burning of heart with which we read from day to day the medical accounts of the Prince's illness during those critical days when the whole empire, with 'bated breath, hung on his flickering life. We knew so well what our remedies could accomplish, have hundreds of times accomplished, in the fever and bronchitic and pulmonary complication which threatened him, that it was a sore and indignant trouble to us that it was impossible to get a hearing for our knowledge or an entrance for our aid. When will this unworthy exclusiveness cease, and every honest worker be admitted to see the fruit of his toil, whatever it be?

NOTES ON DISEASES OF THE SKIN.

By Dr. EDWARD BLAKE.

(Read before the British Homœopathic Society.)

EVERY thinking man must have been struck by the tendency in the medical mind, whilst engaged in the great search after the causation of disease, to neglect those sources of disturbance of the vital balance which are at once superficial and patent, in order to dive deep for more hidden, yet less probable *fontes originesque mali*.

No doubt, through this unhappy proclivity, important matters have been neglected, because they appeared to be simple and superficial; on the contrary, many internal conditions and deep-seated changes of texture have been elevated to positions of undue prominence, and have been accredited as causative and primary, when in reality they were merely secondary and resultant.

Perhaps no better case in point could be given than the example afforded by the medical history of the organ that lends its name to this paper. Possibly it would not be going too far to surmise that, in a climate like ours, two thirds of the aggregate number of deaths owe their origin, in the first place, to some perversion of the cutaneous function.

We must have all observed how largely diseases of the respiratory organs preponderate in our own death-books. These, with very few exceptions, may easily be traced to that common cause of disease, "catching cold;" in other words, checked skin action. Add to these the long list of ailments of the less exposed sex, springing from the same circumstance, and we shall find that there are few deviations from health that in some way are not attributable to the effect of external temperature on an organ whose exquisitely sensitive sympathies are as varied as they are numerous, as intricate as they are interesting.

As a means of applying remedial agents, there can be no

doubt that the skin is too frequently forgotten by us. A single mental comparison of its vast superficial area, with the limited extent of the gastric mucous membrane, is sufficient to convince us of this. Erasmus Wilson has computed the area of the skin at 2500 square inches, and the number of the pores and sebaceous follicles at seven millions. Draper, in his *Physiology*, quotes the length of the water-secreting tubing in the skin of a man at about twenty-eight miles; and though the above numbers are probably exaggerated, they serve at least to show the necessity of attention to the cutaneous organ in our efforts to control morbid processes.

The importance of an accurate acquaintance with the cutaneous functions and their aberrations, it is unnecessary to assert. There is not a diathesis that does not occasionally present some characteristic cutaneous expression. There are few lesions of vital organs that do not possess a distinctive badge in the form of an eruption; and we recognise and distinguish the *acute specific diseases* by the rash that commonly first evidences their existence to our senses.

We have now to consider the diseases of the skin and their treatment. To do so conveniently we will adopt the classification of Willan, as modified by Biett, and condensed by Dr. Hughes Bennett.

Order I.—EXANTHEMATA.

Consisting of—Erythema; Roseola; Urticaria.

Though rather out of place, I may notice here that, for the troublesome chronic blushing associated with disease of the right heart in the male, with climacteric troubles in the female—resisting *Lachesis*, *Nux* and *Naja*—I have found the *Nitrite of Amyl* of great service, giving even more than temporary relief. This flushing is not, indeed, true erythema, nor a disease of the skin at all, but a paresis of the sympathetic. *E. nodosum*, another affection frequently reflected from the uterus, I treat with *Pulsatilla*; but I am not satisfied that this remedy materially hastens its departure.

Urticaria,

in its chronic form, is a most painful disorder, alike to patient and physician. The chief causes of nettlerash are—

a. Dietetic.

b. Mental.

Bitter almonds, mushrooms, cucumber, oatmeal, shell-fish, honey, and vinegar, have been known to induce it; and where there is idiosyncrasy it may probably be caused by any indigestible article of food. The chief drugs that have been put on record as giving rise to symptoms resembling nettlerash are *Aconite*, *Apis*, *Arsenic*, *Bryonia*, *Calcarea*, *Chloral*, *Clematis*, *Cocculus*, *Copaiba*, *Dulcamara*, *Hepar*, *Nux*, *Rhus*, *Stramonium*, *Valerian*; of these I have found *Apis* and *Dulcamara* the most useful; besides these I have given *Pulsatilla* and *Sulphur* with benefit.

In recording results of the treatment of the acute form, it must be borne in mind that after a certain lapse of time it cures itself. Erasmus Wilson finds that seven days is the average duration.

The following is an interesting case of nettlerash from mental cause:

V. S.—, aged 24, on the 15th October confined of twins; one of these died soon after birth; there was flooding. During the pregnancy, and after the labour, the patient was exposed to incessant disquietude from external events, and on the third day there was a sudden, general eruption of urticaria. The itching was ameliorated by *Sulphur*, *Puls.*, *China.*, &c., and I lost sight of the case until

December 4th, when the state of the patient was as follows:—Skin cold to the touch; spots like bruises appear for a short time; hyperæsthesia; general itching of the skin ever since her confinement in the middle of October; the irritation is worse in the evening, and is aggravated by cold and by excitement; very sleepless; slight alopecia; languor; lochia ceased eight days since; leucorrhœa after standing; backache; legs swollen and weak. *Dulc.* 3ʳ.

11th.—Very much better; itching and swelling nearly

gone; she sleeps better than for months past; appetite bad; loss of taste; leucorrhœa yellow and thick; constipation, then diarrhœa, with blood and mucus. *Merc. corr.* ʒʳ.

25th.—Feeling pretty well; last week red discharge for a few hours; last night for one hour, vagina of a yellow colour. *There is now no irritation of the skin.* *Hydrastis* ʒʳ, to inject *Infus. hydrast.*

January 13th, 1871.—Much better than ever during her married life. But, alas! I was again applied to on

April 15th.—Urticaria had returned on 12th; worse during the night. Catamenia last week very profuse, in large clots; has had diarrhœa, now constipation; cephalalgia, with confusion; vertigo on stooping; pain in perinæum on rising from seat; feeling of cord round throat; cellular tissue of thighs, legs, and abdomen, swollen and œdematous, with bruised pain. *Puls.* ʒʳ, the following lotion to be applied after sponging with hot water:

℞ *Puls.* ʒ ʒj; *Glycerine* ʒss; *Aquæ dest.* Oss. M.

23rd.—*Rash gone.*

May 20th.—Urticaria has returned worse than ever; she creeps all over, even in the ears and throat; excessive yawning; no appetite; legs painful and swollen. *Dulc.*, *Puls.*, and *Ars.* have each failed to afford relief this time, the patient tells me. To take *Apis* 1ʳ.

27th.—Irritation all gone. Since that date this lady has remained free from the eruption.

I have just had a case in a little girl at Chichester of urticaria, with offensive diarrhœa, which was removed in a fortnight by *Ol. crotonis* 4ʳ.

Order II.—VESICULÆ.

Eczema; Herpes; Scabies; Pemphigus.

There are certainly the strongest *à priori* grounds for the use of *Mercury* in vesicular eruption; here, too, will be remembered the generalisation of the late Dr. Marston, that *Mercury* is indicated in rashes on the lower limbs (the favourite site of eczema) and *Graphites* in those of the upper extremities.

But *Mercury* will not cure every case of vesicular rash ; for eczema (of gouty origin) round the margin of the hairy scalp, from ear to ear posteriorly, I have found *Sulphur* 3^x useful.

For the same disorder round the edge of the calvarium, in the meatus aud. ext. and genitalia, *Nit. ac.* 3^x had proved the best.

Dr. Cooper, of Southampton, has cured this complaint when situated along the anterior border of the hairy scalp (*E. frontalis*) with *Hydrastis* 1^x.

Eczema on the inner side of the left hand I have seen removed by *Nit. ac.* 3^x; *E. narium*, with piles, was cured by *Sulphur* 6^x.

In *E. narium*, with pelvic congestion, *Sepia* 6^x proved curative of the former and *Nux* 3^x of the latter. Eczema of the right finger and neck, *Lycop.* 30^c. Eczema of the back of the left hand, *Ars.* 30^c. Eczema of left leg, with piles, after being relieved by *Hepar* 6^x, was cured by massive doses of *Sarsaparilla*. Eczema under the toes, *Sulphur* 30. Eczema, with scrofulous crural abscess, *Silic.* 6^x. Eczema on inner aspect of both thighs, after vaccination, combined with much itching and thirst, was cured in four weeks by *Rhus* 3^x. In three months it broke out afresh; *Rhus* improved, but would not remove it a second time; it disappeared in two months under *Mercurius corrosivus* 3^x.

Herpes.

I have seen characteristic herpes produced by *Arnica* topically applied. This was on the back of a Staffordshire miner; *Embroc. Arnica* had been prescribed for myalgic pain; the case is on record in the *Monthly Hom. Review*.

Acute herpes of the lip, as a catarrhal symptom, is usually treated, I believe, by *Arsenicum*; *Dulc.* is more indicated, but neither of them satisfies me.

H. pudendi is of very frequent occurrence after the climacteric age and is difficult of cure; *Ars.* has, I believe, cured the greatest number of cases; *Apis*, *Aurum*, *Carbo veg.*, *Hydrast.*, *Lach.*, and *Rumex* have been suggested to me by different experienced practitioners. Where there is

thirst, diabetes mellitus must never be lost sight of as a probable cause; but by far the most important form of herpes is *H. zoster*.

The use of *Arsenic* in the latter complaint by ordinary practitioners is undoubtedly homœopathic, as the following case goes to show :

“ A woman affected with chronic psoriasis, who for some time previously had been treated by large doses of *Arsenic*, but had been compelled to discontinue the remedy in consequence of suspicious symptoms, came under the care of Dr. Duffin on September 3rd; smaller doses of the *Liq. Arsenicalis* (miii t. d. s.) were ordered, and this treatment was continued up to the 19th, when itching of the conjunctivæ and a whitish tongue indicated the full action of the remedy upon the system. At the same time the patient complained of an aching pain in the right shoulder and elbow, which on the following day was associated with a copious and well-marked eruption of herpetic vesicles over the integument of the arm and forearm. No other part of the body was similarly affected.”—*Vide Lancet*, October 9th, 1869, p. 508.

Mr. Hutchinson has indeed admitted that shingles may be caused by the internal administration of *Arsenic*.

Dr. Lowder, of Ryde, told me that he had removed neuralgia in the arm, sequent on zona, by *Dolichos pruriens* in, I believe, the 12th dilution.

For this ensuing neuralgia Rutherford Russell recommended *Zincum*. My medicine for zona is *Rhus*, and in the cases which I have treated with that remedy the rash speedily disappeared, and I have never witnessed the super-vention of neuralgia.

H. decalvans, *circinnatus*, *tinea tonsurans*, which may, for clinical purposes, be considered together, form in my experience a troublesome group of disorders.

Sepia and *Tellurium* have generally disappointed me; I depend now upon nutritious diet and the local application of a paint consisting of *Iodine*, *Carbolic acid*, and *Glycerine*.

Scabies.

Theoretically *Mercury* rather than *Sulphur* should be the specific for the scabiatic eruption, because the characteristic rash of *Sulphur* is papular, whilst the itch is usually vesicular, though acuminated papules *may* be seen amongst the vesicles.

Neither is *Sulphur* the most obnoxious material to the acarus: *Iodide of Potassium* is a far more deadly poison. There is no doubt that unnecessary and even serious inconvenience has been occasioned by the indiscriminate and wholesale use of *Brimstone*.

It certainly is not homœopathy to administer *Sulphur* in a case because it is called "scabies": if vesicular, *Mercurius* is the medicine; if pustular, *Croton* or *Hepar*; whilst if papules predominate, *Sulphur* will be the specific. Listen to the following valuable practical observation by Dr. Tilbury Fox. "The essential seat of the acari is the interdigits and wrists (buttocks and feet of children), *the mass of eruption is secondary and sympathetic*; *Ung. sulph.* should therefore be applied there only. I have seen on many faces and many skins a dirty, rough, and slightly reddened surface, difficult of cure, produced by the use of *Sulphur*, very much to the annoyance of patients." Dr. Fox thinks the ordinary sulphur ointment too strong.

I myself have found a strong solution of *Liq. carbonis detergens* equally serviceable without the disadvantages of sulphur ointment.

The female acarus loves youth and a tender skin; she has a genuine hatred of hair-bulbs which sadly retard her engineering exploits. This is why we see the young more frequently attacked than the aged, and why in the former, the disorder may occur all over the body with the exception of the scalp; whilst in the latter, it is nearly invariably confined to the flexures of the joints.

Order III.—PUSTULÆ.

Impetigo; Ecthyma; Acne; Rupia.

Impetigo.

From a pathological point of view the pustular remedy *par excellence* is *Antimony*; just as an itching pustule suggests *Croton*, and a burning itching *Kali bich.* I. capitis is best treated by *Conium*, or when there is glandular complication by *Dulc.* *Viola tricolor* is said to be indicated by foetid urine.

In a very obstinate case of impetigo of the head, face, and arms in a child of nine months, no teeth, enlarged mesenteric glands and long-standing diarrhœa, *Croton tiglium* 3^x proved curative of both rash and diarrhœa.

This case had resisted, I was told, *Rhus*, *Sulph.*, and *Graphites*; *Dulc.* 3^x had done most for the child.

Enuresis was present, as it often is in these cases; does the kidney take on extra duty to compensate for the loss of function occasioned by the impetiginous skin?

In I. faciei I have found *Dulc.* 1^x—3^x of most service.

The greatest number of granular lids have yielded to *Calc.* 6^x. Some cases are very obstinate; in these I have given *Antim. tart.* 3^x internally, and applied a weak antimonial ointment to the lids at night.

In the various forms of strumous impetigo *Hepar* is of much service. I prefer the 3rd dec. dil. recently prepared.

Ecthyma.

If there exist such a thing as a specific, *Tartrate of Antimony* is specific to ecthyma. H. J. B—, æt. 14, Wellington Salop, May 23rd, 1867. He scratched his hand five weeks ago, now there is on the site of the wound a large, flat ulcer. Tongue white. Characteristic ecthyma on face and hands. *Rhus tox.* 3^x, q. d. 6 days.

Lotio.—*Rhus tox.* θ 3ss ad ʒj.

June 6th.—Sore better; rash worse. *Tart. emet.* 3^x, t. d. 14 days.

20th.—Ecthyma better. Rep.

July 4th.—Ecthyma has disappeared with the exception of a small spot on the foot.

There is a case of this complaint, combined with syphilitic ozæna, now in the hospital. A gentlewoman, who contracted syphilis from her husband eight years ago, had been salivated three times, and, besides that, has taken large quantities of *Arsenic*. I prescribed no medicine for one week; then *Hepar* 1^r; one week after that *Kali bich.* 3^r. Under this treatment she steadily improved, the ozæna disappeared, and when I last saw her on the 12th September, the day of her admission into this institution, the spots had nearly disappeared, and the general health was much renovated.

Acne punctata.

For this disease I always begin with *Sulphur* 3^r. By a steady persistence in this remedy, attention to diet, exercise and the state of the skin covering other parts of the body, I have cured many of the cases that have consulted me. The above-named remedy rarely fails to benefit the most obstinate, but I should add that, as an adjunct, I employ the inunction of some animal oil to supplement the abolished function of the sebaceous follicles.

G. G—, æt. 21, Walsall, combines the professions of publican and violinist. He will not promise to abstain from beer, which, he has observed, aggravates a rash (*A. punctata*) which has completely covered his face for the past four years.

January 23rd, 1869.—He has a foul tongue, and hawks up mucus in the morning; he readily sweats. Has been troubled with tic latterly; his bowels are confined. *Sulph.* 3^r, q. d. 14 days.

February 6th.—Rash rather better; expectoration in the morning; pain in renal region on rising. Rep. 21 days.

27th.—Easily sweats; nose runs on rising in the morning; back better. Rep. 21 days.

March 20th.—Easily sweats; occasional thirst; nose runs very much in the morning; back better. Rep. 28 days.

April 10th.—Face much better; one or two new points only; choking sensation. Rep. 28 days.

May 8th.—Face much clearer; sometimes choking; occasional pain under the shoulder-blade. Rep. 28 days.

22nd.—Face cured.

This was the most aggravated case of acne I have ever witnessed.

On September 18th I again saw this patient; the face continued free from acne.

A. pustulosa.

I have certainly not had the same success as Hirsch, of Prague, in the treatment of this disfiguring disease by *Nux juglans* θ ; he hints, though, that it is especially in strumous constitutions that this drug will be found of value. I give *Hepar* 3^r; formerly I employed 30^c, but have found that a greater measure of success followed the lower attenuations.

Order IV.—PAPULÆ.

Lichen; Prurigo.

We shall only notice the second of these, viz:

Prurigo,

of which the pathological counterpart seems to be *Sulphur*. Teste, whose *practical* observations are usually so well worthy of note, recommends for children *Croton tiglium*, and states that a single dose will cure!

Dr. Ussher informed me that he relieved the troublesome itching of a coppery, papular rash in a syphilitic woman, aged thirty-two, by *Croton* 1^r.

P. podicis is considered by Sir Thomas Watson as pathognomonic of stone in the bladder in the adult, as pro-lapsus ani is of that disorder in the young. An interesting association is presented by the fact that *Lycopodium* is the only medicine on record which has produced "an itching eruption of the anus." At the same time it occupies the fore-front with us as a remedy for lithiasis.

P. pudendi, like *Herpes pudendi*, is very common in old women, the circulation in the dependent parts of the abdomen being enfeebled by age; both are extremely difficult to remove. Hot hip baths, followed by compresses of *Aconite*, *Carbolic acid*, or *Opium* frequently afford marked relief. *Arsenic*, *Caladium*, *Calcarea*, and *Conium* have been placed upon record as curative. The following are two examples of the power of *Sulphur* to produce a papular rash. A man consulted me at the Wolverhampton Dispensary with a plentiful crop of pimples on his face, which so much resembled the characteristic, dirty, papular rash of *Sulphur* that I carefully questioned him as to previous medication. It appeared he had been taking large quantities of "black brimstone" for some time for hæmorrhoids and with decided benefit as far as they were concerned. This impure mixture of sulphur and sulphides is a favorite remedy for piles amongst the Staffordshire miners.

Miss A. H—, æt. 50, rheumatic gout sixteen years; one knee and the ankles are so much swollen and contracted that the patient's trunk is drawn down at right angles to the legs; she manages with difficulty to hobble about on crutches; she has had the first advice, and has drunk sulphur waters without benefit.

13th March, 1868.—*Sulphur* 3ʳ.

April 1st.—There is a thick papular rash over the face (pathogenetic) to take *Sulphur* 30° instead of 3ʳ. Neither under *Sulphur* 30°, nor 6ʳ, which was subsequently given for nine months, did the rash reappear. With the infriktion of sublimed *Sulphur* and *Potash* soap into the enlarged and stiffened joints, at the end of nine months this patient could stand upright and walk without crutches.

Order V.—SQUAMÆ.

Psoriasis; Pityriasis; Ichthyosis.

Acute psoriasis I have usually treated with *Mercury*; chronic with *Arsenic*, if there existed no specific taint.

But many cases resist all treatment. I have never seen well-marked gouty psoriasis yield to treatment.

There exists, no doubt, a pathological connection between gout, asthma, and psoriasis. This is illustrated by the following cases :

On the 24th September, 1864, I was called to a country seat, situated to the west of Wolverhampton, to see a little girl suffering from acute dyspnœa with copious râles ; she is very prone to these attacks, which last a day or two and then pass completely away, leaving, as the solitary sign of the storm, a little more pulmonary emphysema after each visitation.

The dyspnœa is always better when the bowels have acted ; it is worse during the hay season, and is aggravated by derangement of the stomach.

The mother suffered from gouty psoriasis ; her father, the grandfather of the little girl, was extremely gouty.

Graves, of Dublin, has long since pointed out the association between pure asthma and gout. In the best clinical lectures that have ever been given to the world he relates the following :

“ Spasmodic asthma is not so rare a disease as is imagined. In a little boy the attacks were frequent, violent, and, to all appearance, purely spasmodic ; he got a very severe paroxysm of gout (hereditary from both father and mother) in his foot ; and has never since had asthma, though four years have now elapsed, and he has been subject to all the excitement and violent exercises of a public school.”

Mrs. S. H—, æt. 50, has had psoriasis on one leg for four years. The disease was apparently due to a chill. *Ledum palustre* ʒ^ʒ. This remedy was persisted in for three months. At the end of that time I left Plymouth and lost sight of this case ; the rash had then nearly disappeared. I saw the worst case of syphilitic psoriasis that has ever come under my notice at Warwick ; a woman aged 50 was covered literally from head to foot, and the itching was intolerable. The rash yielded to *Nitric acid*, and *Liq. carbonis detergens* greatly alleviated the irritation.

Pityriasis.

The sparse and discrete spots of this disorder, so

common on the scalp of fair-haired strumous girls, disappear readily under *Lycopodium*, a remedy that, to my knowledge, will yield its characteristic effects in this disease, alike in the 3^x and 30^c dilutions. When the spots appear on the face *Calc.* seems to be more indicated.

I have just had a case at the Red Hill Dispensary in a lad whose father is gouty. Here the eruption covered the face thickly, I gave *Merc. sol.* 6^x for the totality of symptoms, including those of *Conjunctivitis* and *Coryza*, and in four weeks the totality had taken their departure.

Order VI.—TUBERCULA.

Lepra tuberculosa ; *Molluscum* ; *Lupus*.

Of these, the last only will occupy our attention to-night.

Lupus is a horrible disease ; there is a hideous fitness in its name, a sort of double propriety in comparing this dreadful disorder to a beast of prey that slowly creeps upon its victim, then devours unsparingly, careless of selection. Happily, *lupus* is not common in ordinary practice. In five years I only saw five cases, though busily engaged in a densely populated district containing not less than 200,000 people. Of these five three steadily remained under treatment, and two were cured. I give their cases in detail :

Mrs. M. D—, æt. 60, Wellington Salop. April 2nd, 1868. Twenty years ago a small tubercle appeared on the right side of the nose ; this gradually broke down and formed an ulcer, which has slowly travelled in furrows, healing behind, ever since. Now there is an irregular sulcus one inch and a half long ; besides this there are scabs and scars on the nose, indicating the sites of former sores. The itching is very troublesome ; she was subject to sick headache and dyspepsia as a girl ; she feels pains in her back sometimes, and used to have leucorrhœa. *Nit. acid* 3^x m. n. que 28 days.

Lotio.—*Acid nit.*, 1 ad 32.

April 30th.—Much the same ; *Kali bich.* 3^x, m. n. que 28 days.

Lotio.—*Liq. carb. det.*, 1 ad 8.

May 28th.—No better ; low ; back the same ; cough.
Rep. med. 28 days.

Lotio.—*Kali bich.* gr. xxx, ad ℥iv.

July 2nd.—Face better ; back easier ; giddy ; dry throat in morning. The lotion seemed to burn her so much that she went back to that previously prescribed. Rep. med. 28 days.

Rep. *Kali bich.* lotion diluted 10 times.

July 30th.—The nose itches still, but there is no breach of surface ; this ulcer, which for twenty years had never been closed, has quite healed. Rep. med. 28 days.

December 10th.—There is no return of the disease.

Mrs. R. P—, æt. 33, Walsall. April 10th, 1869.—There seems little doubt that this woman contracted syphilis from her husband, a poor labouring man, about ten years ago. Three years since she fell on a chair during her pregnancy, striking the lower part of the back ; six months afterwards a pimple appeared on the left buttock ; it melted away and left an ulcer which has never since healed. Much emaciated.

On the left side of the nates, a little external to the ischium, there is an irregular, deeply excavated sore, measuring about one and a half inches in depth, four inches in length, and a little less in breadth, discharging sanious pus, so offensive that there is a marked fœtor in the room. Pulse 120 ; she has a cough, with white expectoration. *Kali bich.* 3^x q. d. 12 days.

Lotio.—*Liq. carb. det.*

April 24th.—Ulcer smaller, red areola of new skin ; tendency to hæmorrhage ; one or two large fungous granulations. Rep. om.

May 15th.—No more bleeding ; less discharge ; the sore itches now. The catamenia, which had gradually diminished until they had become no more than a temporary yellow discharge, have now returned to their normal character ; she is heartier and stronger, and the general health is much improved. Rep. om.

May 29th.—Much better ; the sore is now very shallow.
Rep. om.

June 26th.—No medicine for a fortnight ; not so well. Less itching, very little discharge from one point only. Menses fourteen days ago lasted six days, and were copious.
Rep. om.

July 10th.—This patient relinquished treatment as cured. She was still well in 1870.

In the third, *i. e.* the uncured case, the subject was an old, ill-nourished man. The disease was located in the inner wall of the left orbit ; there it had burrowed a cavity as large as a walnut. It resisted *Kali bich.* and the classic remedies of Jahr ; even *Arsenic* failed, spite of Hunt's assertion that it will cure all cases of *lupus exedens*. That the panacea of our allopathic brethren is not invariably successful is shown by the numerous cases of cutaneous disorder that come to us from the hands of the specialists unchanged in character, though, alas ! saturated with arsenical preparations.

Should a similar case fall into my hands, I should be inclined to try the *Nitrate of Uranium*, which apparently induced in a cat symptoms similar to those enumerated above.

Order VII.—MACULÆ.

Lentigo ; Ephelides ; Leucoderma ; Nævi ; Purpura.

Leucoderma may be local, *L. areata*, or general, constituting albinism, the opposite condition of the skin to that of the negro. I have only seen two cases in my private practice.

One a young man, J. A—, æt. 27, is an engineer, Wolverhampton. Sept. 7th, 1869.—For twelve months he took *Sarsaparilla* and *Iodide of potassium* for a gleet. At the end of that time he perceived that his hair was turning grey, and that he had white spots all over him. He passed a round worm many years ago, and is sometimes troubled with piles.

Present state.—Besides the leucodermatous patches which are seen even on the scalp there is excessive sweating, dreaming, low spirits, vertigo and constipation.

Mr. C. M—, æt. 60, Reigate, has had leucoderma of the face and hands for many years; he is now troubled with dyspnœa, diarrhœa, thirst, and anal pruritus from ascarides. I cannot ascertain that this patient has ever taken *Iodide of Potassium* freely. He might have done so, for many years ago he was under the treatment of Sir Benjamin Brodie for some affection of the knee-joint, which Sir Benjamin thought was gout.

A man suffering from the rarer asymmetrical form of leucoderma, which had whitened the whole of one side of the face, leaving the other dark and swarthy, consulted a medical friend of mine in Australia. This unusual condition gave rise to a singular temporary error of diagnosis, my friend mentally setting the case down, at first sight, as one of Addison's disease!

There has been a difference of opinion as to the production of these patches. Some have supposed that they result from an unequal distribution rather than a non-deposit of pigment; it is palpably not so in general leucoderma, *i. e.* albinism.

Dr. Wynne Thomas, who considers that there is no real removal of pigment nor arrest of deposit, but that there is a fault in the distribution, has kindly favoured me with the following case from his note-book.

"Aug. 29th, 1866.—H. H—, at Malvern, seven years ago, began to have spots on neck, which are there now, but have spread from the arms up to elbows, from hips nearly to knees; small ones on back, none on breast nor stomach. Those on hips quite as marked as on neck. Forehead brownish; slight pallor on each cheek. There is a general brownish tinge on the skin, deeper in some places than in others, and very white patches. The white spots form a strong contrast to the rest of the skin. The whiteness does not seem much, if any, darker than my own skin where covered. She says

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that when she washes the arms, the white spots smart. She is quite certain that the whiteness is the disease; and perhaps it is more probable, for in the armpit the colour of the skin is very deep, and there is one fresh white patch on it. Her health is very good. R̄ *Sepia* 6ʳ.

“As this was the first case I had seen, I was much puzzled to determine whether the pigment had been absorbed or excess of it deposited. Possibly both processes had been going on.

“Sept. 25th.—No tingling when washing now, nor does the arm go so pink.

“Sept. 6th, 1867.—I am now pretty certain that the dark brown is the disease; it has spread much on hands where the spots are very dark now. The patient still thinks the white parts form the disease, and it may be a very white skin.”*

In the case I first quoted I had an opportunity of

* Since completing my paper I have received the following interesting communication from Dr. Wynne Thomas:

“I am desirous of answering your queries about the case of leucoderma. I felt certain, and still do so, that, together with an abstraction of pigment in some places, there was excess of it in the surrounding skin. Having compared the part both with other parts of her own body and with my own skin, I felt convinced, *so did the patient*, that the surrounding skin was darker than natural.

“I see by your notes that the patient considered the *white* patches the diseased ones; I had forgotten this.

“That was the first case I had seen, and it puzzled me, as it did not properly answer to any description I could find. Hutchinson has since written an admirable paper on it in the *St. George's Hospital Reports*. I think it probable that in some cases there may be both absorption and deposition of pigment; I will not give an opinion, but would simply say that, as regards that case, I *did* think after very careful comparisons, both with other portions of the patient's skin and my own, that some patches were too light and others too dark.

“There is a girl, æt. 12, in the Orphanage, who has patches of leucoderma on one side of the face and neck; she had them when she came in at three years of age, but whether congenital or not I could not ascertain. There has been no perceptible change since admission.

“I have had another case in an elderly lady.

“All, so far, I think, have been in females.

“Birmingham; Oct. 14th, 1871.”

satisfying myself that the above is not, at least in every instance, a true view; namely, that the white patches are due to a removal of pigment from their areas to be accumulated at their circumferences, as Ruskin observed was the case with the spots on the corolla of the purple digitalis, but are owing to a true absorption of the pigment. In the leucodermatous surfaces on the arm, the scattered hairs were perfectly white, and in those on the scalp, the hair was completely blanched. In the young engineer's case, the condition was apparently induced by the large and long-continued doses of *Iodide of Potassium*. This is interesting as suggesting a possible remedy for this hitherto uncured disease.

Leucoderma is not uncommon in Hindustan; the spots commence with itching and pain, and when fully formed are attended with an insensible state of the skin.

Erasmus Wilson considers, though I cannot tell why, that the disease is primarily located in the nervous system. He saw it follow scarlatina.

Order VIII.—DERMATOZOA.

The genera of this order will not occupy our attention to-night; the only important member, *Acarus*, we have considered under the heading "Vesiculæ."

Order IX.—DERMATOPHYTA.

Favus; *Mentagra*.

Obstinate cracking and scabbing at the junction of the nose with the upper lip, I have removed with *Silica* and with *Kali bich*.

Mr. D. W—, æt. 28, Wolverhampton, March 6th, 1868. *Mentagra*. For several years has had an itching, papular rash, sometimes becoming pustular, covering the whole site of the beard. It commenced at the right corner of the mouth, and thence spread round the mouth and up the

cheeks. Bowels regular. *Antim. cr.* 6ʳ m.n.que. To dress the face with—

Glycerine; *Sodæ bicarb.* āā ʒj, *Aquæ dest.* ʒij.

May 5th.—All trace of the disease is gone excepting a few red patches.

With regard to the question of local applications in skin disease, in the chronic varieties they are certainly most useful.

I have abandoned the use of unguents, excepting in those cases where an eruption is situated at one of the orifices of the body—for example, the anus.

The moist eruptions I direct to be sponged with hot water and then some dry powder applied, as *Plumbago*, *Starch*, *Lycopodium*, *Talc*, *Carb. of Magnesia*, *Silica*, *Carbonate or Oxide of Zinc*, selecting, if possible, the same remedy as I am giving internally, combining it perhaps with *Starch*.

Erysipelas does well with a lotion of *Belladonna*.

A good application for the face in smallpox is animal charcoal rubbed down with *Glycerine* and *Carbolic acid*. The carbon excludes light (Trindall says, better than any known agent), *Glycerine* allays the irritation, and the *Carbolic acid* is an excellent disinfectant.

Liq. carbonis detergens forms an invaluable lotion for eczema, and is strictly homœopathic: witness the legs of workmen in petroleum stores.

In the case of thick scabs I direct them to be softened by poultices of bread and soda applied during the night; they are then readily removed. I think though that the results of many vaunted dressings would be equalled by common cold-water compresses.

Gentlemen, I have now rapidly passed in review the more important disorders of the only covering, scarcely adequate at this season, with which Dame Nature has invested us. But that it would be foreign to my purpose now to do more than glance at that fascinating but much neglected subject, the physiology of the skin, I should have liked to notice other points rich in unexplored wealth and pregnant with interest: such are—

1. The various effects of the correlated forces, especially of Light, on the skin ; the objective modifications in relation to each of the forms of energy, and the laws that govern those relations.

2. The vicarious functions of the skin, and the spheres of sympathy between internal organs and certain cutaneous tracts.

3. The connection between the state of the skin and different diseases.

But my watch warns me that these must be reserved for your indulgence on another occasion.

Discussion on Dr. Blake's paper.

Dr. MARKWICK.—In herpes zoster I have found *Ranunculus bulbosus* 1² in drop doses every three hours curative both of the rash and the accompanying neuralgia.

Dr. DUDGEON said, Dr. Blake had treated of so many diseases that it would be difficult to follow him in all. His own experience did not always coincide with Dr. Blake's statements, but Dr. Blake had mentioned several remedies for many skin diseases which were new to him and which he would try in practice. Erythema nodosum he had generally found to be a disease of no great significance. As regards nettle-rash Dr. Blake had only alluded to the febrile variety called by the Germans *nessel-feber*, but he had seen some curious idiosyncrasies in regard to this disease. A gentleman with whom he was bathing in a cold freshwater lake on emerging from the water became suddenly covered with nettle-rash from head to foot, which went off again in about a quarter of an hour with equal suddenness. Another person he knew who was affected with violent nettle-rash extending into the pharynx and trachea, and almost causing suffocation every time he tasted white fish, such as cod, haddock, sole, or turbot. Salmon did not produce this effect. Milk rapidly relieved him. Herpes labialis he found yielded generally readily to *Mercurius*. Neuralgia after herpes zoster was occasionally a very troublesome symptom. He had found the best results from *Zinc*. Leucoderma was by no means always symmetrical. He had a lady under his care who had large patches distributed very irregularly over her body. He did not see that treatment had any effect upon it.

Dr. LEADAM was accustomed to use *Bryonia alb.* in erythema nodosum. There was a kind of urticaria connected with menstrual derangement which was very difficult to manage. The

menses being in excess it was always worse at the epoch. *Dulcamara*, *Mercurius sol. 5*, *Calcarea*, were needed. Herpes on the lip was simple, and yielded to *Mercurius* and *Hepar*. *Herpes soster*.—He remembered an old physician of the London Hospital saying that the inflammation left at the terminal branches of the nerves at the spots where the vesicles were was only to be cured by blistering. He would recommend painting the spots with *Carbolic acid*, and giving *Rhus*. Ringworm was to be treated with the several dilutions of *Sepia* and *Graphites*, with occasional doses of *Sulphur* and *Mercurius*, and not by any local application. Deafness was often caused by such allopathic treatment as had been mentioned. Crusta lactea was best managed by *Sepia*, *Mercurius*, *Sulphur*, and *Graphites*. Syphilitic eruptions were entirely under the control of *Nitric acid* and *Kali hydriod.* of the 3rd and 6th dilutions. Prurigo pudendi was sometimes very intractable, but often submissive to *Hepar* and *Mercurius* and *Sulphur*. He had not observed that leucoderma was symmetrical; the remedy most generally recommended was *Arsenicum alb.*

Mr. HARMAR SMITH referred to some cases of skin disease which he had found very intractable. The first case was that of a little girl, now about six years old, who had for several years been troubled with an eruption which comes on in the night and generally entirely disappears in the day. It is papular in its character, and generally wakes her up after the first sleep. A younger sister had of late also become affected with precisely the same symptoms. He had never seen the rash in its state of development, it was so evanescent. He had viewed it as a form of erythema nodosum, but an eminent dermatologist who had seen the case diagnosed the disease as lichen urticatus. The principal medicines had been *Sulphur*, *Arsenicum*, *Hepar*, and *Apis*. None of them had appeared to be of use. The only application which had produced temporary relief was a lotion of *Sulphurous acid*. Neither the little girl's mother nor the sister had thought it desirable to give Mr. —'s prescription, though it contained a great variety of ingredients.* Mr. Smith's experience of the treatment of the various species that were popularly grouped together under the name of ringworm had been variable. In some cases *Sepia* alone without any local treatment had rapidly cured the complaint. In a recent instance in which a family of five or six children had been affected simultaneously with the variety *tinea favosa*, he had found it necessary to reinforce the constitutional treatment with a lotion of *Carbolic acid* of gradually increasing strength, a line of treatment which had been completely successful in the course of a few

* At the meeting Dr. Bayes suggested a trial of *Cimex Lectularius*, and this appears to have cured the case so far as a judgment can be formed after so short a trial (19 days) of the medicine.

weeks. In another recent case (nosological variety, porrigo decalvans), also affecting several children in a large family, constitutional aided by local treatment not having been successful rapidly enough in all the cases to satisfy the impatience of the mother, she had taken two of the children to a leading allopath. He applied a strong preparation of tar, but this having failed to cure the disease they were put under the treatment of a dermatologist. When Mr. Smith saw them a few weeks ago they were still uncured. He should be interested in observing the sequelæ of these cases, for he believed that the superiority of homœopathy is shown as much or more in averting the constitutional effects of skin disease as in its more rapid cure of them. Before sitting down he would refer to the idiosyncrasy of a chemist whom he attended many years ago, and in whom a few grains of *Iodide of Potassium* always caused an attack of nettle-rash in an aggravated form, as throwing light on the pathogenesis of that medicine.

Dr. ROTH observed that no reference is made to the importance of the hydrotherapeutic treatment, thermal waters, Russian (vapour) bath, Turkish (hot air) bath, common salt and sea-water baths, diet and regimen, as *curative* or accessory means for the treatment of many skin diseases. The curative power of sulphur bath in skin diseases is sufficiently known. Various forms of cutaneous affections in strumous and scrofulous constitutions are cured without any other medicine by sea air, sea bathing, and the various applications of salt and common water in form of plunging bath, showers, compresses, &c., as he had frequently observed. *Urticaria*.—He mentioned two cases of urticaria similar to that Dr. Dudgeon named; one after a bath in a river (which after previous copious rains had a large quantity of clay dissolved in its waters, and looked almost yellow). The bather, a fair man, after having been in the water for a few moments was, with the exception of the face, covered all over the body with high raised red itching and burning patches of urticaria; his body appeared swollen like in anasarca. The last traces of this eruption disappeared only after a few days. He observed a second case while bathing with a friend in the sea before breakfast in Brighton; this friend felt, after swimming a few minutes, indisposed, left the water, and was immediately covered all over with urticaria, felt and was very cold, and fainted; although immediately rubbed, dressed, and provided on the beach with brandy, it lasted two to three hours before the circulation and temperature were normal, notwithstanding that the patient, supported by two friends, was almost dragged by these to induce him to walk and run, and thus to restore quicker the normal temperature of the body. A fair young lady whom he had for several years to superintend, while under treatment for lateral curvature of the spine, had a very sensitive skin; when she slightly rubbed or scratched her face, chest, or arms, the place touched had the appearance of an urticaria patch, the form of the raised part changed according to

the direction of the rubbing finger; she could draw geometrical and other figures on the arms, which disappeared after half an hour; various medicines were used without improving the state of the skin; it is possible that, as Dr. Leadam mentioned, the periods had something to do with this state of the skin; notwithstanding this she grew a fine, healthy-looking, strong woman; the father was gouty, the mother very anæmic, one brother epileptic, one sister had, except in the night, constantly *le petit mal*, therefore it is possible that some hereditary tendency has taken the form of hyperæsthesia of the skin.

Erysipelas—He has known a young lady frequently suffering from *erysipelas* who fancied to be cured by wearing an amulet consisting of the skin of some serpent. As Dr. Blake has mentioned mental causes producing skin affections, he named this case as an instance where a mental influence cures a similar affection. There are in the streets of Constantinople men who cure *erysipelas* of the head and face by manipulations made principally by systematic movements of the points of the fingers on all parts affected with the *erysipelas*; 'one or two hours are frequently sufficient for the removal of the swelling and burning pain.

Impetigo.—*Tinea capitis*. An Italian, about thirty years old, had a sudden eruption all over the head, with very profuse exudations, which formed very thick crusts; large linseed poultices in the form of a cap over the hairy part of the head for the removal of the crusts, then lotions with bran-water two or three times a day, cod-liver oil, one or two grains of *Kali hydriod.* dissolved in three ounces of water, a tablespoonful to be taken three times a day, milk, meat, and fruit for his diet, cured in the course of six weeks this complaint. A younger brother of the patient had an erythema on the fingers; *Kali hydriod.* had a similar good effect; in this case also small quantities of wine were prescribed besides the nourishing diet. A nephew of this patient, about fifteen years old, had *impetigo* on the whole surface of one leg from the knee down to the ankle. He was treated in a similar way, but had every other day a bran bath. All three patients had a pale underfed appearance.

Herpes zoster.—A lady suffered during an acute attack of zoster very much from the burning and itching; notwithstanding the use of *Sulphur* and *Rhus*, cold compresses changed when very warm gave the only relief; later an insupportable itching and burning in the palmar surface of the fingers was relieved by frequent immersions of the hand in tepid bran-water. A neuralgia of the sciatic nerve and of the nerves of the leg, which was not relieved by *Colocynth*, yielded to warm salt (sea) water baths within ten days.

Psoriasis.—A weak mother having nursed her baby too long observed a small red, first smooth and later scaly, spot under the lower edge of the patella of one knee. This spot enlarged partly by forming half and full circles, like in *herpes circinnatus*; sometimes the inner part of the circle was quite normal, while the redness and

scaly appearance in the margin increased. Notwithstanding the weaning of the child, a more nutritive diet (she could bear neither cod-liver oil nor wine), the use of *Sulphur*, *Ferrum*, *Sepia*, *Manganeseum*, *Arsenicum*, *Anthracokali*, and other medicines, the eruption continued for months, the original spot under the knee had enlarged to one of almost three inches in diameter, with scaly covering similar to white asbestos; other patches of a similar character, but smaller, appeared on the upper arms, elbows, chest, back, thighs; the itching of some of the spots was very painful and disagreeable. A cold compress on the large spot under the knee and sponging with cold water relieved sometimes this itching. The patient, who was also seen by Drs. Leadam and Madden, continued worse, when Fowler's solution was prescribed. One drop was given three times a day in water, and after meals; every third day one drop was added till the patient took twelve drops in twenty-four hours. After a few days' interval the medicine was resumed in a smaller dose, with intermissions during the period or during any other indisposition. The medicine was continued for eighteen months, when the patient was perfectly cured. When the medicine was omitted for a fortnight, during the treatment, the curative process was retarded; it was evident that without the medicine there was no reasonable hope of a cure. Once or twice griping and slight diarrhœa occurred, although this could not be traced directly to the medicine; it was omitted for a few days, and more milk than usually taken. As there is still a prejudice amongst practitioners about the cumulative effect of *Arsenic*, this case is an additional proof that there are no bad consequences to be feared when the patient is carefully watched. Dr. Papillaud in his pamphlet on *Arsenical and Antimonial Treatment of Heart Diseases* mentions that he has for six years taken almost daily two milligrammes of the *Arseniate of Antimony* without any bad effect. In prurigo pudendi, Dr. Roth mentioned, the external application of *Citric acid* by touching the parts with lemon juice: where this does not relieve he advised a lotion with a solution of one grain of *Sublimat. corros.* in an ounce of distilled water.

Mr. HARRIS said the most severe case of "erythema nodosum" he had seen was one which followed an attack of acute tonsillitis; it was unsuccessfully treated with *Puls.* and *Rhus*, but was at once relieved by *Arnica*. Four or five cases of an eruption much resembling measles in appearance which followed vaccination disappeared at once under *Merc. sol.* 3. In a case of herpes situated on the front of the thigh and following the course of the cutaneous nerves, attended by shooting and severe burning pains, *Rhus*, *Arsenicum*, *Cantharis* failed, but *Ranunculus bulb.* 1 gave speedy relief both from the pain and the eruption. For prurigo pudendi he had found *Mercurius* 3, *Sulphur* 3 in alternation with a lotion of *Hydratis can.* ʒ of great service. In eczema capitis the use of *Rhus tox.* 1^x and leaving the scab entirely alone till the

eruption appeared to have ceased spreading, entirely cured several cases.

Dr. DRURY thought the author of the paper had chosen an extensive subject for consideration in a single evening; for after hearing of the large number of square inches in the human skin, every inch being liable to disease, and as skin diseases were so various and so frequently varied according to locality, there certainly was room for a good deal to be said. Skin doctors had not rendered their subject attractive by the extremely scientific but very difficult names by which they endeavoured to give a history in a word. There was no doubt that accuracy of description would greatly facilitate the selection of the proper remedy; but, inasmuch as the character of an eruption varied very much according to the stage it was at, it was not the scientific name, but the appearances presented to the eye and the sensations described that should guide us in the choice of a medicine. Now in diseases of the scalp, the fact of an eruption being moist or dry, offensive or without smell, pustular or scaly, would lead us to the medicine required. And in the hospital practice, amongst the children, where a large number of such cases necessarily presented themselves, he (Dr. Drury) found that such medicines as *Rhus*, *Staphisagria*, and *Hepar*, indicated by some of the symptoms alluded to, were of the utmost value. He was reminded by what had been said of urticaria, of what had happened to himself. Several years ago, when suffering from rheumatism that had become chronic, and being at that time an allopath, he had injudiciously taken a large dose of *Hydriodate of Potash*, which brought on a very sharp attack of nettle-rash, affecting the lower extremities. Experience thus learned might repay itself some time or other by suggesting a remedy to him; but whether it would prove as useful as *Rhus* and *Dulcamara* was a question. External applications as well as internal remedies often produced irritation; he could not bear the application of *Glycerine*, and he had seen it produce in a child the most severe attack of erythema he had ever witnessed: the child's life appeared to be in great jeopardy, and the attack was followed by dropsy, similar to the dropsy of scarlet fever. The effect of irritation was seen in pruritus the result of leucorrhœa, and which was perhaps best treated by *Kreosote* and *Sepia*. As it was often suggested to use some caustic in simple cases of ringworm (*Herpes circinnatus*) he would confirm what had been said of the value of *Sepia*, a medicine he was in the habit of using with the utmost confidence. Though he thought an external application necessary here, he was very glad to avail himself of properly selected ones. Thus, in psoriasis, he thought *Clematis* might be used with advantage as a lotion, while the same medicine, *Petroleum* or *Phosphorus* could be given internally. Again, in scabies, a good lather of soft soap every night would materially aid other treatment, and, indeed, might cure without any medicine; but if

medicine and washing combined shortened the duration of treatment it was well to avail ourselves of such means. A form of disease which he called false itch, from its similarity to the real disease, was best relieved by *Mercurius*; *Rhus* and *Sulphur* also were very useful. Some years ago his attention had been called to a useful remedy in a case of skin-disease alternating with bronchial asthma. When the breathing became much oppressed wrapping the child in a blanket wrung out of hot water very speedily gave relief.

Dr. BLAKE replied,—it was not in self-defence and to avoid well-merited criticism that I have inflicted so long a paper upon your patient ears. It had been my intention when I was requested a short time ago to prepare a paper for this meeting, merely to give the treatment I adopt in the more intractable disorders of the skin. It was at the instance of one whose sad absence from our midst leaves an office vacant and throws a gloom over our meeting, that sketches and illustrative cases were added to the original plan. Dr. Dudgeon says that *E. nodosum* cures itself. I quite agree with him, and meant to imply as much by my remarks under that heading. For complaints that do indeed tend to cure themselves, I observe that every man has his specific; these are very various in character, whilst each is equally certain in result. Dr. Dudgeon's urticarious patient was unlike Mr. Pickwick's friend who attributed peculiar symptoms that occurred after a convivial dinner to the salmon, not, of course, to the punch, &c., of which he had so freely partaken. I may say to Mr. Harmar Smith that Sir William Jenner makes a distinction between *H. circinnatus* and *tonsurans*; in the former he says that there are abortive and rudimentary hairs, in the latter it is literally a clean shave. Mr. Pope inquires in what proportions I have employed washes for ringworm:—℞ *Acid carbol.* gr. xx, *Tinct. Iodii.* ʒj, *Glycerine* ā ʒj. I have found the old *Unguent. oxidi rubri* very useful as an external application in *Pithy. versicolor*. I have employed the *Liq. carbonis detergens* in the proportion of one part to eight. I am glad that Dr. Leadam has been so successful with *Sepia* in ringworm; the testimony of Dr. Wynne Thomas who has had unusual opportunities of watching the course of this complaint differs from that of Dr. Leadam. In the Mason Orphanage, to which he is acting medical officer, ringworm seems to occur as an epidemic, always showing a marked increase of intensity at certain fixed seasons. Dr. Thomas has tried *Sepia* and the antipsorics on a large scale, and has been greatly disappointed in the results. For pains after *zona Jahr* recommends *Graphites* if there be burning, *Mercury* if itching, and *Pulsatilla* if cutting in character. Dr. Roth considers that I have ignored hydropathy; I have great faith in water carefully applied, and I think I spoke highly of compresses; but my experience was acquired amongst the miners of Staffordshire, and cold water is not popular with them in any

form. The troublesome tubercles described by Dr. Bayes as occurring in the labia majora of old women, melt away on the application of a small portion of mercurial ointment the size of a pea. Dr. Hale will find brief provings of *Amyl nitrit.* at p. 166, vol. xv, of the *Monthly Homœopathic Review*. In the singular case detailed by Dr. Hale, is he certain that the rash was urticarious? Prurigo is sometimes confounded with nettle-rash, the rash might have been *Sulphur prurigo*, arising from the well-known presence of that metalloid in the form of food referred to, occurring too, perhaps, in a subject of the *Sulphur* idiosyncrasy. Dr. Hale's criticism of my nomenclature is just, but I did not characterise the Wellington case as of the class *Ezedens*, merely as *Lupus*; strictly speaking, the first was a serpiginous, the second a syphilitic ulcer; they were classified under *Lupus* for clinical convenience. In conclusion, I may say that the term gastric was employed advisedly; there is very little doubt that an ordinary homœopathic dose has very little chance of reaching the pylorus before absorption. Headland, the old-school authority on this matter, credits the stomach with by far the major share in the process.

ON SOME FORMS OF INDIGESTION, WITH CASES.

By Dr. BAYES.

(Read before the British Homœopathic Society.)

It is not my intention, in the few remarks which I propose to lay before you this evening, either to enter into the physiology of digestion, or into the pathology of indigestion. My simple aim will be to bring under your notice three out of the many forms in which we meet with the state of disease broadly termed indigestion, and to inquire how far we can meet and cure these conditions by a strict adherence to the homœopathic law as our guide in the selection of the remedial drug.

The more chronic forms of this disease are those which present at once the greatest interest and the greatest diffi-

culty. It is not the acuter and accidental forms of indigestion to which I shall draw your attention this evening, although I may incidentally mention one or two such instances. In these accidental or acute cases little medicinal aid is required; a few hours or a few days, with a careful regulation of diet, often suffices for their cure, and although the administration of the appropriate drug hastens the cure, yet recovery would as certainly occur (though at the cost of some delay and prolongation of suffering) if no medicine were given. The stomach overloaded with too large a quantity of rich and stimulating foods and wines, might recover its tone after a day or two of careful dieting and partial abstinence, but it will be far more rapidly restored to healthy balance by a dose or two of *Nux*, of *Pulsatilla*, or of *Ipecacuanha*, according to the nature of the offending material, or of the disturbance set up.

It is not these cases which demand much of our care and thought, they belong to the class of very simple medicinal propositions; while the chronic indigestions, such as we meet with among our hospital out-patients, or in our own consulting rooms, are often among the most complex of medicinal problems. Wandering from doctor to doctor, from hospital to hospital, from system to system, from quackery to quackery, what a wearisome life is that of the confirmed dyspeptic; year after year the disease passing slowly from simple derangement of functions into organic changes of structure, sometimes in spite of the means used for its cure.

These are the cases which afford a fair field in which to display our medical prowess, and it is in the treatment of these cases that the evidence of the positive curative action of remedial drugs is to be collected.

It is easy to classify the indigestions in an essay, but, clinically, such classifications are less easy than the books written on the subject would lead us to suppose.

Some authors speak of irritative dyspepsia, atonic dyspepsia, others of acid dyspepsia, alkaline dyspepsia, flatulent, gastralgic or bulimic dyspepsia, &c.; while one of the most recent authors attempts a classification founded on

the supposed digestive difficulty as regards certain aliments, and speaks of starch indigestion, indigestion of albumen and fibrin, indigestion of fat, &c.

But none of these classifications give much practical assistance to us in the selection of the drug which is to cure the patient; and even the last-named and very ingenious classification of Dr. Chambers is subordinated to his leading idea of want of tone, and his chief remedies are *Quinine* and *Strychnine*.

After, therefore, wandering for many years through many books, which might all be included under the title of one of the earliest (by the late Sir James Eyre), the *Stomach and its Difficulties*, I was driven to the conclusion that the schemes of treatment based on hypothetical nomenclatures were vanity and vexation of spirit, and I abandoned tonics because they irritated and constipated the patients, necessitating aperients which irritated and relaxed, the one calling for and succeeding the other in a perpetual circle of never ending wrong-stomachedness; and I landed, happily for myself and happily for my patients, in the happy valley of homœopathic specific stimulation, by which I found myself able to give the indicated tone without any fear of the subsequent and concomitant constipation.

While still physician at the Brighthelmstone Dispensary my first case of homœopathic treatment was made; a very simple case, but one which had for nearly two years baffled medical skill at that institution. A well-made, slim girl of about 22, with a very pale white face, but rounded, and not otherwise much emaciated, complained that she vomited everything she eat. Allowing for the exaggeration which one so often meets with among some of the poor, she certainly vomited every day and after almost every meal, though enough food was retained to support her. She had been under many medical men with no relief, and all the usual means had failed. I had just become acquainted with Dr. Hilbers at this time, and I asked him what he would do in such a case. He answered, "Give her *Tartar emetic*" in small doses. I, therefore, on her next visit,

ordered her *Antimonial wine* in very minute doses, and the result was perfectly satisfactory, she vomited no more.

In this selection the symptom was the sole indication; there was no inquiry into the pathology of the case, whether it was hysterical or from irritation of the mucous surfaces or from atony; there was obstinate vomiting, and *Tartar emetic* causes obstinate vomiting; hence the selection and hence only. This was the first case I treated homœopathically, and it made its mark.

In the little work to which I have alluded above, *The Stomach and its Difficulties*, Sir James Eyre speaks loudly in praise of the *Oxide of Silver* in dyspepsia. In certain forms of indigestion experience leads me to the same conclusion as to the great value of *Argentum metallicum* and *Argentum nitricum*. The latter is especially valuable in what we may fairly term irritative flatulent gastralgia. Pains more or less acute, coming on very soon after eating, sometimes immediately on swallowing, as if the œsophagus were irritated as well as the stomach. Some patients complain of the pains being like knives cutting them—the pains are chiefly in the left side and at the epigastrium. Mostly there is some head complication, either frontal headache or confusion of the head during this indigestion. Sometimes epileptic or epileptiform convulsions are brought on by a very heavy meal. This form of indigestion is sometimes cured very rapidly by *Argentum nitricum* alone, although occasionally some other intercurrent remedies are required.

The following cases illustrate the sphere of *Argentum nitricum* in simple indigestion. Its effects on epilepsy and epileptiform seizures I must reserve for a future paper.

CASE 1.—Anne G—, æt. 47, admitted September 13th, Has been ill for three weeks.

Symptoms.—Great pain in epigastrium extending round to the cardiac region and under the left shoulderblade, comes on after eating, sometimes directly, sometimes after an hour or more, accompanied by the discharge of much flatulence upwards, and by much rumbling flatulence.

Prescribed *Argent. nit.* 12—2 pilules three times a day.

Sept. 20th.—Greatly better. Continue.

Oct. 4th.—Called to report herself as cured.

CASE 2.—Ellen J—, æt. 22, admitted April 12th, has been ill two weeks. Pain at epigastrium and under the left ribs immediately after eating, accompanied by flatulence; loud rumblings. Tongue white and moist. *Argent. nit.* 3—2 three times a day.

26th.—Reports the pain as cured. Tongue still white and moist. Ordered *Pulsatilla* 3—2 three times a day.

At her next visit she reported herself as cured of the indigestion.

CASE 3.—Ellen H—, æt. 44, admitted March 29th. Has been ill for four years and under a variety of treatment. Sense as if throat was contracted, swallows with pain. Flatulence in stomach and loud rumblings. In the morning feels as if bound with cords round chest and waist.

Argent. nit. 3—2 pilules three times a day.

April 5th.—Better.

May 17th.—Reports herself as well, having for five weeks been without any necessity to take her medicine.

CASE 4.—Eliza W—, æt. 48, admitted March 29th. Ill for six weeks. Flatulent indigestion. Pain after food, immediately, intense. Tongue furred, with clean edges. Patient is very restless.

Ordered *Verat.* 1—2 ter die.

April 5th.—Flatulencé passes upwards by the mouth in great quantities, inducing faintness. Pain somewhat relieved.

Argent. nit. 3—gr. $\frac{1}{2}$ three times a day.

12th.—Greatly better; neither pain nor flatulence.

Discharged cured.

CASE 5.—Edward K—, æt. 49, admitted February 22nd. A cabman, face very red, manner highly nervous and extremely depressed and anxious. Has been ill three years and under treatment at Westminster and other hospitals.

Sensation of something gathering at the pit of the stomach, which breaks inwardly, and then he passes blood and matter through the bowels; not much blood; bowels relaxed several times a day; motions pale; cannot eat meat, which always gives him intense pain; cannot eat much of anything at any time; passes a great deal of flatulence by the mouth; tongue white and furred; conjunctivæ much injected.

Ordered *Lycopod.* 6, two pilules three times a day.

March 1st.—Better. Rep.

8th.—Had dysenteric motion once a day only this week; other symptoms remain. *Carbo animalis* 6, two pilules three times a day.

15th.—Rather better. *Carbo anim.* 12, two pilules three times a day.

22nd.—Still better. Rep. *Carbo animal.* 6.

29th.—Although better, he still suffers much from flatulence by the mouth and occasional sudden relaxation of bowels. *Argent. nit.* 3, two pilules three times a day.

April 5th.—Flatulence has ceased, but still has relaxed actions once a day; feels sick and giddy. *Cocculus* 1, two pilules three times a day.

12th.—Much the same. *Pulsatilla* 3^x, two pilules three times a days.

19th.—Much the same; the tongue remains white and furred; he suffers much less pain, but still has pain on eating meat and is distressed. *Pulsatilla* 1, two pilules three times a day.

26th.—The same. *Merc. sol.* 6, one pilule three times a day.

May 3rd.—Seems at a standstill for the last few weeks; much better than when he first came, but still very dyspeptic. *Bismuth* 1, one grain three times a day.

10th.—No better. Cont.

17th.—No better. *Argent. nit.* 3, two pilules three times a day. From this date to June 14th he steadily improved under the *Argent. nit.*, expressing himself better than for years.

June 14th.—*Argent. nit.* 3^x.

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June 28th.—As he still looks rather jaundiced, gave *Lycopod.* 6, two pilules three times a day.

July 12th.—Is not so well since leaving off the *Argentum nit.* Ordered *Argent. nit.* 3 again.

August 2nd.—Came to report himself as cured, being free from all pain and being now able to eat and drink anything.

CASE 6.—Mary A. C—, æt. 39, admitted November 17th. Has been ill three months; pain after every meal, coming on half an hour after eating; epigastric, and extending to left side.

Argent. nit. 3, two pilules three times a day.

30th.—Much better, no pain whatever. Rep.

Dec. 14th.—Almost well. Rep., one pilule twice a day.

28th.—Came to report herself perfectly cured.

CASE 7.—Ann G—, æt. 35, admitted October 26th, 1870. Has been ill six months. Flatulent indigestion; loud rumbling; violent pain in left side; gastralgia; pain immediately after eating; bowels act regularly.

Argent. nit. 6, two pilules three times a day.

Nov. 2nd.—Very much better. Rep.

9th.—Reports herself cured.

CASE 8.—James G—, æt. 37, admitted October 26th, 1870. Has been ill one month. Indigestion; food feels as if lodged in the throat; pain in left shoulder and arm; flatulence; loathing of food.

Lycopod. 6, two pilules three times a day.

Nov. 9th.—Somewhat better, but not decidedly; pain in left shoulder severe. *Argent. nit.* 6, two pilules three times a day

23rd.—Much better. *Argent. nit.* 3.

Dec. 7th.—Reports that the indigestion is quite cured; some muscular rheumatism remains.

CASE 9.—Anne G—, æt. 34, admitted November 8th. Oppression and tightness of chest; pain in drawing breath;

palpitation of heart. *Bryonia* 3, one pilule three times a day.

16th.—The pains in the chest are much relieved; flatulent indigestion remains; loud rumbling, with cutting pain. *Argent.* 3, two pilules three times a day.

30th.—Reports herself well.

CASE 10.—Jane H—, æt. 27, admitted November 18th. Dyspepsia; flatus; constipation; catamenia irregular. *Nux vom.* 3^x, a pilule three times a day.

23rd.—Has frequent palpitation of heart. *Spigelia* 3^x, one pilule three times a day.

30th.—No better; has flatulent indigestion. *Argent. nit.* 3, two pilules three times a day.

Dec. 14th.—Better. Rep.

Jan. 4th.—Indigestion cured; appears to have some little sluggishness of liver still remaining. *Mercur. sol.* 6, two pilules every night for a week.

CASE 11.—Jane C—, æt. 18, admitted August 2nd. Has been ill two months. Flatulent dyspepsia; severe pain in left side after food; has cough, with sometimes a little bloody sputa; always has cough before periods; no disease in chest or heart.

Argent. nit. 6, two pilules three times a day.

9th.—Much better. Cont.

30th.—Reports herself cured.

N.B.—“Cough with spitting of blood” is among the pathogenetic chest symptoms of *Argentum nitricum*.

CASE 12.—Sarah C—, æt. 58, admitted November 30th, 1870. Has been ill one year. Traces her pains, &c., back to an attack of diphtheria, never has been well since; spasms in the region of the heart; sore-throat; aching in the throat; smarting and burning pains in the throat; flatulent indigestion.

Argent. nit. 3, two pilules three times a day.

Dec. 7th.—Indigestion cured; tongue and throat pains remain. These yielded to *Causticum* 3.

Jan. 18th.—Returned complaining of the pains in the heart, which slowly yielded to *Cuprum ac.* 6, *Spigelia* 6, in succession.

CASE 13.—Maria N—, æt. 38, married, admitted Oct. 18th, 1871. Ill one year. Indigestion; pain at chest and between shoulders half an hour after eating, lasts two or three hours; gnawing pain, and like something pulling and as a weight; swells and becomes tympanic, then it passes away suddenly; bowels act well; tongue white at edge and reddish in centre.

Argent. nit. 6, one pilule every four hours.

25th.—Much better. Rep.

Nov. 1.—Convalescent; neither pain, nor flatulence, nor indigestion, saving a very slight feeling of weight after eating.

Argent. nit. failed in the following case.

CASE 14.—Emma B—, æt. 29, admitted November 16th, 1870. Has been ill two years. Flatulent indigestion; distension; rumbling in the bowels; spasmodic pain.

Argent. nit. 6, two pilules three times a day.

30th.—No better; always feels hungry. *Cina* 3^r, two pilules three times a day.

Dec. 7th.—Better. *Cina* 3.

Jan. 4th.—Still has indigestion, though less. *Pulsatilla* 3.

18th.—Flatulence has returned. *Argent. met.* 2, gr. j three times a day.

26th.—No better. I now gave *Lycopod.* 6, two pilules three times a day.

Feb. 6th.—Greatly better. *Lycopod.* 12. This cured her.

CASE 15.—Mary A. S—, æt. 57, admitted May 24th. Has been ill ten or twelve years. Flatulent indigestion; feels like a bar of iron round her chest; neuralgia of head and face twelve months, which almost takes away her eyesight; great pain in nose; ten minutes after eating has flatulence; bowels regular; palpitation of heart.

Argent. nit. 8, two pilules three times a day.

June 7th.—Has been better till to-day, but symptoms have returned with great irritation of skin.

Sulphur 30 relieved the last symptom and the patient progressed slowly, but certainly, under *Mercur. sol.* 6, *Nux vom.* 6, *Carb. veget.* 6, *Lycopodium* 12, and *Phosphorus* 30, in succession, following the changes of symptoms until Sept. 20th, when she had palpitation after every meal; pain in the left side; pain extending down into the middle finger of left hand. All her other symptoms had left her. For the above I gave *Argent. nit.* 12, two pilules three times a day, and she was discharged very greatly relieved if not cured.

Lycopodium is another medicine frequently indicated in flatulent indigestion. The symptoms which would induce its selection in preference to *Argentum* shall be pointed out after the relation of the following cases:

CASE 16.—Sarah J—, æt. 60, admitted July 26th; has been ill for many months. Flatulent indigestion; palpitation of heart; sleepless nights for many months; wakes after half an hour with palpitation at the heart. Has great fear of death. Examination of heart showed no organic disease present.

Lycopodium 6, two pilules three times a day.

August 2nd.—Much better. Has had palpitation only once or twice since commencing the medicine. Indigestion cured; sleepless and hoarse. Rep.

9th.—Still better, but does not sleep well. *Coffea* 12, 1 pilule three times a day.

Discharged cured.

CASE 17.—Mrs. B—, æt. 58, seen first April 12th. Is a large and corpulent woman. Has severe spasmodic pains at epigastrium, coming on at 2 or 3 every morning, waking her, and giving intense agony. Has been under allopathic treatment for some months, and, obtaining no relief, fears organic mischief. The pains yield to hot brandy and water; nothing else appears to touch them. There is distension when in pain, as from incarcerated flatus. Pulse is very

weak; tongue furred; gouty diathesis; tenderness along the margin of the liver; bowels confined.

Lycopod. 6, three drops three times a day.

17th.—Better, but had a return of spasm last night; this was, however, the only one since taking the medicine.

22nd.—In every respect better. Continue.

Since this time the patient has remained well, and, I need not say, has become a firm convert to homœopathy.

CASE 18.—Miss B—, æt. 48, seen first August 2nd. Has been delicate all her life; has suffered acutely for years. Complexion extremely sallow, and countenance expressive of great depression. Constant dyspepsia and constipation; sleepy after eating; flatulence both rumbling and distending the bowels. Every five or six days has violent spasms. A pain like lightning strikes the epigastrium, spreads, as in rays, over the whole abdomen, and shoots into all the passages of the body. After some hours of intense agony the pain goes off quite suddenly. Violent pains in the back, like gimlets running into the spine. (In this and in all the above cases I have given, as far as possible, the patient's own description.) Pulse 120. There was tenderness along the margin of the liver and at epigastrium.

Lycopod. 3^r, gr. iss three times a day.

9th.—The same evening a bad attack of the pain came on, lasting thirteen hours, with bilious vomiting and swelling in the left groin, apparently muscular cramp. Pulse 96. Continue.

22nd.—There has been no return of the pain since the 2nd. There remains the pain in the loins, for which *Silicea* was given.

September 2nd.—No return of abdominal pain, but still great sleepiness after eating. *Lycopod.* 3, gr. iss, three times a day for four days; *Lycopod.* 200, gtt. j, every fourth night.

16th.—Still no return of abdominal pain; but lumbar pain, depression of spirits, constipation, and drowsiness remain. *Natrum mur.* 30, gtt. iss, three times a day.

23rd.—Had another attack of abdominal pain, but with

no vomiting yesterday, and it was much slighter. Revert to the *Lycopodium*.

From this time there has been steady improvement, though the patient is not yet well, but the *Lycopodium* has done good service in mitigating the severity of the spasms, and in greatly lengthening the intervals between the attacks.

CASE 19.—Mr. A. W—, æt. 60, seen first September 11th. Duration of disease many years. Great abdominal distension, much worse after meals, inducing pressure at heart, with intermission of beats. Pressure about heart. Wakes at 3 a.m., feeling nervous and exhausted. Appetite good; bowels regular; urine high-coloured.

Lycopod. 3^x, gr. ivss, one third three times a day; 200, gtt. j, every fourth night.

20th.—Has been much better till to-day. Nights still restless; mouth, tongue, and lips heated and rather sore; abdomen much less distended; heart acting more evenly. Continue *Lycopod.*

October 5th.—Decidedly better in every respect. Digestive function appears to be greatly improved, and abdomen is soft and no longer distended, though still too full. Continue the *Lycopodium* at intervals. Considers himself convalescent.

CASE 20.—Mrs. R—, widow, æt. 50. Has been ill for three or four years, during which time has suffered from constipation. Evacuations dark-coloured; flatulent distension of abdomen, particularly in the evening and at night; hæmorrhoids occasionally; tongue white and furred in centre and frothy; frequent desire to urinate; feet swell at night; abdomen hard, tense, and swollen; occasionally severe spasmodic abdominal pains at night.

Lycopod. 3^x, gr. iss, three times a day for four days; 200, gr. j, on the fifth and sixth day, and 3^x again for four days.

September 5th.—Better in all respects. Continue.

October 2nd.—Perfectly well, excepting some sense of uterine bearing down, from which she has suffered for

many years, and for which I ordered *Belladonna* and *Platina*.

It now remains for us to examine into the circumstances which allow us to differentiate between the action of *Lycopodium* and *Argentum*. In the pathogenesis of *Argentum nitricum* we have "*Violent belchings. Most of the gastric derangements are accompanied with belching. Faintish sort of nausea, with palpitation of the heart.*" In Case 4 these symptoms were well marked, and the clinical result of the administration of the medicine was admirable. "*Flatulence passes upwards in great quantities, inducing faintness,*" was my note of her case on April 5th. *Veratrum* I had not relieved this, but *Argentum nit.* 3 cured her at once.

The discharge of "much flatulence upwards" was a marked symptom also in Case 1 and Case 5, which readily gave way to *Argentum*.

"Gnawing pain in the stomach on the left side; stinging ulcerative pain in the *left side of the stomach*, below the short ribs, more intense during an inspiration, and on touching the parts;" "cardialgia;" are also characteristic indications for the employment of *Argentum*. Another symptom of *Argentum* has twice, in my private practice, come under my clinical notice, and in each case has been cured by *Argentum nitricum*. Sensation as if a splinter were lodged in the throat when swallowing, eructating, breathing, stretching, and moving the neck." This symptom, or something very near it, was quickly cured by *Argentum*. I attributed it to slight œsophagitis in each case. One patient said, "I feel as if I had a stick in my throat when I swallow."

From the above and other cases which I have met with I should judge that the curative, specific-stimulant action of *Argentum* in indigestion chiefly relates to that affection where the œsophagus, cardiac orifice, and cardiac end of the stomach are the locality of the ailment.

The flatulence which points to *Argentum* comes away easily, sometimes involuntarily, rushing upwards through the mouth; and this distinguishes the sphere of *Argentum* from that of *Lycopodium*, where the flatulence appears to

be formed lower down in the digestive apparatus, and to distend the abdomen without escaping, or at least being expelled with difficulty, and chiefly downwards; or if it be expelled by the mouth, it is by a voluntary effort, and not easily.

In the pathogenesis of *Lycopodium* we find "immediately after a meal the abdomen is full, bloated, distended." This symptom is very characteristic in opposition to the "violent belchings" of *Argentum*. In two cases, not included in the above, I have seen good illustrations of this form of dyspepsia, and both very peculiar. In one case, a young married lady can never drink hot milk without instantly getting this form of flatulent indigestion, causing intense spasmodic pain.

In the other, a lady of 48 years of age, is similarly affected if ever she drinks hot wine and water. One great peculiarity in each case is that cold milk and cold wine and water can be taken with perfect impunity, and neither lady suffers otherwise from indigestion.

Another very characteristic symptom of *Lycopodium* is "palpitation of the heart during digestion" (but this symptom is also sometimes found in cases corresponding inaccurately to *Argentum*, see Case 14). "Pain in the liver to the touch; pain in the liver after a good meal; pressure in the liver; violent cramp-like pain in the region of the liver; full distended abdomen and cold feet; indurations in the abdomen." All are symptoms whose importance as therapeutic indications I have abundantly verified in practice.

The relation of *Lycopodium* to affections of that portion of the digestive apparatus located in the right hypochondrium is as well marked as that of *Argentum* to those occurring in the left. In addition, the "symptom of cutting pain in the region of the stomach at night" (which may, and probably does mean, when we meet with it in Jahr, the epigastric and umbilical region as well) is one which my clinical experience leads me to think a very important indication for *Lycopodium*.

The sphere of *Lycopodium* in indigestion appears to

relate to the liver and intestines, rather than to the stomach itself, or only to that viscus in a secondary degree. The pains indicating *Lycopodium* more often come on some little while after eating than instantly after, although the contrary is sometimes the case; and in patients of highly nervous organisation, the rapidity with which an almost tympanitic state comes on is almost instantaneous, causing not only intense pain, but faintness and copious sweating. The flatus in these cases is the mechanical cause of the pain, and must be dispersed by frictions, &c. The indigestion causing this rapid formation of incarcerated flatus usually yields rapidly to *Lycopodium* 3^r to 30. Abdominal enlargement and bloatedness, where this is not from ascites, yields also to *Lycopodium*.

There is yet another point to which I wish to direct attention, viz. to the completeness as well as to the rapidity of the cures by *Argentum nitricum*.

In Cases 1, 3, 6, 7, 11, the single remedy sufficed to cure, and I am inclined to think that if I had given *Argentum* from the first in Cases 4, 5, 8, 9, and 10, that the single remedy would have induced cure at the first, as it did at last.

The cures by *Lycopodium* have been less complete, for this reason, that the cases have been more complicated. Indigestion involving only the stomach, we shall expect to find more amenable to treatment than indigestion involving stomach, liver, and intestines. *Lycopodium* has seldom sufficed to cure the patient single-handed, although it has admirably met and cured that form of flatulent indigestion which chiefly affects the bowels rather than the stomach.

The next form of indigestion which I would now bring under your attention, is also one possessing well-marked peculiarities, which correspond to the pathogenesis of *Veratrum album*.

CASE 21.—Fanny C—, æt. 40, admitted October 19th. Has been ill for five weeks, indigestion, pain after food, coming on quarter or half an hour after eating, ending in aching in the bowels.

Verat. 6, two pilules three times a day.

26th.—Better, *Veratrum* 3.

Nov. 2nd.—Reports the pain cured, and has no indigestion, but has a heavy headache. For this and for neuralgia in teeth she had successively *Eupatorium* 3, *Spigelia* 3, and *Cina* 3; and she left cured on the 30th.

CASE 22.—Matilda M—, æt. 39, admitted March 8th, 1871. Has been ill nine years, apparently with scirrhus of pylorus. Nine years back was seized with vomiting of blood; lost a very considerable quantity. Indigestion ever since. For the last eight months has had vomiting almost every day. Vomits a clear liquid in large quantities, which on standing is covered with a yellow scum. Every night she swells suddenly, with much pain, and then vomits; tongue furred; greatly emaciated, and looks as if she were dying.

Veratrum 1, two pilules three times a day.

15th.—No vomiting since commencing the medicine. The pain and constipation remain; swelling remains, and pain at night. *Lycop.* 6, two three times a day.

I do not know the ultimate result of this case, the woman did not return.

CASE 23.—Ann W—, æt. 44, admitted March 22nd. Has been ill six months. Pain half an hour after food or after walking or other fatigue.

Veratrum 3x, two pilules three times a day.

29th.—Better. *Verat.* 1.

April 5th. Greatly better. *Verat.* 30.

12th.—No longer any pain or indigestion. Cured.

CASE 24.—Eliza F—, æt. 55, admitted March 29th. Has been ill six years. Treated in Bartholomew's and Gray's Inn Road and other hospitals. Dyspepsia; pain comes on an hour after food very severely. Waterbrash; relaxed motions, three or four in a night; urine loaded with lithates; great debility.

Veratrum 1, two pilules three times a day.

April 5th.—Better. *Veratrum* 6, two pilules three times a day.

12th.—No pain, still slight indigestion. *Veratrum* 3.

19th.—Reports herself cured of the indigestion, but has a slight cold and cough.

In the following case, though *Veratrum* appeared strongly indicated, it failed.

CASE 25.—Edward C—, æt. 46, admitted August 23rd. Has been ill three months. Vertigo, retching, parched mouth, cramps in legs at night, constipation; distended after eating, sleeps badly, dulness of hearing.

Veratrum 6, two pilules three times a day.

30th.—No better. *Cocculus* 3.

September 6th.—Better in every respect. Cont.

13th.—Better till last night; still distended. *Lycopod.* 3, gr. j, three times a day.

20th.—Still indigestion. *Nux vom.* 3x, two pilules three times a day.

October 4th. Better. *Nux vom.* 30.

11th.—Cured.

CASE 26.—Harriet B—, æt. 34, admitted September 6th. Has been ill one week. Dyspepsia, pyrosis, pain a few minutes after food, then cramps in the hands, shuddering, and pyrosis; bowels regular.

Veratrum 30, one pilule three times a day.

13th.—Better in every respect. Rep.

27th.—Convalescent. Rep.

October 25th.—Came to report herself well.

The pathogenetic symptoms of *Veratrum album* largely point to "vomiting," "nausea," "pyrosis," "cramps," and to all the train of symptoms which lead gradually from simple indigestion and heartburn to waterbrash, mucous vomiting, and lastly, to black vomit. The "crampy pain in the pit of the stomach, especially when walking" (see Case 23). "Pain in the stomach as from canine hunger. Feeling of weakness in the stomach, with internal coldness

and a slight pressure." "Painful sensitiveness of the pit of the stomach." "Anguish in the pit of the stomach." "Burning in the pit of the stomach," all describe the progress of pyloric disease, often connected with nocturnal cramp in the calves. The pain which indicates *Veratrum* in indigestion is more often aching or burning rather than cutting. After the "vomiting" which indicates *Veratrum* there is "painful retraction of the abdomen," and the abdomen after vomiting remains sunken. The face too has a sunken look, and often the lips are very pale, and the lower lip swollen and pale or bluish. Such, at least, are the symptoms which have led me most successfully to the selection of *Veratrum* in indigestion, and especially when a physical examination has led me to diagnose the affection to be chiefly seated at, or at least to involve, the pyloric end of the stomach to a great extent. As a rule, the painful indigestion indicating *Veratrum*, does not come on immediately after eating, but at an interval of from a quarter to half an hour or an hour after food.

In the above observations I have endeavoured to confine my remarks as closely as possible to three forms of indigestion corresponding to three remedies. I have avoided the well-known forms of indigestion corresponding to *Nux vomica*, *Pulsatilla*, &c., and even have passed over in silence medicines on which I might have been expected to make some remark when treating of the forms of indigestion which I have selected for my paper, such as *Carbo vegetabilis* in flatulent dyspepsia, *Bryonia* in pain after food, &c. This avoidance has been intentional on my part, because I wished simply to discuss what three medicines will do in indigestion, and to define their sphere. I have also not entered into a critical examination of the labours of others, because I felt that the largeness of the subject precluded my doing their observations justice. I may, however, make one observation upon *Lycopodium*—that my experience bears out that of Dr. Hughes in his *Manual of Therapeutics*, viz., that when constipation is a marked feature in flatulent indigestion *Lycopodium* is commonly indicated, and in most of

the cases where *Argentum* has acted most promptly the bowels have acted naturally.

Discussion on Dr. Bayes' paper.

Dr. LEADAM remarked that of late years he had considered *Oxide of Silver*, which was first suggested to him in Sir J. Eyre's book, as a specific for some of the forms of indigestion.

Dr. WATSON said that from the cases narrated, he was rather disappointed, as there was no attempt to make out a special diagnosis for each, or to show how well the pathological and pathogenetic symptoms of the remedy applied to the case in hand. It was not sufficient to name an array of apparently disconnected symptoms, and then relate how the medicine chosen relieved the symptoms in the course of a month or six weeks. He thought we should endeavour to be still more accurate and precise in our diagnosis, not merely anxious to cover the symptoms with those of a drug, and in this way should have a better chance of effecting a really scientific, brilliant cure—*i. e.* with one medicine. Dyspepsia from nervous debility seemed to him becoming more prevalent, for in two cases he called to mind the general distress which arose from constant gurgling and stifling of flatulence at night, preventing sleep, was undoubtedly due to weakness of the ganglionic nerves, producing a partial paralysis of the circular muscular fibres of the intestines. He was treating them with *Strychnæ phosphas* (lately introduced by Dr. Kidd) with decided benefit, and at the same time applying a broad flannel belt round the abdomen and spine in the lumbar region, to give support to the abdominal walls. One of the patients had been obliged for some time past to resort to galvanism at intervals, failing to obtain relief from drugs. And in the *Strych. phosph.* he believed that he had met with just the appropriate remedy for such a defect of innervation. Dr. Henriques highly commended the *Argentum nitricum* in chronic inflammation of the pyloric extremity of the stomach, with chronic vomiting of food, and especially in the obstinate vomiting of yellow fever.

Dr. YELDHAM said the very excellence of Dr. Bayes's paper almost disqualified it for discussion, treating as it did of one phase of disease and one remedy, and those who, like himself, had had but little experience of that remedy, could only listen and learn. The cases related would induce him to look more to *Argentum nitricum* in similar cases. However much they might try to avoid it, they all, he doubted not, became to some extent routinists in their practice, being better acquainted with the sphere of action and the appropriate cases for the use of some remedies above others. He had hitherto seldom failed to cure gastralgia by *Bismuth*, *Nux*, and *Belladonna*, and sometimes *Chin. sulph.*

When diarrhoea was a prominent symptom (these cases could hardly be called dyspeptic) he found *Veratrum* and *Arsenicum* the chief remedies. He gave all these medicines in low dilutions, most commonly the first decimal, or mother tincture. He would like to ask Dr. Bayes by what rule he was led to select his doses. Why he gave the 3rd in one case, the 6th in another, the 12th in another? Why, when the 6th cured in one case, he gave the 12th in the next? Why, when one dilution failed in a particular case, he did not give another dilution instead of another medicine? Dr. Yeldham referred to tobacco smoking as a fertile source of indigestion of the most obstinate kind. Its effects were cumulative in the system—persons all at once suffering severely who had smoked for many years with seeming impunity. He had made many excellent cures by forbidding tobacco, where long courses of medicine had utterly failed.

Dr. DUDGON said *Argentum nitricum* was a favorite remedy of his own in indigestion, and he had found it useful in obstinate diarrhoea after every meal connected with gastralgia in cases where other remedies had been tried in vain. He agreed with those who attributed a severe form of gastralgia or pain after food to the abuse of tobacco. One of our French colleagues had given a minute description of this painful affection. The only cure for it was leaving off the use of tobacco altogether.

Dr. DRURY thought that it was a pity the author had not added some few more details, such, for instance, as the cause of the indigestion in the cases narrated. This information was necessary before a correct judgment could be formed of the full value of the remedies used, as it often happened in indigestion that to remove some error of diet was to cure the disease. Still there were cases that required treatment, and of this class unquestionably were some of those that had been successfully handled by Dr. Bayes. The limiting of his remarks to cases treated by three remedies narrowed the discussion very much, as room was hardly left to raise the question whether some other remedy might not have proved even more useful in one or two of the cases. There was one remedy that he, Dr. Drury, was frequently in the habit of using in cases very similar to some of those given, which was *China*; this he gave half an hour before each meal. In a book on indigestion published a few years ago, he pointed out the use of *Lycopod.* in cases of constipation and flatulence in children. A reddish deposit in the urine with indigestion was also an indication for *Lycopodium*.

Dr. BAYES said that the circumstances under which his paper had been prepared must plead his excuse for some want of finish in its composition. The secretary having asked him, barely a week ago, to prepare it as he had none in hand for this meeting, his notes therefore had been hastily thrown together. In answer to Dr. Watson he would say that the majority of the cases related were hospital cases; those treated by *Argentum* were all

those in which he had given the medicine without any selection since he had joined that institution ; and he thought that the result showed how very practical a guide symptom-treatment had proved itself. He had contented himself with giving those particulars which had guided him to the selection of the remedy, but it would be very easy for any accomplished physician to read the pathological condition from such well-defined symptoms as had been given. *Argentum*, *Lycopodium*, and *Veratrum*, each have their definite sphere, and these will assist us in recognising their precise usefulness. Probably all indigestions depend on weakness of the ganglionic nerves, which is far too indefinite a phrase to assist us in the choice of a remedy. In answer to Dr. Yeldham and Dr. Drury he would say that in no single case had he altered the diet or the habits of the patients. These cures are to be attributed to the effect of the medicines alone. He only prohibited excess in smoking or in drinking, and advised the patients to avoid pork, pie-crust, and salt meat. His reason for varying the dose in different cases was purely experimental, except in the cases of some convalescents where he desired to give a higher dilution when the patient was nearly well.

DISEASES OF CHILDREN. CASES, WITH SOME REMARKS ON THE IMPROPER FEEDING OF CHILDREN, &c.

By WILLIAM V. DRURY, M.D., Physician in charge of
Diseases of Children to the London Homœopathic Hospital.

AMONGST the cases brought under the notice of the medical officers of hospitals many must be to a great extent influenced, while some are altogether produced, by improper diet ; if this remark is true as regards adults, what must it be of little children who have the misfortune to be under the care of ignorant and thoughtless mothers ? It is not, however, necessary to go to an hospital or dispensary for diseases of children to see what is done in this way ; among the higher classes, where more good sense is expected, and where the excuse of means does not exist, there are plenty of errors in the matter of diet, and many a child is allowed to wither

out of existence that (humanly speaking) might have been saved by a little care on the part of the mother or nurse. But amongst the poor, bad management, aided by want of means to procure what is necessary, tells with increased energy on the death-rate, and child after child is lost that ought to thrive and grow up into useful manhood; and even should the child survive its "dragging up," as it has been happily termed, it is apt to arrive at maturity with a frame ill calculated to help its owner in the struggle for existence that has too often to be made. Bent legs, curved spine, scrofulous scars, all bear testimony to a constitution far removed from the healthy standard. Care must, however, be taken to avoid the mistake of setting all these things down to improper feeding and clothing; other causes are in operation, unhealthy residences, improper hours for labour, &c. &c., and last, but not least, an inherited constitution. This last has, perhaps, to do more or less with every case, but, if the faulty constitution is there, how much vigilance is needed to guard against hurtful things, and to endeavour, by judicious measures, to improve and alter what is wrong.

A few remarks on the diet of young children may not be out of place, for certainly amongst parents and nurses, and, I regret to say, not unfrequently amongst medical men, some strange errors prevail.

It was formerly the custom to treat most new-born children to a dose of *Castor oil*, to get rid of the meconium, and initiate them into the orthodox system of getting their bowels properly cleared out. I have, indeed, seen a zealous follower of *Æsculapius* put a sprinkling of *Calomel* on the top of the oil, and at a more advanced period of a child's life mix a little *Calomel* with an egg at breakfast, whether instead of or with salt I cannot now remember. In modern days it is to be hoped more sense prevails among the doctors; though I know some nurses require to be watched that they do not supply what they regard as an omission, and give the child a sly dose of oil. When a nurse is caught so transgressing the offence ought not to be condoned, but she should be sent about her business at the earliest moment that it can be done without worry to the mother.

If the castor oil is interdicted the next question that arises is as to the child's diet. As some time must elapse before the mother can furnish a sufficient supply, it is necessary to provide a substitute, and for this the simplest and best is milk and water, which may be given in the proportion of two thirds milk to one third water. If the weather is hot, and there is any doubt about the milk being sour, a little gruel may be given, or if there is any Swiss milk in the house this may be used. I find that some are in the habit of using the condensed Swiss milk always for their children, instead of cow's milk. This is certainly an error; valuable as the Swiss milk is, especially at a time there is any epidemic amongst cattle, it is impossible that an artificial preparation can for a moment compare with pure fresh milk any more than Liebig's beef tea can answer as well as fresh-made beef tea, neither tasting so well nor yielding the same amount of nourishment. In the absence of beef tea it may be used, but should never be used as a substitute for it or depended on in the same way as an article of diet. After the first day or two, if the mother can nurse her baby she should do so. "The ostrich mother," who without cause would neglect her child by not giving it the food that nature has supplied for it, should always be discouraged. The strength of the mother and manner in which the child thrives should be the guide as to the length of time the nursing should go on. Some mothers will require help at an earlier period than others; in some cases the milk, though abundant, does not nourish; in either case the child should be given two or three meals at regular hours, of milk and water; three fourths milk, one fourth water. It is very seldom that this is too rich, and there need be no fear about "the two milks." Let care be taken that the bottles are kept well washed and sweet, and that the milk is of good quality, and no harm will result from giving cow's milk and breast milk to the child. When the child reaches seven months it will be well under any circumstances to let the mother spare herself a little by giving the child some milk and water at least twice a day. The child will learn to take a crust in its hand and

suck it, at a later period. A little Hard's farinaceous food or baked flour may be given, but very thin, and at first not more than twice a day. When the mother cannot nurse, the child may be safely fed on milk in water, in the proportions already named, till seven, eight, or nine months old, or later. If medical men will try this plan they will find that, as a rule, the children will thrive far better than those fed differently.

If the child is being brought up in this manner, the mother must prepare herself to resist the advice of her friends and the nurse, who will always want to have something satisfying in the child's stomach. Thick food is given in large quantities again and again to children, because it is said to stop their crying, and that they are not content without it. Now, as little children have their attacks of indigestion as well as adults, this should not be overlooked, but should be inquired into and guarded against. When a child vomits milk, as constantly happens, this indicates that the child has taken or been given a larger quantity than it can dispose of, and nature relieves herself by getting rid of it in the simplest way. If there be vomiting, whether the vomited matter smells sour or not, we may very safely set it down to an attack of indigestion in the child, and treat it by giving directions that a smaller quantity be given at a time, and in that case more frequently if necessary, but nurses are more likely to err from giving food in too great quantities than too seldom. If vomiting is troublesome a few doses of *Ipecacuanha* may be given at the time, and as a regular medicine, *Silicea* night and morning.

Amongst other troubles that are likely to arise from giving too much or too thick food, diarrhoea takes a prominent place. At times delicate children come under our notice who will be greatly benefited by giving small quantities of beef tea. Two or three teaspoonfuls of strong, fresh-made beef tea mixed with the Hard's food and milk about three times a day will often make a wondrous change in a delicate child; in some few cases a larger quantity may be given, but children under a year old

seldom require a larger quantity. Where a child is much run down a few drops of brandy may be needed for a short time. Where constipation is present barley water mixed with milk will be of use, in older children oatmeal porridge. Orlando Jones' wheaten meal flour will be found a useful addition to the diet table of children between one and two years of age. In cases of ricketty children I frequently order ivory jelly,* and in some case of pale, sickly-looking children where *Ferrum* seems to be indicated, I use the *Carbonate of Iron 2^s*, thus giving the medicine and at the same time supplying the system with a small quantity of *Iron* in a divided form if I have reason to believe that it is needed as an addition to the other materials required for the support of life.

Having in my book on cholera, under the heading diarrhœa of children, touched on their general management, I need not pursue this subject further. One or two of the cases given were selected on account of the food having something to do with the children's illnesses.

CASE 1.—George G—, aged 6 weeks. November 15th. —Child has been wasting since birth; the mother nurses it. For a short time gave it arrowroot and tops and bottoms. Child has had bad cough for the last three weeks; a violent shaking cough, apparently much phlegm, but it does not come up. At times there is vomiting with cough. *Ant. tart.* 30th every two hours.

I have no note of the improper food being forbidden, but according to my rule I must have ordered a change.

29th.—The child is going on satisfactorily; takes its food well, and does not waste. Continue *Ant. tart.*

CASE 2.—H. B—, aged 7. November 22nd.—Child is suffering from diarrhœa, probably produced by some allopathic medicine which he had been given; the bowels act three times a day; there is hoarseness, which is increased

* Having had some difficulty in directing my patients to places where ivory dust can be obtained, Mr. Saunders, a provision dealer, of 222, Holborn, now keeps it.

at night. But the chief symptom is "much pain after each meal." *China* 30, a dose every four hours.

29th.—Child better. Continue *China*.

CASE 3.—James Y—, aged 16 months. November 22nd.—This child had been under treatment at the Middlesex Hospital for three months, and prior to that somewhere else for four months. The child has been gradually wasting away, but the appetite is very large. He has been given a mutton chop; gets an egg of a morning; also gets brandy and egg and stout. There is a sore with bright areola on cheek; the child is very weak. *Calc. c.* 30 four times a day was given, but the child was not again brought.

The case is merely given to show what parents will give their children in the way of food. It is very possible that the mother, annoyed at her system of diet being called in question, took the child somewhere else, if it did not sink, as it was likely to do.

Many cases come under observation, where no particular change in diet may be necessary, that do very well under treatment alone. It is well that this should be remembered, for where homœopathy is declared to be a system of dietetics, what could be done in treating the children of the poor if this were the case? It would be a mockery often to order them a liberal supply of good nourishing food—in like manner as it often is to those very little better off to be told to go to Madeira or Algiers for the winter; medical men should be more careful about ordering what is out of reach.

The following case appears to have done well without anything having to be said about diet.

CASE 4.—E: H—, aged 3. February 28th.—Is subject to diarrhoea; there has been no action of the bowels to-day. The stools have been creamy-looking; there has been at times soreness of the vulva; has attacks of chilliness; worms have been passed. *Mercurius* 30 three times a day.

March 21st.—Bowels are regular, but is troubled with frequent irritation and wetting the bed. *Podophyllum* 30 four times a day.

April 11th.—Has passed many worms; still wets bed, and has soreness about vulva. *Cina* 30 four times a day.

This child was next brought to the hospital in consequence of a fall, but her former symptoms were no longer complained of.

CASE 5.—Thos. J—, aged 3½. March, 1865.—This child was walking well at two and a half years of age, then had measles; has not walked properly since, and for last nine months has been unable to walk or stand. Disturbed nights; wakes screaming. There is much alteration of shape of left hip; a bulging out, with wasting and elongation of left leg. Great pain on movement; takes his food well. *Silicea* 30 three times a day; *Chamomilla* every two hours at night, if needed.

April 4th.—Has much pain in thighs and back; swelling of right thigh; screams at night; urine scanty and thick; passed only once a day. *Colocynth* 30 every four hours.

18th.—Less pain generally; sleeps better. *Colocynth*.

May 30th.—Moves feet, draws leg up; much less pain. *Colocynth*.

June 20th.—Swelling on right thigh, which is painful; wakes up and cries at night. *Silicea* 30 once a day; *Colocynth* every three or four hours, as needed.

These medicines were repeated July 18th.

September 5th.—There has been no return of pain; he tries to stand. *Colocynth* 30, a pilule each night.

26th.—Not so well; more restless. *Calcarea* 30 four times a day.

December 12th.—The report is, much freer from pain till last night; a feeling of fulness is complained of in left leg. The urine is natural in quantity, but is thickish; hands are puffed, and eyelids tender; takes his food well. *Apis* 30 four times a day.

January 23rd.—Mother reports that child is better, but that there is swelling of both legs, especially the left. *Apis*.

February 20th.—Swelling about hips; urine thick and offensive, but sufficient in quantity. *Dulcamara* 30 every four hours.

This medicine was selected in consequence of the offensive smell of the urine. I have found it very useful where this symptom is present. I have also used it with advantage where there was a thick mucous discharge from the bladder in adults.

March 13th.—There is shining, tense swelling above right knee; he is restless at night; urine still high coloured; quantity less. *Dulc.* three times a day, *Colocynth* at night if pain.

April 10th.—An abscess has opened at right knee and has discharged freely; is now complaining of pain in left knee. *Bryonia* 30 every three hours.

May 8th.—Still some discharge and pain at night. *Bryonia* every four hours; *Colocynth* at night if pain.

July 24th.—Is a great deal better, but there has been discharge from both thighs; no pain at night; tries to stand. *Calcarea* 30 three times a day.

August 21st.—Improving. *Calcarea*.

September 11th.—Is now able to stand. Continue *Calcarea*.

This case is one of the many scrofulous cases that present themselves for treatment. As out-patients they are most unsatisfactory; they are brought often at long intervals, and the symptoms chiefly complained of at one visit would not be spoken of by the parent in many cases if not brought under notice by the entry made at former visit. In this case there was disease of hip-joints, followed at a long interval by abscesses in vicinity of knee-joint. The case is of interest from the relief to pain obtained by *Colocynth* and improvement of general health under *Calcarea*. The *Dulcamara* also did its work well for the urinary symptoms; but there is no report of the urine further than the mother's description, as a child in pain cannot always be moved without much difficulty. The difficulty is got over by the parent giving a report, and as the urine is not at hand to test for albumen, this has often to be dispensed with.

The *Bryonia* was given at a time that many might have preferred *Hepar*. But where this medicine has been indicated by the state of a joint, I believe it may often be given

with advantage for some time afterwards, though another medicine might seem to be more called for, there being a remnant of local mischief that will be benefited by it.

Mothers often refuse to allow these cases to come into the hospital, the child thus loses the advantage of the more liberal diet and the supervision of the house surgeon and nurse; and as rest ought in all cases of scrofulous disease of bones to form an important part of the treatment, the need of it cannot be too strongly insisted on. As long as there is active mischief, the part affected should have rest, suitable medicine, and poultices to help to subdue the mischief. The sooner the active symptoms abate the better for the patient. An ankylosed spine or shortened limb cannot be altered, but if the ankyloses can be allowed to take the place of ulceration, or the scrofulous disease about a joint, or hectic fever resulting from either cause be stopped, then the patient is in as fair a way to go on improving as circumstances will admit of; but to prevent the lighting up of disease, rest is still essential, and this should be continued till all fear of a relapse is over. A few days ago I admitted into the hospital a young girl about thirteen years of age, who was brought as an out-patient, suffering from disease of dorsal vertebræ, which are curved to such an extent that there is paralysis of the lower limbs; there is little pain in spine, but a good deal of jerking of limbs. Now, in the case of this poor child the disease has perhaps nearly spent its course, and if she gets a few weeks' rest with the diet that an hospital affords, which will be very superior to that of her own home, there is a hope that her general health may be much improved and ankylosis so far completed that she will escape further suffering, though she must remain paralysed for life.

It is not always desirable to allow these scrofulous cases to remain for a long time in hospital, independent of the argument of house committees, who always wish to see the patients "keep moving and not obstruct the way;" for their own sakes a change of air is often beneficial, especially if it can be to the seaside.

REVIEW.

Lectures on Diseases of the Heart. By EDWIN M. HALE, M.D. New York: Boericke and Tafel. London: Turner & Co.

Dr. Hale informs us that "the lectures contained in this volume were delivered before the class of the Hahnemann Medical College of Chicago in the winter of 1870-1." He was appointed, it seems, by the Faculty of the College to give a special course of lectures on Diseases of the Heart. This is "specialism" with a vengeance, and could only be justified by the possession of unusual knowledge on the subject by the lecturer. This, however, he himself forbids us to expect. "As it is manifest that nothing new or original relating to the etiology and diagnosis of diseases of the heart could be presented, I cannot be criticised for quoting largely from standard authorities on that subject." So that we are not to look for anything, save under the head of therapeutics, which we do not find in the ordinary text-books and monographs. "The treatment, however, is in accordance with the doctrines of the homœopathic school, or rather in accordance with my interpretation of the Law of Cure discovered and taught by Hahnemann." Of "my interpretation" we will speak presently. We have quoted thus far to exhibit the scope and possible value of the work.

For the use of the students to whom the lectures were originally addressed the one thing needed is that the physiology and pathology of the subject should be correctly and clearly stated. In the main this has been accomplished, but a singular mistake has been made regarding the sounds

of the heart, which it is difficult to explain or excuse. Dr. Hale writes "the *first* sound of the heart is caused by the dilation or *diastole* of the ventricles, and is called the *diastolic* sound. The *second* sound is caused by the contraction or *systole* of the ventricles, and is called the systolic sound." Now, the facts are, as every first year's student knows, just the other way. The first or prolonged sound of the heart is systolic; it accompanies the contraction of the ventricles, and is probably a combination of the impulse thence arising against the thoracic walls and the closing of the mitral and tricuspid valves. Dr. Hale states this correctly enough, but does not seem to see that such impulse and closing belong to the systole of the ventricles, and not the diastole.

On the other hand, the shorter and sharper second sound, caused by the shutting of the semilunar valves, is necessarily associated with the diastole of the ventricles, as then only are these valves called into play to prevent regurgitation. Dr. Hale is foggy on this point. "The second sound of the heart varies," he writes, "as we study it on different sides of the sternum, in the space between the second and third ribs. On the *right* side the sound is more acute, more abrupt, louder, and apparently nearer the ear, and is said to be caused by the movements of the semilunar valves of the *aorta*." "Said to be"—who ever questioned it? "On the *left* side the sound is less acute, and emanates from the valves of the pulmonary artery, and due to their expansion succeeding the ventricular systole." Not only is this slipshod English, but who would suppose from it that the process in the semilunar valves of the pulmonary artery was identical with that which occurs in the aorta? Altogether, the whole passage is a blunder; and means either imperfect conception or unpardonable carelessness in execution.

In other respects the compilation seems fairly executed. The therapeutic portion, which is of more interest to the readers of this Journal, is, on the whole, very satisfactory. "My interpretation" means, as many are aware, a theory of dose propounded some time ago by Dr. Hale, and which we have already discussed in a former volume of this Journal. Minute doses, up to the 200th dilution, are recom-

mended for conditions answering to the primary symptoms of the drug: large ones, going down to ten drops of the mother tincture, for the *similia* to its secondary effects. This principle, whether sound or not, has the advantage of linking and classifying the remedies enumerated: but, on the whole; the recommendations differ little from those found in our usual text-books. Still, it is useful to have the whole subject brought together in a single volume; and we shall place Dr. Hale's *Lectures* on our bookshelf with the expectation of being able to consult them with profit.

One word in conclusion. Why will not our American brethren take more care about their style? Here is a sentence from the preface: "I was appointed by the Faculty of the College to give a special course of Lectures on Diseases of the Heart, and the satisfaction manifested by the class has emboldened me to publish them, *and to which I have added considerable*, and subjected them to careful revision." This should not be; and it is in good will to them that we point out such damaging faults.

CLINICAL RECORD.

Sulphur in neuralgia.

By EDWARD T. BLAKE, M.B.

THE following case forms an interesting pendant to Dr. Cooper's original and suggestive paper "*On Sulphur*," which appeared in the last issue of this Journal.

On October 24th, 1871, came to my study Miss G—, æt. 20; she is tall, fair, and slight; she has been employed for the past two years and a half in a fancy shop in Reigate; her duties are not particularly onerous. The street is in a dry and sheltered locality, the shop being neither cold nor draughty.

She was prone to sick headache for two or three years before coming to this neighbourhood; she did not drink coffee at that time.

Since resident here she has taken strong coffee for breakfast, and for the past two years has suffered from remittent attacks of severe pain running along the left supra-orbital ridge.

This is a sample of her seizures:—She rises well, takes her breakfast at 8 o'clock; then about 10 a.m. pain begins at the inner point of the left eyebrow and passes steadily along until it involves the whole extent of the superciliary ridge which becomes very sensitive to touch. During the continuance of the attack the left eye waters and the sight is impaired. The pain reaches its acme at mid-day, then gradually declines, and by the evening it has worn itself away. Occasionally the neuralgia recurs as often as every fortnight, whilst two months is the maximum interval during which she enjoys an entire immunity from suffering. The average duration of an attack is ten days. The pain is worse during the catamenial period and is aggravated by worry; it is ameliorated by cold. The menses recur with regularity; they last during four or five days; when they are present she suffers from lumbar pains. She is often hysterical and faint; there is

facial acne. She usually passes a week without action of the bowels.

On the 25th of September she had an attack which lasted fourteen days, and was followed by an interval of ten days; then (19th October) the customary pain returned, for which she now seeks advice. She is to abandon the use of coffee altogether and to take *Sulphur* ϕ , a quarter drop every half hour from waking until mid-day.

25th.—She felt better after the second or third dose; the pain recurred, but not until the afternoon, and then it occupied a different locality, viz. two inches above the *right eye*. In the evening it passed away. Rep.

26th.—Pain at the same point, but for four hours only. Rep.

27th.—Pain intense from 9 a.m. to 10 p.m. over *left eye*. This aggravation was distinctly traced to mental disturbance. Rep.

28th.—Better; constipation has ceased.

29th.—“The old pain” is altogether gone; there is slight frontal headache. Rep.

30th.—No return of “the old pain.” There are still frontal headache, sore throat with fœtid smell, coryza and dry cough. The bowels act regularly. *Merc. corr.* 3^x die, *Bell.* 1^x, nocte.

Nov. 2nd.—Reports herself well in every respect.

There is ample *à priori* evidence of the anti-periodic as well as the anti-neuralgic powers of this invaluable polychrest.

The following symptoms in Hahnemann's *Chronic Diseases* induced me to select *Sulphur* in the preceding case. “Aching pain over left eye in the afternoon; pressure in head every other morning at 8 or 9 o'clock in the morning, and continuing until bed time; tearing and pressure in the left temple and eye; painful pressure over the eyebrows; drawing pain in the left side of the face apparently above the eye, in the region of the temple and the malar bone, extending as far as the lobule, most violent in the morning.”

For left supra-orbital neuralgia I have usually given *Kali bich.* or *Uran. nitricum*. In right brow-ague *Chelidonium* will frequently surprise us by its speedy and satisfactory action.

There is one drawback in the use of matrix *Tincture of Sulphur*; by it the skin is rendered so sensitive to every change of external temperature.

It is interesting in connection with this to note that two of Dr.

Cooper's cases take cold [pp. 677 and 686], and the case detailed above shared the same fate—query, *post hoc vel propter hoc?*

Is it not possible that, occurring in a seaport town, some of the cases recorded in the Southampton Case-Book may owe origin to former allopathic abuse of *Mercury*, to which *Sulphur* in so low an attenuation would be an appropriate antidote?

Variola and its Treatment.

IN the *Bibliothèque Homœopathique* for November, 1871, are some interesting cases of variola and varioloid, by Dr. Paul Pitet, of Paris, and Dr. Turrel, of Toulon, which we here reproduce.

Cases by Dr. Pitet.

I. Pintre, bootmaker, aged 30, frequently visited his brother-in-law, who was laid up with discrete variola for a month. He caught the disease, which assumed the form of confluent small-pox, and though the symptoms were severe the disease lasted only twelve or fourteen days, including the period of preliminary symptoms.

First day of the eruption, 11th December, 1869. Eruption commencing, numerous pustules which commenced to show themselves yesterday evening after four days of intense fever, every night attended by delirium. To-day the fever continues with general prostration, severe pains in the lumbar region, violent headache, dry frequent cough accompanied by painful shocks through the head, oppression, great thirst, tongue covered with a thick yellowish-white fur. I prescribed *Aconite* 6 every two hours.

2nd day.—The eruption is developing normally and the fever lessens towards the end of the day. *Aconite* 6 every four hours.

3rd day.—Variolous pustules extremely numerous all over the body, confluent in several places on the face and hands. They are already beginning to grow white, and to be filled with serous fluid, and are sharply defined in the middle of a red areola. Some of them only less filled, flattened, have the umbilical form. The face swollen, but the fever, the headache, the lumbar pain, and

dry cough have completely ceased. The thirst is diminished. I prescribed *Vaccinum* 6 four times in the the twenty-four hours.

4th day.—The pustules whiter and more filled. The face has become enormously swollen, the hands also. This night the patient had delirium with great restlessness. *Bellad.* 6, two doses alternated with two doses of *Vaccinum*.

5th day.—The delirium has not reappeared. Continue medicine.

6th day.—Some pustules on the face commence to grow dark and the swelling diminishes.

7th day.—A great number of the pustules turned brown and dried on the face, the swelling of which is much diminished. No particular symptoms. He expresses a great desire for food, and he gets a larger supply of it. He has hitherto only had beef tea. *Vaccin.* 6, two doses per diem.

10th day.—General and rapid desiccation. Great itching of skin. The crusts on the face have almost disappeared. On the hands and body the brown pustules become withered and dry, and their exfoliation is imminent. No symptoms; sleep perfect; appetite very good. *Vaccin.*, a dose every morning for three days.

II. — Mlle. B—, aged 20, after three days of violent fever (6th, 7th, and 8th May, 1870), accompanied by very violent frontal headache, pain in lumbo-sacral region, complete anorexia, &c., on the 9th May observes on her chest, but not on her face, a fine pustular eruption, which the next two days extends to the face, and becomes general, assuming distinctly the variolous form.

3rd day of eruption (12th May).—I was first called in to-day. The fever continues, with very violent frontal headache, inclination to vomit, loss of appetite, thirst, thick fur on the tongue. The pustules are general, distinctly characterised, some conical, others umbilicated; the face swollen. I prescribed *Aconite* 6, *Vaccinum* 6, a drop of each in 150 grammes of distilled water, to be taken alternately six times in the twenty-four hours, at equal intervals, when the patient is not asleep.

4th day (2nd of treatment).—The pustules are filled with an opaline liquid, confluent on three patches on the face, each patch the size of a crown piece. The face considerably swollen. The

quickness of pulse, the frontal headache, the thirst, the absolute dislike to food continue. Continue medicine.

5th day.—Complete subsidence of fever and headache. Face and hands much swollen. Near the left ear a pustule has opened, allowing the serosity to escape and dry. Another pustule on the hand presents the same phenomenon. Continue medicine.

6th day.—The swelling of face diminished, the confluent groups have become yellow, and the epidermis mixed with the serosity is drying. Calm sleep and appetite returned.

7th day.—The swelling of the face much lessened. The desiccation of the pustules on the face general; some patches of epidermis become detached. The quantity of food is increased with the return of appetite. Hitherto she has only had infusion of mallows in warm milk. The reparative process goes on so rapidly that, on the tenth day of the eruption, the patient is able to get out of bed for some hours.

Remarks.—This case has presented two or three exceptional peculiarities—the eruption appeared on the breast before it came on the face; and the fever which usually declines on the appearance of the eruption did not subside until the fifth day. Notwithstanding the pustular evolution took place without suppuration.

III. Pl. M—, aged 40, of lively character and robust constitution, was a case of retarded variolous eruption, held back by imprudences which deranged the harmony of the circulation (14th September, 1870). I was told that for eight days he was under the influence of a constant febrile agitation, accompanied by headache, general uneasiness, prostration, sacro-lumbar pains, loss of appetite. On that day I observed in all parts of the body a very fine pustular eruption, which, I was informed, had already lasted three days. Yet the pulse is only moderately quick; but the patient has sleeplessness, agitation, sub-delirium. At my visit he continually throws off the clothes, sits up, lies down again, speaks excitedly, and says constantly that he thinks he is going mad. The forehead is burning, the eye bright, animated, his speech short, the thirst excessive. He has fantastic visions when he closes his eyes, and raves when asleep. An extensive hæmorrhagic eruption has appeared since yesterday in the groins, and on the internal and

superior regions of the thighs. I prescribed *Bellad.* 30 every two hours.

3rd day of eruption (2nd of treatment).—I learnt that yesterday evening the patient was seized with a fit of violent delirium, during which he got out of bed, and in his shirt ran upstairs. This morning he is still much excited, the face is red and emaciated, and the eruption develops itself very slowly. Seeing the inefficacy of *Bellad.* 30, I prescribed *Bellad.* 1, a drop in 300 grammes of distilled water, to be given in the dose of a spoonful every three hours.

4th day.—The delirium ceased with the first spoonfuls of *Bellad.* The pulse has fallen; the variolous eruption is distinctly developed, and is confluent on the face, which is swollen. The tongue covered with saburral fur. I continued the *Bellad.* every four hours only during the days.

5th day.—The face more swollen, the pustules filled and commencing to turn white. The purpural eruption mentioned above going off. In order to prevent the eruption suppurating I prescribed *Vaccinum* 6, a drop in 125 grammes of distilled water. Two doses in the twenty-four hours alternately with two doses of *Bellad.*

6th day (18th September).—Face extremely swollen, red, pustules much developed, confluent, filled, white, normal, and complete evolution of the eruption in all parts of the body. General condition satisfactory, desire for food. I allow chicken broth and sugar water. Two doses of *Vaccinum*.

7th day (19th September).—The swelling of the face begins to diminish, the redness declines, and the pustules become yellow. On the surface of the body they have attained their maximum of tension, and at the same time the red base surrounding them goes off. The eyes are filled with plastic mucus. Prescription, two doses of *Vaccinum*.

8th day (20th Sept.).—Some of the pustules on the nose, face, and hands, have begun to desiccate. The swelling of the face continues to diminish. Great appetite. Two doses of *Vaccinum*, which I still continue with the view of preventing suppuration of the pustules.

9th day.—Many of the pustules on the nose and forehead desiccated.

10th day.—Desiccation general, and the swelling of the face

much lessened. The plantar aspect of almost all the toes shows a kind of small abscesses filled with bloody serosity. I open them. I give *Vaccinum* for the last time.

11th day.—The face desiccated, it is wrinkled and the crusts have a pulverulent appearance. More food allowed.

12th day (24th Sept.).—The toes still exude a bloody serosity from the small abscesses formed on them.

13th day.—The influence of the herpetic and syphilitic diatheses which obtain in this patient, shows itself to the end. During the following days the skin has only recovered its normal state after exfoliation in some portion of its extent.

In spite of the successive administration of *Hepar s.*, *Thuja*, and *Lycopod.*, a large number of pustules continue in the form of pimples on the face during the first fortnight of October, and on the sternum until the commencement of December, exuding pus here and there like small boils. Moreover, notwithstanding the complete absence of suppuration on the face, the dorsum of the nose and the malar and frontal regions, where the pustules were confluent, small, irregular, punctured excavations, like those formed by the pressure of small pin's heads, are visible. After this period the patient's health is completely re-established.

IV. D—, aged 47, blonde, above the medium height, good constitution, and free from all constitutional taint, experienced on the 10th March, 1871, the pulmonary symptoms of variola:—intense frontal headache, general prostration, pains in the lumbar region, pulse full, hard, very quick, skin burning and dry, anorexia, &c. These symptoms were for some days preceded by uneasiness with chilliness, rigors, dorso-lumbar pains. Indeed there are still erratic rigors passing rapidly over the body, and when he went to bed his weakness was so great his knees bent beneath him. Prescription—*Aconitum* 6 (one drop in 300 grammes of distilled water) a spoonful every three hours.

May 11th (third day of the disease, second of treatment).—Night extremely agitated, no sleep, with profuse perspiration; mental state near delirium, and hallucinations. Shooting frontal headache, and constant burning there; thirst very severe; yellowish tongue. This morning he twice vomited some mouthfuls of green bile; sensitiveness of the epigastrium to the touch;

pains in the limbs and all round the waist, &c. I prescribed *Aconite* 6 alternately with *Bellad.* 6, at intervals of an hour and a half.

12th.—Commencing eruption of conoid, discrete pustules of moderate size. Persistence of the general phenomena indicated above, of the rapidity of pulse, of the heat and perspiration. Continue medicine every two hours.

13th.—Same symptoms, same nocturnal agitation, with fantastic visions, quite delirious; constant rambling; fine and profuse perspiration. Omit medicine.

14th.—Night still extremely agitated; delirium, in which he imagined himself in a hospital. Towards noon calm was restored; he talks quietly, as in health; the pulse has fallen since daylight, and the perspiration has abated. The eruption is developing itself, and has taken on an opaline appearance. Omit all medicine.

15th.—Night very quiet, pulse 90. The eruption continues to fill; there is slight swelling of face. No medicine.

16th.—The eruption has attained its maximum of tension, and has a white opaline tint. Some of the pustules have commenced to grow brown and show rapid desiccation.

17th.—The desiccation is general. General condition excellent.

Remarks.—The cerebral phenomena, the persistence of the fever in spite of the development of the pustular eruption, and the profuse sweats, constitute the serious symptoms of this case. And yet it was only a case of varioloid, for the swelling of face and hands was not present; the eruption itself was discrete, and by the sixth day had entered the stage of desiccation, without passing through that of suppuration, which, when not averted by medicine, is the inevitable consequence of true variola. Fearing the sudden retrocession of the pustular eruption, and observing the inability of the medicine to diminish the cerebral excitement, and the fever which, under ordinary circumstances, yields on the appearance of the pustules, I believed that suddenly leaving off all remedies whose primary action was perhaps aggravating, the morbid phenomena would cause the morbid tension to diminish, and would facilitate curative reaction—which it did.

Cases by Dr. Turrel.

V.—Mlle. A—, æt. 16½, of nervous temperament and delicate constitution, was obliged to go to bed on the 1st June with severe headache and feverish symptoms. The physician summoned prescribed some leeches to the anus, and the pain not declining on the 3rd he gave a purgative of seidlitz salts; the same day the eruption of small-pox appeared, along with violent feverish symptoms, excessive agitation, insomnia, and delirium. The symptoms seemed to increase on the 4th; the patient has extreme prostration, alternating with attacks of delirium and agitation. It is resolved to have recourse to homœopathy. On the morning of the 5th I found the patient in the following state:—Eruption discrete, and not at all in proportion to the gravity of the general symptoms; pulse 129; great heat of skin; subsultus tendinum; tongue dry and brown; great thirst; involuntary diarrhœa; subdelirium; typical expression of countenance. I prescribed *Vaccinum* 12, a drop in 150 grammes of distilled water, a spoonful every three hours; cold beef tea for drink.

The 6th the variolous pimples are less tinged than the day before; the patient is better, and has slept a peaceful sleep for a few hours; pulse 100, equal, regular; countenance open and smiling; tongue moist; wish for food.

The amendment went on satisfactorily the following days. I gave *Vaccinum* 24 for some days, and food gradually. Convalescence was complete on the 11th, and on the 13th the patient could go out for the first time.

VI.—Mr. A—, carpenter, æt. 25, had been ill for four days, and was attended by the family doctor, who purged him energetically. His state becoming worse, and a confluent variolous eruption appearing along with extreme thirst, agitation, and constant delirium, the family called me in on the 28th of June. I found the patient covered with variolous pustules with umbilical top, and a large red areola. Tongue red and dry; thirst great; pungent, insupportable heat of skin; pulse 120, hard and vibrating; urine red and scanty. I prescribed *Vaccinum* 6, a drop in 150 gr. of distilled water, a spoonful every three hours; sugar water to drink.

From the next day, the 29th, a considerable change took place

in the patient's state ; he slept for the first time for a week ; heat of skin abated ; pulse 100, and not so hard as yesterday ; redness of base of pustules much lessened, and the evolution of the eruption seems arrested.

The 30th the amendment continues ; the pulse 80 ; the pustules are drying and passing into the state of crusts ; the patient asks for food.

I paid him a last visit on the 4th, and on the 7th he resumed his occupation in the marine arsenal.

I have always seen dynamised *Vaccine* given internally produce rapid and durable ameliorations in cases of variola, wherefore I adjure my colleagues to try this excellent curative and prophylactic remedy.

MISCELLANEOUS.

LONDON HOMCEOPATHIC HOSPITAL AFFAIRS.

The Board and the Staff.

FOR some little time certain members of the hospital staff have believed that they have reason for dissatisfaction with their position at the hospital, in relation to the Board of Management.

By the original laws of the hospital the Medical Staff constituted a board, and were empowered individually or collectively to join the House Committee at their weekly meetings, and to discuss with them any matter relating to the management of the hospital. In this way the Board of Management had constant knowledge of the feelings and wishes of the staff on all matters relating to the medical management of the institution, and the members of the medical staff were aware of the progress of hospital affairs.

Latterly a new state of things has gradually arisen, the Medical Staff has been excluded from the meetings of the House Committee, and its sole channel of communication with the Board or with the House Committee is now through the Official Manager. The office of Official Manager is one of recent creation, and is held by Mr. C. Trueman; the Medical Staff have, in all cases, met with the greatest attention and civility from this gentleman, and wish to record their sense of his invariable courtesy, but they none the less feel compelled to protest against that function of his office which interposes an official between the Medical Staff and the Board, and feel very strongly that the Medical Staff, both in its corporate capacity and by any individual member, ought at all times to have free access to the Board of Management or House Committee.

As an instance of the total exclusion of the Medical Staff from the management of hospital affairs, it may be mentioned that the recent appointments of new honorary medical officers have taken place without any reference to the Medical Staff or Medical Council, and that the first intimation of a new appointment has been the accidental meeting of a new colleague at the hospital,

and the first intimation of the loss of an old colleague has been in answer to an inquiry for him on the day of his usual visit.

Such a state of things was felt by the Medical Staff to have many inconveniences, and although in each of the instances alluded to the new colleague was a man in whose appointment the Staff would cordially have agreed, it was felt that there was, to say the least of it, a want of consideration for the opinions of the Medical Staff in the course adopted.

Hence a meeting of the members of the Hospital Staff was convened at 58, Brook Street. The following gentlemen were present : Drs. Leadam, Drury, Mackenzie, Vaughan Hughes, Madden, Hall, Dudgeon, Bayes, Wheeler, and Stephens, all members of the acting Staff, and Dr. Yeldham consulting surgeon (who abstained from voting) ; Dr. Bayes was requested to take the chair.

After a long and animated discussion the following resolution was passed unanimously :

“ That, in the opinion of this meeting it would be advantageous to the true interests of the hospital that the honorary Medical Officers of the London Homœopathic Hospital should *ex officio* become members of the Board of Management.”

Proposed by Dr. Dudgeon ; seconded by Dr. Leadam.

The Medical Staff requested the proposer and seconder, and Dr. Bayes, to attend the next meeting of the Board of Management as a deputation, to lay the resolution before the Board, and to explain the views of the Staff to the Board.

In accordance with this request Drs. Dudgeon and Bayes attended the next monthly meeting of the Board (Dr. Leadam was unfortunately prevented from attending by an urgent professional engagement), to whom they read the resolution and explained the wishes of the Staff.

The Chairman of the Board requested the deputation to put the reasons and wishes of the Medical Staff into writing, in order that the Board might be able to deliberate fully on the subject.

The following memorandum was drawn up in answer to the request. The memorandum was submitted to, and approved by the members of the Medical Staff at an adjourned meeting, and was forwarded to the Board.

“ Memorandum of the chief reasons which led the honorary Medical Staff to recommend that the honorary Medical Officers should ‘ ex officio ’ be placed on the Board of Management :

"1. That the honorary Medical Officers are unrepresented at the board.

"2. That only a certain number of them are members of the Medical Council.

"3. That the functions of the Medical Council are uncertainly defined, and its power extremely limited.

"4. That honorary Medical Officers have been appointed, and their resignation has been accepted, by the Board without any previous reference to the Medical Council, or to the honorary Medical Staff; it might, therefore, so happen that a new officer might be appointed who should be obnoxious to the Staff; or that a greatly valued colleague might be unnecessarily lost by them.

"5. That as the Board of Management must often stand in need of advice on medical matters, a danger may arise of an exclusive reference to some one or two medical men, which might provoke dissatisfaction; this would be avoided if the whole Staff were on the Board.

"6. It is assumed that if the honorary Medical Staff were on the Board, they would feel themselves more thoroughly a part of the hospital; they would feel more bound up in its conduct and administration, and would be less likely to detach themselves from their connexion with the institution from slight causes; they would have a cohesion, as a corps, which they do not now possess.

"Being able, personally, to state any grievance or to answer any question at the Board, the Medical Officers would bring forward little matters affecting their position or that of their patients, without feeling themselves placed in the invidious position of being either plaintiffs or defendants.

"7. That the presence of the Medical Officers at the Board of Management would go a long way to remove the prejudices of London and Country practitioners, who, at present, often form (on insufficient grounds) an opinion that there are faults that might be rectified, and fail to take the interest in the hospital which they, otherwise would.

"8. The desire of the honorary Medical Officers to have seats at the Board, relates, it will be seen from the foregoing clauses, chiefly to their feeling that all matters relating to any alteration in the medical management of the hospital, to changes in the Medical Staff, and to the forming or repeal of bye laws affecting

medical matters, should come before the honorary Medical Staff, and receive its consideration conjointly with that of the Board of Management.

“ Signed on behalf of the Staff,

“ WILLIAM BAYES,

“ Chairman.”

“ The above memorandum was drawn up and carried unani-
mously at a meeting of the medical staff held at 58, Brook Street,
on Thursday, June 22, 1871. Dr. Bayes in the chair.”

Present : Dr. Drury, Dr. Dudgeon, Dr. Hale, Dr. Vaughan
Hughes, Dr. Mackechnie, and letters were read from the absent
members ; Dr. Leadam had seen and approved the rough draft,
Dr. Stephens approved, Dr. James Jones would object to be on
the Board, for special personal reasons, Dr. Madden has since seen
the memorandum and approves, Dr. Bayes was requested by the
gentlemen present to forward the above memorandum commend-
ing its full consideration to the Board, and expressing the perfect
confidence felt by the whole medical staff in the Board of
Management. This memorandum was read at the meeting of the
board on July 3rd, and the following reply was forwarded to
Dr. Bayes.

“ LONDON HOMŒOPATHIC HOSPITAL,

“ GREAT ORMOND STREET, W.C. ;

“ August 8th, 1871.

“ DEAR SIR,—The Official Manager wrote to you, under date of
4th July, informing the Medical Staff through your medium that
the memorandum of the Staff, received late in the previous month,
was discussed in all its bearings at the Board meeting for July.

“ This letter was duly acknowledged by you.

“ It is needless to state that the Board are unable to alter the
laws and constitution of the hospital, and of this fact the Staff are
of course fully aware. The Board have, therefore, regarded the
proposal of the Staff, as brought before them, to ascertain how far
they could advise the governors and subscribers to acquiesce in it.

“ Objecting to the proposed change in the laws and constitu-
tion of the hospital as contrary to its interests, yet it has been the
object of the Board to endeavour to find some means to meet, if

possible, the wishes of the Staff, for more immediate contact of the two bodies.

“At the Board meeting, on Monday last, several plans were brought forward for examination, but none were found which in the judgment of the Board met the difficulties of the case.

“As also several of its active members were absent, from the lateness of the season, and from other causes, the Board have reluctantly determined to let the question remain in abeyance until the autumn.

“At the earliest possible date the proposal will be again examined at a special meeting of the Board, and the decision shall then be made known to the Staff.

“Begging you will kindly communicate this to your colleagues,

“I am, dear Sir,

“Yours faithfully,

“Dr. Bayes.

“EBURY.”

Dr. Bayes acknowledged this communication by the following letter :

“August 15th, 1871.

“*To the Chairman of the Board of Management, &c.*

“MY LORD,—I have the honour to acknowledge your letter of August 8th, in which you state that ‘the Board are unable to alter the laws and constitution of the hospital;’ that they object to the ‘proposed change in the laws and constitution of the hospital;’ that they are desirous, nevertheless, to ‘meet, if possible, the wishes of the Staff for more immediate contact of the two bodies;’ but that no plan has yet suggested itself to the Board which has ‘met the difficulties of the case.’ At the same time you state that the proposal will be again examined at a special meeting of the Board, and its decision shall then be made known to the Staff.

“While thanking your Lordship, and the Board, for your letter of the 8th, and for the evidence it contains of a desire on the part of the Board to meet the wishes of the Staff, I regret that I am unable to lay it immediately before the members of the Medical Staff, since many of them are from home at the present time.

“On their return, a meeting will be convened at the earliest possible date, and the letter of the Board shall be submitted to

them. In the meantime, I trust I may be permitted to say a few words in reference to the subjects treated of in your Lordship's letter.

"*Firstly.* In reference to the question of the jurisdiction of the Board, I would ask your Lordship and the Board to refer to Rule LII,* which directs that 'no law of the hospital shall be made, altered, or suspended, otherwise than by the order of a *special meeting of the Board of Management.*' Your Lordship and the Board will perceive that the course adopted by the Medical Staff was their only legal mode of procedure.

"*Secondly.* That there are some difficulties in the way of finding a plan which shall perfectly reconcile the views of the Board on the one side, and of the Staff on the other, admits of no doubt, but those difficulties will be much diminished by passing in review the present laws of the hospital.

"It appears that certain of these laws have been allowed to fall into disuse, and that certain other laws are somewhat wanting in exactitude of definition; by carrying out the former, and by liberally interpreting the definition of the latter, almost all that is asked by the Medical Staff would be granted.

"For example, Law XXXIII, states that 'it shall be the duty of the Council to assist the Board, *when required*, in matters relating to the medical arrangements of the hospital.'

"If the words 'when required' are taken in the sense of 'whenever any matters relating to the medical management' occur, then a great point would be granted to the Medical Staff. This might be effected by leaving out the words 'when required,' and by thus making the rule absolute.

Law XXII (this law has been altered in the new laws from *four times to twice*), if it were fairly carried out, would insure contact between the Board and the Council at least four times a year.

"I would also suggest that Clause 3, in Law XXXVI,† should

* In the new edition of laws this rule has become L. Since the above letter was written, the printed laws of the hospital have been revised, and a new edition published with some few alterations, especially in the numbering of the laws.

† Law XXXVI, clause 3. "In the event of there being only one candidate for the vacant office, the Board shall have power, should they deem it advisable, to appoint such candidate to supply the vacancy, subject to the confirmation of the governor and subscribers at the next general meeting."

be amended by the addition (after the word 'Board,' in line 2) of the words 'in communication with the Medical Council.'

"I would further suggest that the duties of the Medical Council, as stated in Rules XXII, XXIV, XXXIII, XXXV, XXXVI, and L (XLVIII in the new rules) might, with such modifications as should suggest themselves to the Board, be collected and arranged under one head.

"There is but one other point to which I would venture to direct your Lordship's attention, and that is to the apparent former existence of the Medical Staff *as a Board*, with certain functions, one of which appears to have been to meet weekly with the House Committee (see Rule XLII).* Several other rules allude to the corporate condition of the Staff (see Rules XXXVII, XXXVIII, XLI, and XLIV);† would it not be desirable, seeing that the Medical Staff are asking, in substance, little more than it appears was once the law (if not the practice) of the hospital, to appoint a joint committee of inquiry, consisting of members of the Board and of the Staff, to examine why the *Medical Board* has ceased to exist, and why the functions of the Medical Council have been so extensively curtailed latterly? Were such a committee appointed, it might be able to suggest a solution of the difficulty in the reconstruction of a Medical Board, and in the vitalization of the almost defunct Medical Council.

"Trusting your Lordship and the Board will pardon this somewhat lengthy letter,

" Believe me,

" My Lord, to be,

" Yours very faithfully,

" WILLIAM BAYES, M.D."

This letter was subsequently submitted to, and approved by, a meeting of the Medical Staff.

On November 9th, the following letter and resolution were forwarded to Dr. Bayes by the Board of Management, and were read before a meeting of the Medical Staff, held at 58, Brook Street, on November 14th 1871, Dr. Bayes in the chair. Present: Drs. Yeldham, Hall, Drury, Dudgeon, and Vaughan Hughes.

* The corresponding Rules XLII and XLIII in the new laws omit all mention of the joint action of Staff and House Committee.

† Omitted in new laws.

“ LONDON HOMŒOPATHIC HOSPITAL,

“ 52, GREAT ORMOND STREET, W. C.

“ Nov. 9th, 1871.

“ DEAR SIR,—Since the letter which the Board addressed to you on 8th August, your communication of 15th of that month has been received; and in reference to any proposed alteration or modification of the medical laws of the hospital as instanced therein, the Board think it will be better (if necessary) to enter into consideration of such with the Staff, and to take the advice of the Medical Council thereon, if such be requisite, once the main question of the admission of the Staff on the Board of Management is disposed of.

“ The Board will shortly reply to the observations in your memorandum of 22nd June.

“ 1. Is a fact simply stated.

“ 2. Is also a fact; and the laws leave with the Board the power of appointing to the Council, a power which in *its* opinion should remain undisturbed.

“ 3. The functions of the Medical Council have been found hitherto sufficiently ample, and the Board see no occasion to enlarge them.

“ 4. No medical officer has been appointed without the aid of the Council, except in cases where the previous career of the candidate was perfectly well known to the Board, and where it would have been a simple work of supererogation to call such together; as the work of the Council is to examine into the diplomas, &c., of the proposing member, leaving to the governors and subscribers the appointment. When even there has been only a single applicant, in which case the board have the right to appoint, subject to the confirmation at the annual general meeting, the Board have always called the Council together when any new man has come forward, however well recommended he may have been.

“ The acceptance of a resignation remains entirely with the Board; and it must be obvious that both appointments to the Staff and resignations should be entirely independent of any actual interference on the part of the Staff.

“ 5. The Medical Council is the proper court of appeal for assistance on all medical questions, and has been always used as such by the Board.

“6. Is a matter so entirely of opinion that the Board prefer not to go into the question; but to the latter part of the clause the Board can state that any grievance on the part of the Staff or their patients has been always listened to with courteous attention, and has been remedied immediately, if possible; while in no way have they ever looked on the Staff in such cases as plaintiffs or defendants, nor should the Staff so consider themselves.

“7. The Board regret to hold an opinion entirely differing from that of the Staff; in fact their belief is that there would be far more jealousy amongst practitioners were the Medical Staff on the Board.

“8. The Board believe that no matters in relation to the medical management of the hospital, and certainly not to changes of the bye-laws as affecting medical matters, have been ever made by the Board without the concurrence of the Council or the Medical Staff.

“The Board do not enter *their* reasons against the proposition of the Medical Staff, but limit themselves in their reply to answering the observations of the Staff in their memorandum.

“The Board fail to be convinced of the propriety of adopting the views of the Staff, but they subjoin the annexed resolution, which has been well considered in all its bearings, and which was unanimously agreed to at the meeting of 6th inst. Beyond this the Board do not feel justified in proceeding.

“Trusting that this may meet the approval of the Staff,

“I have the honour to be, dear Sir,

“Your obedient Servant,

“EBURY,

“W. Bayes, Esq., M.D.”

“Chairman.

“*Copy of Resolution of Board, passed 6th November, 1871.*”

“In order to facilitate the intercourse between the Board of Management and the Medical Staff, and to meet the possible difficulties suggested by the latter, the Medical Staff shall have the power, whenever it has any special subject which it is desirous of bringing under the notice of the Board, otherwise than through the usual channel of the Official Manager, to appoint three delegates to attend a meeting of the Board, giving reasonable notice of their intention so to do.

"Should circumstances render it advisable, the Board of Management will, before giving their decision upon such special subject, request the advice of such members of the Medical Council as are not members of the Medical Staff."

Moved by Mr. A. J. Ellis; seconded by Mr. Vaughan Morgan.

After a very full discussion the members of the Medical Staff present came to the conclusion that the resolution of the Board, if acted upon, would leave them in a worse position than before. The Medical Staff desire that their access to the Board should be free and direct; the resolution makes such access difficult. If one of the Medical Staff desired to lay anything before the Board, the effect of the resolution would be to entail the setting in action of a cumbrous machinery. Firstly, he must summon a meeting of the Medical Staff; secondly, the Staff must appoint a deputation of three of their members; thirdly, the Staff must give due notice to the Board.

It was felt that if the Board hedged themselves round with such state the members of the Staff would be little likely ever to have any direct communication with the Board, since nothing but a very vital question at issue would warrant such trouble and parade. Hence the Staff preferred to remain out in the cold to accepting such pomp and circumstance, and unanimously adopted the following resolution (Dr. Yeldham abstaining from voting), which Dr. Bayes was requested to forward at once to the Board of Management:

"That the Medical Staff of the London Homœopathic Hospital beg to acknowledge the receipt of the resolution of the Board, dated November the 6th, 1871. They regret the decision of the Board of Management as expressed in the resolution, and feel that it in no way meets the views and wishes of the Staff, and therefore they respectfully decline to act upon it."

Here the matter rests for the present, greatly to the regret of the Medical Staff, who feel that no substantial progress can take place in the affairs of the hospital while the Medical Staff is totally excluded from all voice in the management of the institution, and the members of the Staff are shut out from any direct intercourse with the Board of Management.

[Before closing this question it may be as well to state that, in a letter received from our highly-esteemed colleague Dr. Gibbs

Blake, of Birmingham, he informs us that "*the Medical Officers of the Birmingham Homœopathic Hospital are on the Board, and, practically, they arrange all matters relating to medical arrangements, because every question that arises is referred to a committee consisting of the medical officers and visitors.*"

The rule on this point runs thus :

"V. That a committee be chosen from the body of governors, and subscribers of not less than one guinea, at the general meeting, to be, with the trustees and treasurer, the Board of Management for the year ensuing; and that the honorary Medical Officers of the hospital be considered *ex officio* members of the Board."

The Birmingham Hospital has worked well and harmoniously with this joint action of Board and Medical Staff during the past twelve years, and is an institution which is an honour to the cause it advocates.]

Chicago. By Dr. JOHN DAVIES.

[This paper, which was sent to us by Dr. Davies before the late calamitous fire, possesses now a historical interest, as it shows us the flourishing condition of the town which so soon afterwards was almost reduced to ashes. We trust the energy of its citizens will soon efface all traces of the recent disaster.]

Chicago, the wonder of the world—the Venice of America—the entrepôt of commerce, and the rising genius of coming events in science and art, is beautifully situated on the shore of Lake Michigan, in the State of Illinois. When I was in Europe a few years ago, I used to hear the name of this city pronounced and described in as many ways as grotesque humour and incredulous tongues could express. Sometimes it was called Shekahgoe, Chekægo, or Shikego, reminding me of the Indian who first heard of a girl baby being born not far from here, exclaiming, "Ah, a Sheboy-again!" which exclamation for ever after has christened the place with the expressive name of Sheboygan. Notwithstanding, the etymology of this city is very significant. Formerly it was named Fort Dearborn, after the old fort here. When it became a town it was changed to the name of its river, which was called

the Chicago River, or Skunk River, which well expresses the odour of the said stream at the present writing. Hence, Chicago is the Indian name for skunk, or, as it is called by naturalists, the pole-cat; so that, adhering closely to the Darwinian theory in tracing our evolution or ancestry, we have nothing to boast of. With the meanest of animals for its origin, it has passed through and will continue to pass through the grandest evolutions of modern times. Forty-three years ago it was an unbroken expanse of marsh prairie, a mere military post, where the wild Indian shot his buffalo by the thousand, and danced his war dance unmolested and unseen, save by a few white men who were in the habit of straying from the fort to trade. To-day it teems with the busy throng of 300,000 inhabitants from every part of the globe—40,000 Irish, 50,000 Germans, 30,000 Scandinavians, and the balance native-born and from other nations of Europe. This gives one some idea of the character of the people, and the result of such a fusion of temperaments, prejudices, and castes into one nationality, making the strongest character, the most enterprising spirit. As proof of this, I need only instance the material prosperity and intellectual growth of its citizens. By this I do not mean mere personal aggrandisement, but refer more particularly to the associations or corporate societies formed for this line of development. We have a microscopical society here numbering some 150 active members, an historical society with nearly 100 members, and a library and art gallery worthy of the finest city in Europe; an academy of sciences, with a museum and membership that is unsurpassed in the East. In reference to public schools, colleges, and universities, they are not equalled in the States, if we except Yale and Amherst in New England, leaving out the 400 churches, of the most costly and luxurious styles of architecture, where every form of religious worship is carried on without government patronage or state regulation. And when it is remembered that all this public instruction which 50,000 children receive daily is entirely gratuitous, one is not at a loss to understand how admirably the state provided for the diffusion of knowledge among the masses in order to perpetuate and strengthen the foundations of this great Republic. The material growth of this city from a mere mud swamp some forty years ago to its present improved condition is seen also in the thirty-seven miles of streets, paved with wooden block pavement, and raised to.

grade some ten to twelve feet above the original lay of the land. This of itself has had a very marked effect upon the health of the city. Where we once had intermittent fever we have now none; nor has a case of this kind originated here for the past ten years. The drainage, the tunnel projected into the lake some two or three miles for the purpose of conveying pure cold water for drinking purposes into every house, and the strict scavenger system adopted by the Board of Health, has rendered the healing art invaluable assistance.

But it is not my purpose to give a mere history of Chicago, only so far as to remind you that I am writing from "no mean city," as one of the Hebrews remarked. When I came here, some twelve years ago, there was but a few more than a baker's dozen of homœopathic physicians, now there are over one hundred. At that time there was but a college on paper, and now there is a beautiful building in stone, with a free dispensary and public hospital attached. Some seventy students matriculated here last winter, and about thirty graduated with high honours. The faculty and alumni of this Hahnemann College are among the very best of our citizens. Another large dispensary is on the tapis, to be called the Central Dispensary, through which every ward in the city will receive gratuitous medical services at our hands. Within a stone's throw of the above college is the other concern—I mean the Allopathic College and Mercy Hospital—which turns out about the same number of students, but nothing more, save an occasional rehash of professional bile against the teachings of heterodox Hahnemannians. They are assisted in their attempts by the Rush Medical School, which is the oldest and most numerously attended. Notwithstanding, students from the other two schools attend upon the lectures given in the Hahnemann, probably because they think they get their money's worth at the latter from a superior corps of teachers. Whatever may be the motive, it is impressing the more intelligent savans of old physic that there are more things in heaven and earth than are dreamt of in their philosophy, so that they are throwing away their prejudices as they have their physic to the dogs, and are more amiable and patronising than heretofore. Our students reciprocate the code, and visit their hospitals and clinics occasionally.

The state medical society held its annual meeting here the other day. It numbers some 150 members. Four days were

quickly consumed in the reading of various papers on subjects professional, after which the members visited the Scammon Hospital to witness minor operations by the surgeon in charge, Dr. Danforth, who by the way is fast rising into a national reputation. A sumptuous banquet at one of the principal hotels closed the memorable occasion for disciples of Hahnemann. One of our surgeons has recently operated successfully in six cases of ovarian tumours—removal, by torsion of the pedicle. Surgery is a branch that has been left alone in the hands of regulars until recently. But now it is being taken up by our graduates with a will; and in this as in therapeutics we hope to record more brilliant successes than are found among our contemporaries. Before I close this lengthy but imperfect sketch, I must not omit to say that we have two local societies, the Cook County Medical Society and the Academy of Medicine, which meet every two weeks for mutual benefit. The transactions of these meetings I will defer for another opportunity. "Au revoir."

J. DAVIES.

Typhoid Fever. The question of the day.

SIR,—The *Times* tells us that typhoid fever destroys about 20,000 people every year in England, and prostrates 100,000 with illness more or less severe in the same period. The same authority truly says that it is a disease which falls more heavily on the higher and middle classes than on the labourer or artizan.

We have recently seen that allopathic medical art and science are powerless to arrest or to simplify this disease. Occurring in a Prince in the prime of life, who was watched over daily and hourly with devoted care by the high priests of the English allopathic hierarchy, the disease has, nevertheless, run its whole course unchecked, varied only by serious complications.

Ought the professors of a rational science and art, ought princes and people, to rest satisfied with these results?

Let us judge the present by the past.

Ague was once as prevalent in this country and as fatal as typhoid fever is now. Previously to the introduction of *Cinchona bark* ague destroyed its thousands; one death out of every 4½ or

22½ per cent. of the whole mortality of England was due to ague in the years from 1629 to 1636.

In the year 1653 *Cinchona bark* was introduced into England. This medicine met with the usual fate of all great boons, and was opposed by the medical profession of the day, but in time its virtues asserted themselves, and by the year 1734 it had got into general use. The deaths from ague during the seven years from 1734 to 1742 were no longer 22½ per cent., no longer one in 4½, but were one in 3767 only of the whole mortality.

Although drainage had improved, yet large undrained districts still remained, and the sole and obvious reason for this enormous saving of life was solely due to the discovery of this specific remedy.

It is not a little remarkable that the allopathic body of the profession learn nothing from this great fact. Far from attempting to discover other specific remedies, they busy themselves in constructing theories of disease, or in combating that small section of their body, the homœopaths, who are patiently endeavouring to discover new specifics which shall render all diseases of a specific origin, at least as amenable to treatment as ague is to *Bark* and *Quinine*.

Should the severe illness of our Prince lead to a more practical investigation of typhoid disease, should it induce the allopaths to experiment into the effects of such remedies as are reputed by the minority school (homœopaths) to bear a specific relation to typhoid, and should it result in the discovery and recognition of a true specific remedy for typhoid, the English nation will have a double reason for rejoicing and for thankfulness in the recovery of the Prince and in the cessation of a fatal plague from among his future people.

But we as homœopaths have also our part to complete in this matter. The symptoms of the disease are perfectly well known in their whole course and sequence. On the other hand we have medicines whose symptoms present resemblances more or less exactly similar to those of the fever; but we have not yet absolutely discovered and defined *the specific*. Probably *Rhus Toxicodendron* or *Baptisia Tinctoria* afford the closest correspondence of any other drugs in our pharmacopœia. It remains to be shown whether either of these drugs can be relied on in the same sense as we rely on *Quinine* in ague. In the comparatively limited

sphere of private practice it behoves one to be very careful in claiming specific powers for a medicine which has proved successful in a few cases; but many cases of typhoid have appeared to be arrested by both these medicines, and a larger experiment into their powers should be sought and obtained.

It is a standing opprobrium to the medical schools of the nineteenth century that typhoid fever should exist among us as a fatal endemic disease, and the stain of this reproach can only be wiped away by both schools nobly joining in a combined effort to discover a true specific remedy which shall remove the fatality from the disease, and cut it short in its first invasion of the patient.

We must wait for years, and possibly for centuries, for such perfection of drainage and of water supply as shall remove the causes of the disease from our land; but there exists no obstacle but obstinacy or idleness to prevent our experimenting scientifically for the discovery of a specific drug which shall destroy the germs of the disease within the body, and which shall arrest their further development.

The experiments would no doubt cost much in time and money, but economically such cost must sink into insignificance beside the cost of the disease, which the writer in the *Times* (in the article from which I quote) computes at £3,400,000 a year.

L.R.C.P.

Cælum non animum mutant, &c.

[THE British Medical Association may see in the following article, which we take from the *Albany Daily Evening Times* of November 28th, 1871, how well their transatlantic congeners have profited by the noble example presented to them in the famous Brighton Resolutions.]

A MASSACHUSETTS MEDICAL MUSS.

The refusal of the American Medical Association to admit delegates from the Massachusetts Medical Society, at their meeting in May, 1870, on the ground that the society voluntarily gives shelter and countenance to irregular practitioners, has been

the cause of an attempt just made to expel those members of the Massachusetts society who practise partly or wholly the homœopathic system of medicine. The society was established, according to its charter, for the purpose of discriminating between properly educated physicians and persons who ignorantly administer medicines, and was designed to include all the educated doctors in Massachusetts. Twenty years ago some of the members of the society, regular graduates of allopathic colleges, determined to practise homœopathy, and unsuccessful attempts were made to expel them. Since then the number of homœopathists has increased, and ten years ago it was resolved to admit no person suspected of a tendency to homœopathy to membership.

However, with all the precautions taken, there are about sixty members who practise the forbidden system, and these the majority, urged on by the rejection from the meeting of the American society, are determined to rid themselves of. The ground taken by the allopathists is, that the homœopathic members have violated section 5 of by-law vii, by "conduct unbecoming and unworthy an honorable physician and member of the society." They also allege that the practice of homœopathy is in opposition to the spirit of the charter, in that the latter enjoins "a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may wickedly and ignorantly administer medicine."

Charges were accordingly preferred against eight physicians for practising or professing to practise according to an exclusive theory or dogma, and for belonging to a society (the homœopathic) whose purpose is at variance with the principles of and tends to disorganize the Massachusetts society, and they were summoned before a committee for trial. The court opened at Boston last Tuesday, when the respondents presented a protest, denying the right of the society to expel members on any of the charges set forth, and the legality of the board of trial; they also denied that the practice of homœopathy was unbecoming an honorable physician, and that the homœopathic medical society is at variance with or tends to disorganize the Massachusetts Medical Society. This protest was, however, refused admission. The prosecuting officer was then directed to furnish the defendants with the charges in writing, and the court adjourned until December 5.

The affectation of the allopathic physicians in holding the

homœopathists as quacks is in this day ridiculous. Even prejudiced as the regular school is, it has been compelled, involuntarily, to adopt many of the medicines and modes of its opponents, which for a long time it laughed at, and has sensibly modified its practice in conformity with that of the homœopathic school. With this practical acknowledgment of the skill and intelligence of the new school disciples, and the fact that many of the homœopathic doctors are graduates of allopathic colleges, the majority of the Massachusetts society give themselves the lie, when they seek to expel those members who practise homœopathy, on the ground that they are not properly educated or duly qualified for the duties of their profession, or that their conduct is unworthy and unbecoming an honorable physician. It is another example of the *odium medicum*.

Medical Statistics of the United States.

Dr. Paine called attention to a statement recently published by Dr. J. M. Toner, in the Boston *Medical and Surgical Journal* and copied into many other allopathic medical journals in which the number of physicians in the United States is classified as follows: Allopathic, 39,070; Homœopathic, 2961; Hydropathic, 133; Eclectic, 2860; Miscellaneous, 4774. This gives a ratio of 16·8 physicians to one homœopathic in the whole number, and 13·1 allopathic to one homœopathic. This also gives one allopathic to every thousand of the population, and one homœopathic to thirteen thousand.

There is evidently an error in these figures with regard to several portions of this country. In this State the ratio of homœopathic physicians to the population as indicated by the recent census, is one to about 5500. In Massachusetts one to 5000. In New Jersey, one to 5600. In the cities of New York and Brooklyn the relative number of practitioners of the two rival systems is essentially the same as the foregoing, there being 1553 allopathic and 224 homœopathic physicians. This gives one homœopathic to 6·8 allopathic physicians. The relative proportion of physicians to the inhabitants is one allopathic to 965, and

one homœopathic to 5737. It is probable that this proportion is nearly the same, or showing even a larger percentage of homœopathsists, in all the Northern States.

The report furnished by Dr. Toner is based on information gathered by Dr. Van Aernam, late Commissioner of Pensions, last December. The Dr. desired to ascertain the relative proportion of homœopathic to allopathic physicians in this country. He issued an order to the officers of the Internal Revenue Department, requiring them to report the number of physicians who were to pay a licence tax the following April. Early in January he obtained the results stated in the report by Dr. Toner. As this report was instituted by allopathic physicians and in the interests of the allopathic school, it is evident that the result is made to appear very favorable to their school and damaging to the homœopathic, hence should be accepted with a great degree of allowance.

In the States already mentioned, viz. New York, Massachusetts, and New Jersey, there are more than twice as many homœopathic physicians as are stated by Mr. Toner, being one to about five thousand of the population. It is quite probable that this proportion obtains in other states, and that the relative number of homœopathic physicians is one of the former to at most five or six of the latter.

With regard to the relative representative status of the two schools they are nearly equal. Regarding the two national organizations the homœopathic is the oldest and has the largest list of members. There are nearly as many homœopathic State, county and local societies in full tide of successful experiment, as there are allopathic. There is in this State a lunatic asylum, for the erection of which an appropriation of \$150,000 has been made. We have also seven hospitals, twelve dispensaries, and one lying-in asylum. In other states a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore claimed alone for the allopathic school.

It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty-seven years, the number of homœopathic physicians has increased

over seven-fold, while that of allopathic physicians has actually decreased 10 per cent. During the same period the increase of population was three-fold.

In the city of Albany the membership of the Homœopathic Medical Society has increased during the past seven years two and a half times, while that of the Allopathic Society has been 10 per cent. The increase of population during the same period was 11 per cent.

In the city of Boston the increase of population during ten years past has been 35 per cent. ; the increase in the number of allopathic physicians during the same period 47 per cent., and of homœopathic physicians 100 per cent.

The increase of population in the State of Massachusetts during the past ten years has been 16 per cent. ; the number of allopathic physicians during the same period 27 per cent., and of homœopathic physicians about sixty per cent., not inclusive of large numbers of allopathic physicians who retain their connection with allopathic medical societies while employing homœopathic remedies in practice to a greater or less extent.

There are constant accessions from the allopathic profession to the homœopathic in nearly all parts of the State. Among the most noteworthy instances of recent occurrence is that of the Dryden Springs Sanitary Home. For several years this institution has been under allopathic control, its patronage and pecuniary success meanwhile steadily increasing. In order to meet the popular demand and make the institution still more useful and acceptable to the public, it has been placed, within the past month, fully under the auspices of the homœopathic school. In view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the homœopathic system are somewhat obscure.

Variable effects of specific diseases.

“Keep such facts as these in mind. They show that there is no disease so specific but that its signs may be confused or complicated with the things that are peculiar to the patient. Syphilis is a specific disease as sharply defined as any, but its course and appearance in a scrofulous man and in a gouty one are very different. Vaccination produces a well-marked specific disease; but in one patient it may be followed by inflammation of lymphatics, in another by eczema, in another by anything you please: but all these are due in only a minor degree to the vaccination; they come out from the personal constitutions of the several patients disturbed by the vaccination, as they might have been by anything else producing some slight fever.

“This is not a mere question of doctrinal pathology. It is among the first necessities for success in practice that, in the total phenomena of a disease observed in any patient, you should be able to estimate what belongs to the disease and what to the man. A farmer may as well expect success if he sows his fields without regard to their soils or to the weeds that may of themselves come up in them, as one of us may expect it if we treat diseases without exactly studying the constitutions of those in whom they occur.”—*Paget*.

Cases of Cancer treated with Cundurango.

By D. W. BLISS, M.D.

My attention was first attracted to this remarkable agent during a professional attendance upon Mr. Flores, the minister from Ecuador, through whom his government had conveyed to our Secretary of State a portion of the shrub, together with printed statements of its successful employment by eminent South American physicians. . . . Fortunately, several cases of unequivocal carcinoma were then under treatment. Accustomed to the remorseless ravages of a malady for which even the

surgeon's knife afforded no adequate relief, I approached the experiment not without misgivings of success, but with the fixed purpose to render the test as complete as the limited supply of the plant in my possession would allow.

Mrs. Matthews, the mother of Hon. Schuyler Colfax, had been the victim of mammary cancer for a long period, which had already assumed secondary and constitutional symptoms in a marked degree. On the 29th of April last, I placed her on the decoction of *Cundurango*, and had the gratification of observing an early and decided change for the better, in both the local and general conditions. One of its almost immediate effects was the relief of pain, and a free diaphoresis, characterised by an odour distinctly observable of the infusion itself. Upon the return of Mrs. Matthews to her place of residence in Indiana, I still continued to direct her treatment, and furnished the requisite supplies of the medicine.

On the 9th of May, just thirteen days after the commencement of the new remedy, her husband addressed me a letter, from which I make the following extracts :

"The stony condition of the tumour has given place to softness. This morning I notice about one third of the surface has turned from a scarlet to a white colour, and it has commenced suppurating as though the thing were dead and coming out. The whole tumour is very much flattened, the discharge is different, and not near so offensive. The greatest improvement is in her complexion. From a *tallowy*, puffy-looking, and somewhat bluish skin, she is regaining her old natural look, the skin shrinking, becoming wrinkled and clear.

"I am so happy at the prospect of a cure that I feel like a new man, as though a ton of lead had been lifted from my heart. Is it not a little singular it has not had any perceptible effect on her nervous system? Her digestion is good, and she begins to feel that she will get well."

On the 14th of the same month Mr. Matthews writes as follows :

"This is the seventeenth day since I commenced the use of *Cundurango* ; shall cease for a few days, and note carefully the effect. When I began the treatment, Mrs. Matthews' breast was almost as hard as a stone, about four inches in diameter, the

cancer itself two inches in diameter, with raised edges, hard and scarlet coloured, bleeding profusely at the slightest touch, emitting an odour of the most sickening and disagreeable kind, discharging a brownish, cancerous, limpid fluid; the countenance bloated, tallowy-looking, with a bluish pallor of the whole face; the lips turned blue at the least exertion, so that I have been very much alarmed, fearing a rapid crisis and dissolution; at the same time the tumour itself enlarged with fearful rapidity, so much so that I could notice the growth from day to day.

“Now all is changed—the countenance has resumed its old familiar look; she moves about with great sprightliness, the blue of the lips no longer indicating fatigue or effort. The granular swelling under the chin is gone; strength increasing; the tumour itself much flattened and decreased in protuberance; the colour changed to a white, maturing sore; the limpid cancerous discharge ceased, and in its place a healthy discharge of white matter much less offensive; the hardened glands are soft to the touch, the whole symptoms indicating most plainly to me that the treatment has so far neutralised the poison of the blood, and that another short campaign with *Cundurango* will insure a complete cure.”

On the 2nd of the present month I visited Mrs. Matthews at South Bend, and was indeed astonished at the rapid change which has taken place. The tumour had become soft, the colour natural, the secondary glandular deposits had all disappeared. The improved complexion, muscular firmness, and elasticity of spirits, all pointed to an early and complete recovery.

Mrs. Handy, residing in M Street, in this city, was the next subject of experiment with the *Cundurango*. This was a highly typical and fearfully advanced case of cancer uteri. The grayish colour, unequal, irregular elevations of the ulcer edges, the sympathetic disturbance of the bladder, the paroxysms of intense pain, together with the hot, dry, shrivelled, yellow surface, the wasted muscles, sunken eyes, the small, quick, wiry pulse, revealed one of those sad cases where all hope of remedy fails.

The *Cundurango*, in the form of decoction, was administered first to Mrs. Handy on the 31st day of last month. A regular record has been kept from day to day, describing the least change of symptoms, but I have not the space to introduce it here. Suffice

it that even in this extreme case the beneficial effects of this wonderful remedial agent have been most apparent. The pain has steadily declined, the diseased parts are less tumefied and sensitive, and the discharge is very slightly offensive. The cachectic appearance of this patient has much improved, and she expresses herself as feeling altogether better.

A lady of the family of Hon. Mr. Gorham, Secretary of the United States Senate, has had mammary cancer of several months' duration, and her condition was pronounced hopeless by leading Northern surgeons. I was called to see her on the 1st of June of this year, and found cancer of the breast, with secondary deposits in the shoulder and humeral portion of the left arm, attended by extreme rigidity of the neck, and almost complete immobility of the affected limb.

A careful daily record has been preserved of this case, also, by which the most decided improvement is indicated. The mammary tumour has grown softer, and the line of skin attachment bisecting the nipple is much less marked. The head, before stiff, is now perfectly free and moveable, while the natural mobility of the disabled arm is restored, and the tissues, before hard, are now soft and natural. The general condition progresses favorably *pari passu* with the local improvement.

To both of these last-mentioned cases I have invited my experienced professional friend, Dr. C. C. Cox, and the history of the treatment and its results have been carefully observed by that eminent physician. It may be proper to state that letters have been pouring in upon me from persons at a distance, suffering from cancer, who have had the opportunity to use but a very small portion of the remedy, and yet who report marvellous improvement in all the symptoms. . . .

PHYSICAL DESCRIPTION OF CUNDURANGO.

Stem woody, shrubby, and covered with a greenish or ash-gray bark, the former tint being due to a coating of lichens on the surface. The branches are from half an inch to little more than an inch in diameter, the average being about the thickness of the finger. The woody fibre is straw-coloured and brittle, breaking with a sharp fracture; it is almost tasteless, slightly aromatic, and bitter. *Bark*.—This contains whatever medicinal virtues are in

the plant. It is of a gray colour, slightly ribbed or fluted longitudinally from corrugation, the result of drying; it increases in thickness in the ratio of increase of the stem—in the thicker branches constituting more than half the weight of the whole, in the thinner somewhat less than half; readily separable from the stem by pounding or bruising, when it comes off in clean, longitudinal pieces; brittle in the transverse fracture, having a warm, camphory, aromatic, and bitter taste, resembling the cascarilla of the older collections. Under the lens it is readily resolved into three layers:—1. The inner layer or cambium of reticular woody tissues, having granules of starch, and particles of resin imbedded. 2. A middle layer of woody fibre and dotted ducts, with resinous particles also in this layer. 3. The cuticular or outer layer of bark-cells, of a brown colour, and containing tannic acid and colouring matters.—*New York Medical Journal*, July.

OBITUARY.

DR. JOHN NORTON.

WE have to record the death of this well-known and highly esteemed homœopathist, which took place at Chester on the 5th of December last. Dr. Norton became a member of the Royal College of Surgeons of England in 1839. His attention soon after this was directed to the new and rising school of Hahnemann, and after studying the system, and witnessing the practice of it in the Homœopathic Dispensary at Liverpool, he became convinced of its truth. In 1845 he graduated at the University of St. Andrew's, and commenced practice in Birkenhead. The following year he removed to Chester, where he soon attracted a numerous *clientèle*. For several years past he had retired from active practice in Chester, and devoted his energies to the establishment of a large sanatorium at Llandudno and a more private one at Penmaenmawr. About three weeks before his death he had a severe attack of endocarditis, attended with great oppression of breathing, pains in the chest, and high fever followed by œdema of the lower extremities. These symptoms had quite disappeared and he was in all respects convalescent. On the 2nd of December, contrary to the advice of his medical friends, he went out for a short walk. On the 3rd he had a slight paralytic attack, in which he was unconscious, the mouth drawn, and both hands powerless for a few minutes. These symptoms passed off entirely in the course of the day. Complete rest was enjoined and care in diet. Next day he was apparently quite convalescent, but in the afternoon of the 5th he died suddenly, probably from embolism of the cerebral arteries. No post-mortem examination was allowed. Dr. Norton translated Brunnow's *Glance at Hahnemann and Homœopathy*. He also published *A Brief Attempt to show the Truth and Value of Homœopathy*, and a *Family Homœopathic Practicè*, both of which went through several editions. He likewise occasionally contributed practical papers to the homœopathic periodicals. He enjoyed the confidence of a large number of patients, by whom, and by all who knew him, his death will be sincerely lamented.

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Hindu View of Cholera, a Lecture, by GOLAU SING, M.D.

On the Relation of Therapeutics to Modern Physiology, by HENRY B. MADDEN, M.D. London: Turner, 1871.

Transactions of the British Homœopathic Congress held at Oxford, 27th September, 1871. London: Turner.

The Philosophy of Homœopathy, by WILLIAM MORGAN, M.D.
London: Longmans, 1871.

On Alcoholic Liquors Predisposing the System to the Generation of Syphilis and Gonorrhœa, by JOHN HORNBY, M.D.

Report of the Twenty-eighth Anniversary of the American Institute of Homœopathy.

Australian Homœopathic Progress.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

United States Medical and Surgical Journal.

The Western Homœopathic Observer.

The New England Medical Gazette.

The American Journal of Homœopathic Materia Medica.

El Criterio Medico.

La Reforma Medica.

La Homœopatia.

Bibliothèque Homœopathique.

The Calcutta Journal of Medicine.

La Revista Omeopatica.

The Food Journal.

The Chemist and Druggist.

Bolle's Populäre Homöopathische Zeitung.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE OPPOSITION TO HOMŒOPATHY.

IN a former article in this Journal (Science and Sectarianism, vol. xxvi, p. 428), we have shown that the majority of the medical profession have virtually declared themselves a *sect*, by persisting in a refusal to look in a certain direction from which possible truth may be obtained. So far as science is concerned, the error is a philosophical one; and while we condemn it, we can do so with calmness. But since medicine is an art, and not a science only; and an art responsible for its utmost to the suffering humanity it exists to aid, an error here assumes a graver character,—it becomes a crime. We propose on the present occasion to consider it in this light, and to show how surely it has resulted in the moral degradation of those who have been guilty of it. We desire to exhibit to our brethren the grievous working of the trade-spirit they have fostered in marring their glory as members of a liberal profession; and the disastrous effects of its manifestations upon their regard by the public at large.

The “fault” of which we desire to “tell” them is that they are taking up a position involving slander and false witness against us, their neighbours. Thus it stands.

There are certain offences, such as felony, for which a
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medical man may be legally deprived of his diploma and right of practising. But there are many more which, though disgraceful, and quite incompatible with the upright and honourable practice of medicine, can only be punished or kept in check by self-constituted tribunals and rules within the profession itself. Now the only power of enforcing these rules is the "spiritual" one of excommunication, *i. e.* exclusion from professional intercourse. The punishment is thus the same for all offences; and has hitherto been restricted to moral wrong-doing, or sins against a recognised ethical code. When, therefore, this verdict of exclusion is pronounced against any individual or body, it means conclusively that such person or persons have been guilty of some moral offence, that they have done something infamous, something disgraceful, something at least unbecoming a physician and a gentleman. It never has been, or with propriety could be, attached to any scientific theory or position on which differences of opinion can be conscientiously held. Therefore, if such a decree is pronounced against any man or body of men professing a peculiar medical theory, it must be on the presumption that such theory is not really held and acted on, but is merely a fraudulent pretext; and hence that those professing it are guilty of immoral and infamous conduct. The excluding party stand thus before the public (to whom the question is a vital one) in the position of assessors, who by their special technical knowledge give information against certain of their professional brethren whom they call "homœopaths." And their witness is this, that the persons in question do not really believe the homœopathic theory, in the way they themselves define it, but are impostors and cheats, and therefore to be expelled as guilty of infamous conduct. Of course, if this be true, the expulsion is justified. But the question of whether a man bears false witness or not in a complicated matter of this kind is not whether he thinks or concludes that the case must be as he puts it, or has accepted the belief on the word of another; but whether he has himself taken sufficient pains to form a judgment, and has really *bond fide* formed such a judgment.

If he has not done so, his witness is already in spirit false, inasmuch as he has accused a brother of infamous conduct without sufficient evidence. Whether this is equal in sinfulness to swearing a known falsehood is a question we do not care to discuss. But we simply ask, is not the "if" warranted? Where is the evidence on which the pretended judgment has been formed? Could the libel it involves be sustained before any court of justice? We may go farther, and challenge the other side to swear that they really entertain the opinion their acts imply. Did they truly think us knaves and cheats, would their righteous indignation suffer any intercourse whatever? Would it not bar us from them socially as well as professionally? They *know* it is not so. They dare not say, they do not think, that Quin and Henderson are less honourable men than Gull and Jenner. There is hardly a single practitioner of our school who is not on more or less friendly, however little intimate, terms with the medical men of his neighbourhood. And yet, while by so acting they imply that we are at the worst mistaken, in their professional attitude towards us they act on the assumption that we are not so much deceived as deceivers.

How, it may be asked, is it possible that gentlemen, members of a liberal profession, and the subjects of a scientific training, should have been led to take up so unworthy an attitude? We believe that it is the result of a pressure from below,—the sources of the pressure being (1) the ignorant and interested prejudice against homœopathy which so largely prevails, and (2) the trades-union spirit of the medical press. We are still speaking in all friendliness to our brethren, whom personally we honour and esteem, when we endeavour to open the causes of the fault of which we tell them.

1. Of the ignorance and prejudice regarding homœopathy which is the very atmosphere breathed by the medical profession, none can testify better than ourselves. We who now practise the thing we reviled, lived once in that atmosphere and imbibed its spirit. We can understand its intoxicating influence, its power to blind the eyes and dull

the ears ; for we have experienced it. We dare not therefore speak hard words of those whom it still enchains, or take merit to ourselves because we have escaped its fatal charm. But, because we know how ignorant and how prejudiced we ourselves were, we cannot hesitate to fix the same stigma on nine tenths of the opposition to homœopathy which is found at the present day. Let any one ask his medical adviser, let any such adviser ask himself, what pains he has taken to acquaint himself with the system he ridicules, whether he is not merely echoing the common cry when he condemns it. And if the laugh have a sting in it, if "surgit amari aliquid" in the midst of the mirth, we venture to say that the fountain of the bitterness is the old grievance—"our craft is in danger." People are going over to homœopathy. Every medical man has gaps in his connection caused by such defection ; and has the mortification of hearing of failures of his which his rival of the new creed has turned into successes. In applying hence the epithet "interested" to the prejudice entertained we do not necessarily mean any moral imputation. We are all "interested" in obtaining the means of living, and of supporting those dependent upon us : and if what we brand as "quackery" interferes with our so doing, emotional resentment is added to our intellectual condemnation.

The mass of the profession must, we fear, continue enwrapped in this dense cloud of ignorant prejudice, if it is from themselves alone that the effort to dispel it is to come. Absorbed in the struggle for existence, they have little leisure—if they had the will—to think out questions for themselves or to review foregone conclusions. But it belongs to the leaders of the medical world, and to these the rank and file must look, to investigate new thoughts and judge in the "lumen siccum" of scientific reason. The others can only be absolved from personal action in the matter if they leave these free to think and do as they may see best. What, then, can be said if, instead of this, the masses insist on forcing their leaders to act according

to their prejudices, and the leaders, instead of guiding in freedom, submit to follow in chains ?

Yet so it is. A determination has been come to by the general practitioners of the kingdom, not merely for themselves to refuse to meet or aid one practising homœopathy, but to have nothing to do with any one who acts differently. Now, in provincial towns at any rate, the operating surgeons, consulting physicians, and specialists, are dependent on the rank and file of the profession for their very existence. They are, therefore, forced to truckle to the prejudice of those on whom they depend for their bread ; and—often, we believe, against their better judgment—to practise that exclusion from intercourse with the homœopathist which is a virtual imputation on his honesty and integrity. It is sad to think of the moral degradation to which they must submit, so far as they are conscious of what they are doing, when they refuse to lend assistance to their homœopathic colleagues, and by such ostracism brand as infamous characters men whom they, perhaps, know to be their equals morally, intellectually, and socially.

But let this matter of consultation with homœopaths be clearly understood. Our brethren are fond of deluding themselves and others with the pretext that consultations are at least useless, as they disbelieve the homœopathic principle of selection, and are ignorant of the medicines used. But they might easily ascertain that homœopathists *never* wish to call them in for aid in such matters. We should, indeed, be stultifying ourselves if we sought for our patients advice on these points from persons notoriously and intentionally ignorant about them. It is on neutral ground solely that we invite them to our side, in the field of surgery, midwifery, dietetics, and general management, choice of climate, and diagnosis of obscure cases or of diseases of organs to which the consultant has given special attention, and for the knowledge of which he has acquired an exceptional reputation. It is well known that, owing to the vast complexity of medicine, no man can attain to perfection in all its branches. There must, therefore, be division of labour ; and only a few can attain to eminence

in special departments. The public have a right to acquire the services of such men, and no less a right to retain the services of their ordinary medical attendant if duly qualified by law. To refuse to afford the one unless the other is given up is to use coercion of the suffering, and it may be dying, patient as a weapon against certain of their duly qualified professional brethren who hold different scientific views. It must be observed, however, that the weapon wounds the patient as much as, or more than, the doctor, and this the patient cannot fail to perceive. It is as if a tradesman, jealous of the success of another in the same business, should announce that he would not sell anything to customers who should buy any article of his rival, though he himself had not that article in his shop. Is such a proceeding consistent with good taste, gentlemanly feeling, and social morality? and does it not force upon beholders the supposition of low-pitched motives? If their motives, they must reason, were truly generous and dictated solely by the benefit of the patients themselves, the consulting men would not refuse, but, on the contrary, be specially anxious, to be called in to the practice of those from whom they differ in opinion. It is their duty to give what they think the right counsel and oppose what is wrong, not to stand aloof from patients who are being maltreated, when they have the opportunity of expressing, and are actually invited to express, their better judgment, but to use all their influence to save them. That the homœopathic practitioners are willing to call in men eminent in special departments, and to give their patients the benefit of their advice, although they thereby afford the opportunity of hostile criticism, is sufficient proof that their hands are clean in the matter. We beg our brethren of the other schools to reconsider their course of action, to deliver their eyes from the blinding veil of the pretext we have exposed, and to see whether their conduct is justifiable on any other ground than that belief in our dishonesty which it plainly implies. If they really mean this by it, let them enquire on what evidence they have formed their opinion, and how it would stand cross-examination. If (as it must do) the enquiry proves

its baselessness, the only honourable course to be taken is self-evident.

The pressure of the majority is not generally so severely felt by the leaders in the metropolis, and we are happy to be able to testify to the honourable conduct of some of the most distinguished operating surgeons and specialists towards their homœopathic colleagues, to whom they are ready to lend their valuable and valued aid on all occasions on which it is sought. The enormous field of medical practice offered by the metropolis gives greater scope for independent action among those high in the profession, and does away with the necessity of pandering to the interests and prejudices of the majority. But, though we can speak thus of operating surgeons and specialists, the spirit of independence has not yet (so far as we are aware) penetrated the ranks of consulting physicians; and the homœopathist would vainly search for one who would give him the benefit of his advice on any of the points other than therapeutical appertaining to medical science. The cause of this is in most instances, we doubt not, the pervading prejudice of which we have spoken, and which is necessarily felt more by the prescriber of drugs than by the surgical man. But even were it otherwise, were the perceptions of the physician sufficiently undimmed to enable him to see the at least possible merits of the despised system, and the certain honesty of the bulk of its professors, his position is not favourable to building thereupon a course of independent conduct. He must wait long if he aspires to consulting practice; must hold back from time-consuming family work; must live in an expensive house, getting probably into debt while awaiting the turn of the tide which shall bring the desired success. He must by all means get a hospital appointment; and this he could never obtain if he made the slightest display of fairness towards homœopathy, or, indeed, treated it with anything but blind hostility. He must write often and much in the medical journals, and take care to exclude anything which their editors (of whom we shall speak presently) could seize upon as at all favourable to a fair consideration of the homœopathic method.

For they know—and are guided by the knowledge—that a suspicion of such fairness would lose them their readers, as in the case of poor Sir John Forbes and the *British and Foreign Medical Review*.

When at last our consulting physician attains the much coveted position, and the fees pour in to pay his debts and reward his long waiting, how is he likely then to dry up the sources of these by listening to the inconvenient suggestions of honesty and liberality towards his dissenting brethren? Besides, there is yet another stake to be run for, viz. the *honours*,—the high places in the societies and councils of medicine, the rank and title ever and anon showered down on the eminent in the profession. “All these things will I give thee, if thou wilt fall down and worship me;” and he falls down and worships still the tempter.

We repeat that we do not believe such conscious

“selling the truth to serve an hour,
And paltering with eternal God for power,”

to be the *rule* among our brethren. Rather, we think, that “invincible ignorance” of which we read in theology is present in their minds, and here, as there, diminishes the *culpability* of their error. But it does not make their loss, and the loss of those they influence, the less; nor is it worthy of them to suffer themselves to be so blinded by prejudice; and so we strive to convince them of their wrong-doing, and awake them from their delusion. Nor let them think that this refusal to meet us in consultation is the only count in our charge against them. Even if they could satisfy their conscience on this point, what have they to say about excluding and even expelling us from their societies, about threatening resignation in a mass if a homœopathically disposed physician is elected to a hospital, about refusing us all opportunity of replying when attacked in their periodicals? Are these doings justifiable if we only differ in opinion? or is there any ground for the imputation of dishonesty which they imply?

2. We have thus set forth the first cause to which we

trace the persistent false witness borne against homœopaths by the prevailing school of medicine. It is the influence of ignorant prejudice, and the submission of the leaders to the masses. The second root of the evil we have specified as the trades-union spirit of the medical journals; and to this we would now draw our readers' attention.

Lord Brougham has told us, in his recently published memoirs, that one great cause of the early success of the *Edinburgh Review* was its independence. It was under obligations to no publisher; it was the organ of no ministry; it relied on no sect or party for its circulation. It appealed to the public at large; and by freedom and originality of criticism gained authority and won favour. Precisely the reverse has been the course adopted by the medical journals of this country. It is not easy to say whether the profession or the press has been most to blame: probably the two have acted and re-acted upon each other. But the result has been that the pens which should have led, investigated, and guarded freedom have suffered themselves to be swayed by the prevailing prejudice; and in their turn have cramped the action of the leaders in medicine. It is a fact—perhaps our lay readers may find it difficult to credit it—that no essay, article, or letter that treats of the homœopathic therapeutics with anything like fairness has a chance of insertion in any of the great medical journals; that no reply by a homœopathic practitioner to attacks from the other side would be admitted (the “*audi alteram partem*” of the *Lancet* notwithstanding), that no notice would be taken of any work from the pen of a homœopathist except perhaps to abuse and ridicule it, that even an advertisement of a homœopathist's book is not permitted to sully their pure pages.

How potent is this exclusive spirit of the periodical medical press may be seen from the history of the *Practitioner*. Its Editor, Dr. Anstie, had declared that the treatment of homœopathy had hitherto been “disgraceful:” that he would act very differently towards it. The story we told in a previous number, of the discussion on the

treatment of vomiting by *Ipecacuanha*, illustrates his conception of liberality towards us. The use of drop-doses of the Pharmacopœial vinum did not trouble him. But when cases poured in in response to his invitation for facts, where the hundredth or even smaller fractions of a grain proved efficacious; when, above all, evidence was given that similar good results were obtained from *Tartar emetic* (whose "tonic action on the sympathetic" could hardly be maintained) when the vomiting was like that caused by it—Dr. Anstie's toleration failed him, and he declined to hear anything more from us, and indeed abruptly left the subject. The following is another instance in point. In the number of the *Practitioner* for April, 1871, the editor, when commenting on a lecture by Dr. Wilks, used the expression that homœopathy was a treatment of symptoms, as if that was quite an understood thing and even admitted by ourselves. Thereupon one of us wrote a short letter, explaining that it was not so, and that symptoms were merely used by us as by other scientific physicians to discover the pathological simile, which alone was the subject of treatment. And moreover, that when from error a homœopathic practitioner tried to treat single symptoms, he could not do it, as the medicine being given in a dose short of a physiological one it could produce no effect. This letter was not admitted: but a short paragraph was inserted, stating that a communication had been received, paraphrasing it in a few words which completely misrepresented it, and then giving an answer. The writer again wrote, explaining the matter more fully, and requesting the insertion of the original letter, as its author did not agree to the version given of it. No notice was taken; and after six months the writer sent a private note to the editor, requesting a line to know if he had resolved not to insert the letters. To this Dr. Anstie had not the common politeness to send any answer; and next month no notice was taken of it in the journal, nor has any been taken since.

It is therefore evident that an editor with his name displayed on his cover is as little able to do justly as the

anonymous servants of Messrs. Churchill or the British Medical Association. Dr. Anstie admits the disgraceful treatment which homœopathy has hitherto received: but his impulse to behave better towards it is chilled back by his position. He knows that, were he to do so, his subscribers would fall off, and his journal would be ruined. But let Dr. Anstie consider what would happen were his conscience to impel him farther than this. Suppose he were practically to examine homœopathy, and to write and act in respect of its theory as he found it when impartially looked at—i. e. if he were to give it a distinct place as one of the theories of medicine. He would be doing nothing but his bounden duty. Yet he would be turned out of his hospital appointment and expelled from the societies to which he belongs; would, in short, lose his present standing and become an outcast. Let him examine himself and see whether such consequences have not, unconsciously to himself, deterred him from the fairness he desires to show. And if it be so, will he not be the first to assail so intolerable a hindrance to the freedom of investigation in medicine. Let him think what he is doing now. He has established a journal devoted to the advancement of therapeutics. He allows borrowers (“convey the wise it call”) and renegades to contribute homœopathic articles month after month. But the name is carefully excluded; or, if mentioned, must be epitheted with ridicule or abuse, and its import misrepresented without liberty of correction; while those who are not ashamed to bear it because of the truth which it contains are forbidden to expound their principle or communicate their results. Thus he does his little best to keep back the art with one hand while he strives to advance it with the other: he falls in with the very tactics he stigmatises as disgraceful: and, instead of leading his fellows to freedom, helps to rivet the chains they have forged for their own limbs.

To return. The spirit which animates medical journalism in reference to homœopathy influences in its turn the medical publishers. They refuse to publish or even sell works on the subject unless they be of a condemnatory

character. And not only this, but they will not either publish or sell works written by homœopathists on subjects that have no connection whatever with their special creed. Our readers remember how the late Mr. Highley suddenly threw up the publication of this journal, which he, thinking no harm, had undertaken. The clamour of the prevailing sect frightened him. But this is nothing to what happened a few months ago, when the principal medical publishers in London refused to sell a work on physiology by one of our body. The *Lancet* and *Medical Times* carry their abhorrence of homœopathy so far that they both refused to receive an advertisement of an article on a subject connected with the optics of vision, either because the author was a writer on homœopathy or because the article appeared in this journal. The profession may have originally pressed this line of action on the booksellers, but now the latter in their turn compel the profession to adhere to it. Practically, medical authors are under the thumb of the tradesman, and are obliged to write or forbear from writing as he dictates. So new manuals of the practice of physic, like Russell Reynolds' Cyclopædia, must appear with a total omission of a most important branch of medical treatment. Or if, as in Sydney Ringer's case, the writer cannot keep back his knowledge of the value of homœopathic remedies, he must make his statements without allusion to Hahnemann or his method, and indeed refrain from specifying at all the source of his information.

This last is a grave result of the exclusive system—grave in consequences both to the advancement of medicine and to the honesty of authors. And of a piece with it is that with which we began, viz. the terrorism it exerts over those who would act independently. A sad instance in point is that of Sir W. Fergusson. For years he had been the object of suspicion and insinuation because he would not refuse surgical assistance to the patients of his brethren who believed in homœopathy; but there was nothing on which the journalists could fasten. At last he was provoked into writing in his own defence, and explaining his principles of action. Immediately the hue and cry was opened against

him ; and the end was that, not convinced in reason, but yielding to pressure, he receded from the position he had taken up. His two letters may be read in the *British Medical Journal* of July 27th and August 17th, 1861. They confirm and explain our statement, that the leaders of the profession are driven to the false witness they practically bear against us their neighbours by the dread of the medical press.

We have now established our charge, and accounted for its apparent improbability. But we desire, before leaving it to work its way, to sharpen its edge by two farther suggestions. We wish our brethren to consider how sure a deterioration in mental and moral character must accompany the conduct we have stigmatised. And we desire their attention to the opinion of the public regarding it, both generally and in reference to special instances of its indulgence.

1. It is impossible for men to be at once liberal and intolerant, free and fettered, fair and unjust. If, as we have argued, the treatment of the homœopathic body is a violation alike of the liberty of science and the fair dealing of fellows, all who take part in it must suffer loss thereby. To say to one school of thought in medicine, you shall not be heard, is so far to make oneself less inclined to listen to any other doctrine or practice whose novelty is distasteful. Thus the spirit which withstood Harvey and Jenner is fostered, ready to clog the wheels of the next discoverer in like manner. Feeling is allowed to reign where reason only should wield the sceptre ; and medical science must still lag behind, while those branches of knowledge which men without prejudice cultivate advance with giant strides. Homœopathy may be wrong ; but even so it has been wrongfully condemned, and the same method of treating it would equally have condemned it had it been right. There can be no hope for medicine till all disabilities are removed, all penalties imposed upon difference of opinion abrogated, and truth and reason only are allowed to have weight. This is obvious in political science ; why should it not be in medical ?

But the moral injury our brethren are doing themselves is greater than the mental. They are suffering prejudice not only to blind their eyes, but to embitter their hearts and to poison their tongues. Is it likely that the hate and the evil-speaking will limit themselves to their relations with their homœopathic neighbours, and will not extend to their dealings with their rivals of the same creed? It is no wonder, then, that the *Lancet* has to write that not a week elapses without its editor being called upon "to act as umpire between brethren who, in the practice of their art, may seem to have forgotten the principles which are supposed to regulate the conduct of medical men towards each other or towards the public at large."* These words occur in a recent article on "Medical Ethics," in which this leading journal of the old school has to reprove its readers of "disregard of the difference between a trade and a profession," of "eagerness to get and keep the patients of other medical men," of "want of respect for the feelings and reputation of other medical men," to say nothing of minor counts. But we would have the editor reflect, that these very offences which he deploras as between the members of his own sect have ever been encouraged by him when committed against brethren who acknowledge homœopathy. He writes thus:—"It is rare to hear one medical man speak of another to non-professional persons in plain terms of disapproval. But there are forms of praise which amount to censure, and there are ways of conveying the impression of disparagement which are not the less efficient for being indirect. It is unworthy of one professional man willingly to tarnish the reputation of another, or to put any but the best and most generous construction upon his actions and his practice. Medicine is a difficult art, and even error in it is to be lightly judged, especially by a practitioner whose own consciousness of errors should make him kind." "Prave 'ords" these: but they are mere hypocrisy when one reflects that, supposing the "error" to be of the homœopathic kind, they are held no longer to apply. A medical man may, in conversation with the patient of a

* *Lancet*, Oct. 14, 1871.

professional brother, assail the latter with remarks depreciatory of the medical and pathological knowledge of the class of practitioners to which he belongs. He may insinuate that they either ignorantly or wilfully misrepresent the nature of the diseases they seem to cure, and exaggerate their gravity. He may accuse them of having no belief in their own principles or doses, and, when they wish to produce palpable effects or to influence severe diseases, of giving "our medicines" in large doses while pretending to give globules. In all this the *Lancet* will justify him. And yet, if he uses the same tactics to injure his rival who is not a homœopathist, this immaculate journal holds up holy hands of grief and indignation.

It seems hardly necessary further to argue this thesis, viz. that the habitual indulgence in exclusion and injustice in one direction is injurious to the whole mental and moral temper of those who are guilty of it. But we may clench the argument with some further instances of its validity; and for these we shall go, not to the rank and file of the profession, but to the very officers' mess.

We have already (vol. xxvii, p. 156) called attention to the action taken by Dr. Wilks in respect of the use of *Aconite*. He told his class that he was "acquainted with two medical men who, in the course of a long practice, had been in the habit of daily using it, but have not cared to speak of it too openly, for fear of having their names associated with members of an eminently quack system; and it may be remembered that the late Mr. Liston brought no little odium upon himself on account of his advocacy of the use of this drug in erysipelas." It might be supposed that he mentioned such "fear" and "odium" only to reprobate the spirit which could inspire the one and manifest the other. Not so. He passes the matter by, as apparently not suggestive of dishonour to a person of his mortal calibre, and proceeds to encourage the wrong-doing by narrating cases of pneumonia, bronchitis, and acute rheumatism, in which *Aconite* proved strikingly curative, without a word of credit to the founder of the "eminently quack system" who discovered these virtues of the drug before Dr. Wilks

was born ! We say nothing of the scientific unfairness : but where is the honesty of such conduct ?

We next have Dr. John Harley, who has enriched our *Materia Medica* with some excellent provings of *Belladonna*, *Hyoscyamus*, and *Conium*. A word of acknowledgment might have been given to the only medical school which insists on such provings as the *sine quâ non* of accurate therapeutics. Not only is this withheld, but he cannot find himself in agreement with our conclusions without unseemly abuse of his unexpected companions. He discovers that *Belladonna* cures the very febrile state it causes. He illustrates its action in so doing by the comparison so familiar in our writings, viz. the mutual neutralisation of ripples proceeding from neighbouring centres. But instead of saying candidly, "in this instance the Hahnemannian rule of *similia similibus* certainly holds good, whatever it may do elsewhere," his only allusion is the following :

"In thus applying *Belladonna* to the treatment of acute disease, we are not blindly led by an unscientific dogma, but simply follow nature."

We are not men "who are blindly led by an unscientific dogma," and as we have often enough stated our creed, Dr. Harley is bound to know it, and can only make such a misrepresentation at the expense of scientific truth. We also "follow nature;" and the only difference between us is that, while we give the place to Hahnemann which we believe due, and *no more*, we are honourable enough to say so at the expense of calumny and persecution. Whereas, although we do not assert that our opponents place the same value on the homœopathic principle, even if rightly understood, and subordinated to the general principles of medical science, which we do, yet when they perceive and admit that it has a certain amount of value, and that directly flowing from it have been added to medicine certain drugs of real value, who can forget that if they simply acknowledged that as men of science and honour ought to do, they would be turned out of their appointments, and their very books, such as Harley's, would find no publisher, unless they concealed their belief, and actually

vilified and ridiculed persons holding the very same scientific belief. But who honourably dares to give honour where honour is due? We are no blind followers of a dogma any more than they. We despise such principles, and we despise the men who act on them. They know the penalty of an honourable treatment of the homœopathic principle, and they know that we know they know it. And the public knows it too. How long, then, is this ridiculous and discreditable farce to be kept up, which only serves to degrade the whole profession in the eyes of the public? Is it not time that the public should arise and take the power of medical education and advancement of the medical art out of the hands of a mere mob of persons whose interests are involved in the practice of it; who are governed by narrow, petty, and sectarian motives, and by natural selection are likely to be represented by men like themselves? The church has long ago been subjected to the state; and also the law. Who would dream of asking the lawyers to make the laws as an irresponsible body? or the church to frame articles uncontrolled by the Privy Council? And yet the art of medicine is supposed to be best advanced by the irresponsible government of men who are chosen, partly, at least, for their willingness to pander to the ignorance and prejudices of the general mob of mere practitioners.

Of Dr. Ringer sufficient has been said. That he filches in silence is our cause of complaint against him. But Dr. Charles Murchison announces his intention of making similar appropriations with a contemptuous cynicism which demands notice. His pupils are not to "allow prejudice to blind their eyes against certain remedial measures recommended by good authority, simply because they may have originated among homœopathsists."* That is, in other words, there is a body of practitioners who, from a life-long experience of medicines selected according to a definite rule, have acquired certain pieces of therapeutical knowledge. You are utterly to ignore these persons, they are "heterodox" and unworthy of credit. But if some half-hearted trimmer, who dares not name the name of Hahnemann,

* *British Medical Journal*, January 20th, 1872.

tries certain of their remedies in a coarse way, and makes known his favourable results, you must not allow your just prejudice against the school to hinder you from using their weapons. They have, of course, stumbled upon them by accident only; the "good authority" which recommends them to you has proceeded on the only rational way. For he has heard that "this is good for that," and has tried it and found it answer, so you may try it also.

Such pretensions of Dr. Murchison, and such as he, who would patronisingly vouch for a few good things which some otherwise ridiculous and quackish persons have been using, we can only treat with contempt. Who is likely to know these remedies best, we who have spent our lives in the use of them, or a mere dabbler half afraid of the petty testimony he is prepared to give? Does he imagine he is better able to use them than hundreds and thousands of properly qualified medical men who use them daily in private practice, or than men occupying posts in public hospitals, like Henderson and Tessier? Even if equally able, is he equally willing to tell the whole truth? Let us put him to the test. We are not fools although we are honest, and we by no means assume he should come to the same conclusion as we do, and he may have tried our method and deliberately come to the conclusion that his own practice, whatever it may be, is better. Be it so, we accord him full liberty and respect his opinion. But he must accord the same to us, and extend to us the same reciprocal respect and courtesy we do to all qualified medical men. Now, has he thus behaved? if so the test, as above said, is easy.

We know nothing of Dr. Murchison personally. We know him only as the author of some good (as far as pathology is concerned) *Lectures on Fever*. We may, therefore, without discourtesy, put his position plainly before him. If we suppose that he has read and judged the evidence in favour of *Arsenic*, *Rhus*, *Bryonia*, *Phosphoric acid*, *Baptisia*, &c., in typhus and typhoid, and considers it insufficient to induce him to give them a trial, and being thus unsatisfied does not try them, and does not use them,—we have nothing to say. He is free to judge, and we are not free

—or willing—to impute other than right motives. But surely he must accord the same liberty to others who did think the evidence sufficient, who did try the medicines, and continue to report favorably of them. Does he accord it? Let us go a step further. If (as often happens) an ambiguous case turns up in our practice, where it is of importance that doubtful symptoms should be interpreted as early as possible, and the friends, and the family attendant, wish the advantage of Dr. Murchison's special skill in diagnosis, and, acting as they have a right to do, call him—what will he do? Alas! he will refuse. The very liberty in which he exhorts his pupils to walk is banned and proscribed when it leads to the following of Hahnemann instead of the pilfering from him.

If he fails in this he has failed in his duty and has been guilty of conduct unworthy of a man of science and a physician; has broken the laws of true medical ethics which are ultimately for the good of patient and physician. And, if he so fails in subservience to motives which we need not more nearly characterize, how about the truth of his testimony? if he fails in one will he not in another? The sound judgment of common sense will answer too clearly, and the negative testimony of such a person will carry little weight when it is known, as it is known, to everybody who cares to know, that his positive testimony would cast him from his seat as a teacher, deprive him of his hospital appointment, put a stop to his publishing of books and to his writing in any of the allopathic medical journals. To such a pass have things come by the blind spirit of the trade's union which has been allowed to invade a profession which should be high-minded and honourable above others. We do not single out Dr. Murchison from any intention, but merely as an example which applies to all, even the highest whom the flunkey spirit of the newspapers delights to honour. If any one acts so he is below the line of true medical ethics, and that the great majority do act so does not alter the moral character of the act, it merely degrades the majority of this generation of medical men below the level of true medical honour.

2. The deterioration of tone induced in the medical pro-

fession by its conduct towards homœopathy may be further seen in its reflection on public sentiment.

In illustration of the low opinion of the medical profession generally in the eyes of the public we might cite many instances. We might point to the general tone of the literature of the day regarding doctors, of which it is still true that—

In health,"

"we sneer

although

"when ill we call them to attend us
Without the least propensity to jeer."

We might call in evidence the verdicts of petty juries in trials for manslaughter or personal injury from malpractice. The vilest and most pernicious quacks are acquitted, while the evidence against them of medical witnesses is set down to interested motives. On the other hand, they are ever ready to give preposterous damages for malpractice by a qualified practitioner. Our position is that for this state of things the profession have themselves to blame, and that their conduct towards homœopathy and their medical brethren who believe in it is felt by the public to warrant the lowest interpretation of their conduct elsewhere. But we will content ourselves with specifying at length two facts only, deeming these sufficient to show what the laity think of bigotry and intolerance in medicine. Our first fact is a British Act of Parliament; our second, an expression of opinion on the part of the American press.

The treatment of homœopathy and its followers by the allopathic sect in this country has exposed it to a rebuff from the highest authority. When the medical bill was passing through Parliament, and the *Lancet* and its *confrères* were jubilantly prognosticating the blow it would inflict on irregular practice (by which they meant homœopathy), both Houses unanimously sanctioned the introduction of a clause into the bill hindering the examining bodies from stereotyping knowledge at the mark of their own ignorance and prejudice, and expressly forbidding under pains and penalties any interference with the medical

opinions of candidates for their honours. Assuredly no greater disgrace could be inflicted on a scientific body than to refuse to allow it to be the arbiter of its own teaching. Imagine Professor Tait prohibited from rejecting a candidate who said the earth was a flat plain! But the medical conscience felt the rebuke to be so well merited, that though the clause came upon them by surprise, and though it completely annihilated the hopes they had not been ashamed to express as to the effect of the bill in putting down their rivals, yet scarcely one of the medical journals ventured to utter a mild remonstrance against the now celebrated Clause XXIII.

We now pass to America. Some years ago the Liverpool Medical Institution* passed, though not without difficulty, a resolution that no homœopathist should in future be admitted to membership. The Massachusetts Medical Society has attempted to go farther still. It has attempted to expel its homœopathic members by resolving that any one who "adopts as his principle in the treatment of disease any exclusive theory or dogma shall be deemed to have violated the by-laws of the Society by 'conduct unbecoming and unworthy an honorable physician and member of this Society.'" We do not pause to characterize the self-condemning absurdity of this resolution, or its strained application to what we understand as homœopathy. It is admitted that the one thing medical science needs to make it exact is a central law, a pervading principle. But the Massachusetts doctors seem to think that for anyone to suppose that he discerns such a law, and to regulate his practice thereby, is not (even if he be mistaken) an intellectual error, but a moral crime. We wish to show what the *laici* of the State think of the conduct of their *medici*. The following is from the *Boston Post* :

"In these days of progressive thought and scientific development, when old theories are daily being exploded by the revelations of modern research, and when the broadest liberality of thought and practice is allowed in every trade and profession, the simple hint at the ostracism of men for their opinions strikes a

* See Vol. XVII, p. 183.

tender chord in the heart of the community, and at once arouses feelings as intense as those experienced by the Puritan Fathers at sight of any one who did not agree with their peculiar tenets. Hence it was with the greatest surprise that the people of Boston read a copy of a printed notice from the president of the Massachusetts Medical Society, Dr. Samuel A. Fisk, of Northampton, to those members of that organization who, in the light of their own consciences, have departed from the code of practice prescribed by the old school and adopted that of the homœopathic system.

“This action on the part of the society originated in a series of resolutions adopted at a meeting held June 7th, 1871, of which the following contain the basis of their contemplated tyrannical proceedings:

“Whereas it is alleged that some of its fellows, in opposition to the spirit and intent of its organization, consort, in other societies and elsewhere, with those whose acts tend ‘to disorganize or to destroy’ the society; therefore,

“Resolved, That if any fellow of the Massachusetts Medical Society shall be or shall become a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. 1 of the by-laws of this society), or himself shall practise or profess to practise, or shall aid or abet any person or persons practising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the by-laws of the Massachusetts Medical Society by ‘conduct unbecoming and unworthy an honorable physician and member of this society.’ By-laws VII, section 5.

“The homœopathic members were allowed three months in which to resign their membership; and now, having neglected to do this within the specified time, the president, in compliance with previous instructions, has summoned them to attend a meeting to be held Nov. 21st, 1871, at which they are expected to confess the heinous crime of ‘consorting with other societies,’ and of committing ‘acts’ which ‘tend to disorganize or destroy the state medical society,’ and in the absence of a disposition to comply with this requirement, their expulsion is contemplated. This extraordinary and ridiculous proceeding is simply persecution for opinion’s sake. The persecutors in this instance have entirely mistaken the object for which this society was established. It is

not to secure uniformity of medical practice. That is impossible. There is and always will be a diversity of opinion regarding the nature and treatment of diseases among the allopathic school of physicians themselves. Medical science never was and never can be stationary. Nothing can be more preposterous than the attempt to force every practitioner to prescribe according to certain fixed and unchangeable rules, whether his judgment approves them or not.

“Medical societies are intended to be safeguards for the community against professional ignorance, not the means of perpetuating one medical school or preventing the development of another. By the charter of the Massachusetts Medical Society, every member is entitled to perfect freedom of opinion. It is therefore an usurpation of power never granted it to discriminate against regular members of the medical profession. The majority has no moral or legal right thus to disregard the privileges and rights of individual members.

“There is such a thing as medical freedom, as well as religious and political freedom. If medical societies established by state governments interfere with this right, it is time they were deprived of their charters, to make room for other organizations of more liberal sentiments and principles.”

Other extracts to the same effect might have been given, but the above will suffice. The end of the matter has been that the civil authorities have intervened, and restrained the Society, for the present at least, from its intended piece of exclusiveness.

We have much to say, but must pause here. In our next number we hope to return to the subject, to show with some fulness what is the creed which has roused this unreasoning animosity, and to indicate what measures are desirable for protecting freedom of thought here as elsewhere. One word more, however. Let our medical readers bethink themselves, let our lay readers ask, what is the offence of which we homœopaths are guilty, on the ground of which we are styled “quacks.” Do we advertize? do we use secret medicines? do we claim to have panaceas? are we extortionate? have we, in a word, any features in common with the charlatans who fatten on the credulity of

an ailing public? The evidence is patent to all. An hour's observation or inquiry will satisfy any one that we live and work just like our allopathic neighbours, and are undistinguishable from them save by our mode of using drugs. The realization of this fact would surely make impossible the enmity we have been deploring. It does make impossible any reciprocation of it on our part. If this Journal may from its age and standing be allowed any representative place in the homœopathic body, let our opponents be assured that we bear them no ill-will, and are ever ready to co-operate with them and to help them as far as they will allow. If they must continue hostile we must defend ourselves, but we have no mind to institute reprisals or to take the offensive.

ON SOME FORMS OF UTERINE DISPLACEMENT.*

By Dr. C. P. COLLINS, Leamington.

So far as my acquaintanee with homœopathic medical literature extends I have found but few references to malpositions of the uterus. Uterine surgery appears, like surgery proper, to have been delegated to our brethren of the old school, not from its possessing insufficient interest in itself, nor from members of our own body being wanting in surgical skill, but rather is it to be ascribed to their chief attention being directed into another channel, to the development and general recognition of the "law of similars."

The principal object of this paper is to bring to your notice a subject interesting to us as professors of the healing art; to record my own limited experience; to suggest as the result of my observations what appears to me the most successful mode of treatment; above all, to elicit from my

* Read before the Midland Homœopathic Medical Society at Birmingham, Nov. 24, 1871.

professional brethren much that I trust may be of service to myself in the future.

The displacements that the uterus is chiefly liable to are prolapsus, in which the organ sinks down more or less into the vagina; version, in which the body or fundus is thrown forwards or backwards; flexion, in which the body of the uterus is more or less bent upon itself. My paper will deal with the two latter states, viz. version and flexion, together with the morbid changes frequently arising under such circumstances.

Anteversio.—Anteversio may be defined to exist when the fundus of the uterus is thrown forwards and downwards, resting on the bladder and pubis, the os and cervix being turned in the opposite direction towards the rectum. Anteversion is generally more limited than retroversion, but in exceptional cases the fundus is pressed down behind the bladder.

Retroversio.—In retroversion the opposite conditions exist, the fundus resting against the rectum, and the os and cervix lying in juxtaposition with the bladder and pubis. The uterus in both simple anteversion and retroversion may be considered as turned over on its own axis, this axis being represented by a line drawn through the upper part of the cervix.

Flexions.—When the os and cervix uteri retain their normal position, and the fundus is thrown forwards or backwards, we have the morbid condition known as ante- or retro-flexion. The uterus is bent upon itself, resembling somewhat in appearance a chemical retort. When the flexion has existed any length of time congestion takes place in the cervix, and we find it considerably hypertrophied, and the os frequently patulous, freely admitting the end of the finger, and this even in the virgin state.

In flexion there will be found, in the majority of instances, a considerable increase in the size of the fundus owing to the impediment to free circulation, the organ being in fact more or less congested. The rectum, vagina, and surrounding parts become relaxed, and we may have profuse leucorrhœa. Ulceration of the os is also not unfrequent.

Before discussing the etiology of displacements it will be well to note what security we have against these deviations. The uterus should be considered as suspended rather than firmly held within the pelvis ; there is a considerable freedom of movement permitted, but it is restrained within certain limits by ligaments. These ligaments are formed by folds of peritoneum reflected from the uterine walls to the bladder in front and the rectum behind, constituting the anterior and posterior ligaments. The broad ligaments arise from the peritoneum passing from the uterus laterally to the adjoining sides of the pelvic cavity ; these ligaments contain within their folds the Fallopian tubes, nerves, and blood-vessels. By these several means the organ is kept in its position much as a ship's mast is held by its ropes and mainstays. To carry the simile further, inasmuch as the ship's mast requires something more than these supports, so the uterus requires a base or central point, which it finds in the vagina. The value of the vagina as a support, to my mind, has been underrated ; that it plays an important part is evident when we consider that it is firmly connected to the bladder in front by areolar tissue, and less firmly in the same manner to the rectum behind ; in addition, at its upper part posteriorly for a full fourth of its length, it has a covering from the peritoneum. I attach special importance to this vaginal support ; as in debilitated states of the system it is relaxed and may become an important factor in predisposing to displacement.

Etiology.—Various opinions have been given as to the causes of uterine deviations. To give one instance among many, Virchow believes that they arise simply from congenital defects, the principal of which he regards as a shortening of the uterine ligaments.

Version may arise from an accident, such as a fall on the back ; from constipation, accompanied by much straining ; from a distended bladder ; from the uterus being larger and heavier than natural, and from the presence of tumours, &c. I say *may* arise, as, leaving out of the question accidental causes or tumours, there is no evidence that they have singly or collectively brought about such a condition.

Dr. Meadows has furnished some interesting tables showing the frequency of flexions and versions in the married and single, thus :

34 women suffering from retroflexion	{	8 married.
		26 single.
18 " " retroversion	{	3 single.
		15 married.
20 " " anteflexion	{	1 single.
		19 married.
12 " " anteversion	{	2 single.
		10 married.

Single women are thus found to be liable to retroflexion in the proportion of more than three to one. On the other hand, retroversion was more frequent in the married, the proportion being 5 to 1. Anteflexion in the married was 19 to 1 compared with the single, and anteversion also in the proportion of five to one.

With regard to the age at which retroflexion is most liable to occur, it was found between twenty-five and thirty; this was the case also with anteflexion. Anteversion occurred most between the ages of thirty-five and forty.

Sterility is frequently associated with displacement, the liability being in the proportion of 1 to 3½. This proportion varies with the kind of displacement, being most frequent in anteflexion and least frequent in retroversion.

Displacement is a great cause of abortion. In round numbers fifty per cent. of those women who become pregnant abort.

A frequent cause of flexion, I consider, is that condition which has been termed by the late Sir James Simpson subinvolution of the uterus. In about six weeks after natural labour the uterus resumes the size common to the unimpregnated condition, the process being by fatty cell degeneration and absorption. For some reason this metamorphosis of tissue is arrested, and the uterus remains heavy and large,—to use a homely phrase, "top heavy." In such a state it is easy to understand that the fundus will have a tendency to bend over to the side where least resistance is

offered, especially as the vaginal support is weakened in sympathy with the uterus.

Other causes give rise to flexion, as it takes place also in women who have not borne children; we can only suppose that in these cases it arises from general debility affecting the uterine sphere.

Symptoms.—Intense congestion of the uterus will induce symptoms often attributable to displacement. This congestion often exists after natural labour, and may escape notice until some morbid phenomena are manifested. Ante- and retro-version frequently exist, the uterus being considerably altered in its relations to the surrounding structures without any symptoms whatever showing themselves.

The functions of the bladder and rectum are sometimes interfered with, and constipation is a general accompaniment. In extreme cases the fundus being pressed down behind the bladder causes complete retention. Where the version has existed any length of time ovarian irritation is developed; there is severe pain from pressure on sacral nerves, and a feeling of bearing down and great discomfort. The menstrual function, as a rule, is performed without any difficulty, and conception may take place.

When the morbid condition termed flexion exists another train of phenomena comes on the scene. There is now a serious interference with the flow of the menses; at each menstrual period the uterus becomes greatly distended, as in some forms of dysmenorrhœa, and great suffering is entailed; there is great forcing down, and the menstrual fluid is at last expelled with great force and subsequent relief until the uterus is again distended and the same process repeated. At other times the dragging and weight in sacrum felt on walking is borne with great difficulty. There is always more or less interference with the evacuation of bowels and bladder, and much pain down the thighs. Symptoms of great congestion and even inflammation of ovaries may arise, the probable causes being sympathy or tension on the ligaments. Great tenderness is felt over the uterine and ovarian regions, and hysteria is a frequent complication. Leucorrhœa and menorrhagia are the difficulties

we sometimes have to contend with. The left ovary is strangely enough the one most prone to be affected.

The sufferings in some cases of uterine flexion are out of all proportion to the pathological state. The pains are constant; sympathetic vomiting, headache, and various neuralgic affections are present. Whatever the symptoms may be they are aggravated on each return of the "period."

Diagnosis.—The diagnosis is not very difficult. On vaginal examination the finger detects in retroversion a rounded tumour behind the os uteri and posterior to the vagina. It is liable to be mistaken for fæcal accumulation, but on passing the forefinger of the left hand into the rectum it is found empty, and the globular mass is felt through the anterior wall of the bowel. The cervix is turned towards the bladder, and can be distinguished with tolerable ease. By the aid of the uterine sound the diagnosis is confirmed with certainty. On passing this instrument, we find in retroversion the direction of the uterine cavity to be downwards and backwards. In cases where no resistance is offered the uterus can be restored to its proper position by rotating the handle of the sound, the point being directed upwards and forwards. If, while the instrument be retained in this position, the finger is reintroduced into the rectum the rounded mass is no longer felt. After withdrawal of the sound, in rare cases the uterus keeps its normal relationship, but generally speaking it immediately reverts to its former position.

Anteversio may be regarded as an exaggerated position of the unimpregnated uterus. On examination the rounded tumour is now felt anterior to the cervix; the os will be found directed to the posterior wall of the vagina and closely in contact with it, so that it is frequently difficult to reach or discover by the touch.

When flexion has taken place signs of congestion are present, the os and cervix are swollen and tender; ulceration is sometimes present, but more often a state simulating it, arising from the injection of the mucous rugæ and follicular glands which give rise to, and are covered with, secretion. On passing the sound we find its passage

obstructed at the point of flexure, and it is only by depressing its point that it can be passed into the uterus. It has been unhappily the fashion to consider many ailments arising simply from functional disturbances of the uterine system to be due to displacement, and to treat the patient in accordance with this view. Displacement necessarily entails a certain amount of tactile examination; to irritate the uterine system when no such state exists must, and invariably does, give rise to a group of reflex phenomena. The speculum, like other aids, is necessary in arriving at a correct diagnosis, but once accomplished, it need but seldom be resorted to again, even when displacement is present. The uterine sound should always be used with caution, but a suspicion of pregnancy precludes its use altogether.

Prognosis.—A version of the uterus may be rectified, but it is extremely doubtful if flexion is ever completely cured. Even in cases where a most favorable result has attended our treatment, the changes that have taken place in the connective tissue, the atrophic and hypertrophic alterations at the seat of flexure, and probable adhesions with the surrounding parts, forbid the hope of a complete cure.

Ante- and retro- version frequently disappear after pregnancy; not so, however, as a rule, with flexion. It may be accepted as a fact that the longer version or flexion has existed the less prospect is there of any material change taking place.

Treatment.—Recent cases of version can be successfully treated by replacement; unfortunately our aid is seldom solicited until the time has long passed away for all operative proceedings. The question suggests itself, can the internal administration of drugs restore the faulty position of the uterus? My experience is quite in opposition to such a view. *Sepia*, *Nux vom.*, *Cauloph.*, and other drugs have been considered to have such powers, but they can, and only do act by removing concomitant symptoms. Our efforts must be directed to relieve the congestion and inflammation of the uterus and its appendages.

The drugs that I have found most serviceable have been *Cauloph.*, *Cimicif.*, *Collinsonia*, *Hamamelis*, *Helonias*,

Podoph., *Puls.*, *Secale*, *Sabina*, *Verat. viride.*, &c. For injections and for outward application the most useful in my hands have been *Hydratis*, *Hamamelis*, *Calendula*, and *Veratrum viride*.

Whatever medicines are selected it is necessary to persevere with their use for some time, merely changing them if necessary during the menstrual period. To the use of injections I attach considerable importance. There are objections to the ordinary mode of using them. My plan, which is not strictly original, is to instruct the patient to lie on her back with the hips well raised by means of a pillow, and the knees flexed; in this posture the injected fluid gravitates towards the os uteri, with which it can be kept in contact for any desired space of time. There is no occasion to pass the syringe any distance into the vagina; its contents are expelled by means of the thumb and forefinger of the right hand, while the fingers of the left hand compress the labia round the instrument to prevent a return of the medicated fluid. Medicated sitz baths are of great value; they may be taken every day for ten minutes or more. The most salutary effects have followed the use of one containing *Verat. viride* in the strength of half an ounce to the gallon of water. This drug is also of service when applied over the uterine region in the form of a compress; it has an absorptive power not possessed by many other drugs and is of great service in removing fibrinous effusions. The pain and discomfort attending these displacements are relieved by a well-fitted abdominal bandage. Not alone is this done by giving support to the uterus, but it also allays the irritation of the uterine nerves, and we have less reflex or sympathetic pains. It is rare to find women who cannot wear such a bandage, and the benefit arising from its use cannot be over estimated, especially in women with pendulous abdomens. In very thin women the bandages can be supplemented by an air cushion. The abdominal cavity is diminished by the bandage and the perineal muscles are stimulated to contract, and, as a consequence, many of the bearing-down sensations are much relieved. The bandage

should be made so as not to press downwards, but to give support in an upward direction.

Cauterising the upper part of the vagina has found its advocates, its object apparently being to cause contraction of the fibro-muscular tissues, and so to raise the uterus into an upright position.

Various kinds of pessaries have been invented, some with the view of supporting the uterus in front of the cervix, and others behind it. They give rise to great irritation and are rarely of service; in the few cases where they are borne without discomfort it is questionable whether they have any beneficial or remedial effect. Local abstraction of blood by means of leeches, &c., relieve in a rapid manner many of the congestive symptoms: the relief thus afforded is not of a permanent character.

In displacements with congestion, and especially when accompanied by menorrhagia, rest is of great importance. It is necessary to keep to the horizontal posture for some hours daily, the rest having been taken at stated intervals. In the few instances where the uterus has been replaced it is advisable to regulate the position for a time according to the nature of the displacement.

The following few cases of displacement are, as might be expected from the foregoing remarks, accompanied by complications.

CASE 1.—Miss R—, æt. 36. This lady consulted me in 1866. Had been under medical treatment for many years. Her former medical attendant considered she was suffering from displacement of the uterus and ulceration of the os. The examination revealed considerable congestion of the cervix and enlargement of the anterior lips of the os uteri. The lining membrane of vagina and uterus poured out a large quantity of yellow secretion. The posterior cul-de-sac was found pressed on by the fundus of the uterus. There were great pain and difficulty accompanying defæcation. At each menstrual period great suffering accompanied the flow; the secretion was expelled in clots at intervals and was of a dark colour. Hysteria was always present

during the "period" and for this large doses of brandy had been taken. There was at all times a most distressing feeling of bearing down. This patient's case was an illustration of the abuse of the speculum. She stated it had been introduced every second or third day, either for the purpose of applying caustic or for replacing the uterus. She always expressed relief after the speculum had been introduced, believing it restored the uterus to its proper position. I regarded it altogether as a morbid feeling, considering it had no effect whatever as regarded relieving the displacement. It was with extreme difficulty that my patient was brought to regard it in the same light.

Under the use of *Hydrastis* injections the congestion and leucorrhœa subsided. *Belladonna*, *Secale*, and *Sabina* were given with considerable benefit, the periods being, after some months passed over with tolerable ease. *Moschus* was of service for the hysteria. No change for the better as regarded the flexion.

The patient would not give up the use of stimulants, and, after eighteen months' treatment, died of diseased liver.

In this case no bandage was used. No post-mortem was permitted.

CASE 2.—Mrs. T—, æt. 35, mother of five children. Soon after birth of last child, two years since, over-exerted herself, and suffered since from menorrhagia, never free for more than three or four days at a time.

Was seen by me February, 1870. Presented a very bloodless appearance. The drain on her system had been going on so long that she was extremely prostrated; could scarcely perform the least muscular effort. Pulse almost imperceptible; lips blanched, and conjunctivæ of a pearly hue. An examination had never been made, but on this I insisted. It revealed a patulous state of the os uteri, the lips of which were of a gristly hardness, and having an appearance at first sight not unlike scirrhus disease; there was a muco-purulent discharge; the cervix considerably hypertrophied and protruding into the vagina, in appearance like a hog's snout; anterior lip of os much elongated.

A not very extreme flexure of the uterus backwards was detected by the sound and other aids.

The uterus much enlarged, heavy, and very sensitive. Considerable pain and dragging in ovaries, and sensation of bearing down.

The more immediate symptoms indicated *China*, and this was given with most satisfactory results, as far as the menorrhagia and exhaustion were concerned. Absolute rest and the avoidance of stimulants were strictly enforced. *Hamamelis* injections to be used twice daily, and to be retained twenty minutes. A compress of *Veratrum viride* was applied over the abdomen. Marital intercourse forbidden. The medicines administered internally were *China*, *Hamamelis*, *Hepar*, and *Helonias*. For six months this plan was adopted, and steady improvement followed. At the end of nine months the symptoms were all relieved, and the patient expressed herself as feeling quite well. The uterus was certainly less flexed, and neither enlarged nor tender. The monthly period passed over most satisfactorily.

I saw the patient a few days since, and find she has continued well, and is now (15th November) eight months advanced in pregnancy.

I may add that the cervix and os assumed a natural appearance after the course of treatment, the change being greater than I ever witnessed in any similar case. My diagnosis of the case was sub-involution of the uterus in addition to retroflexion. The compress of *Veratrum viride* was so arranged that it acted also as an abdominal support.

CASE 3.—Mrs. B—, æt. 32, consulted me in the latter part of 1870. Was married at 17, the mother of two children and a widow before 20. Health, although delicate, was fairly good up to this period. Married again at 20, and had three more children, being again left a widow at 25. After the birth of the last child her sufferings commenced; the labour was a severe one, and menorrhagia succeeded it and continued until she came under my care. Her pre-

vious medical attendants at Manchester diagnosed displacement, congestion, and ulceration, and one medical gentleman was of opinion there was commencing cancerous disease. A very decided impression prevailed among them that she would never be able to walk again, or indeed ever get relieved.

My diagnosis was retroflexion, congestion, and hypertrophy of the cervix, and congestion of the left ovary.

There was extreme sensitiveness of the whole uterine system. Menorrhagia lasted fourteen to sixteen days, and was accompanied by violent spasmodic pains. The pains were apparently cutting, came on in paroxysms, and caused great agony. The attempt to pass the sound failed from the pain it caused, and also from an apparent obstruction within the cervix.

Cauloph. relieved the sufferings on the recurrence of the "period," but it was necessary to supplement it with hot fomentations. For two or three days prior to the commencement of the "period" I enjoined the patient to keep to her bed, and for the same time after it had ceased. In consequence of these measures the usual severe fainting fits that came on during the flow were avoided. During the interval *Hamamelis* in the form of a compress was applied over the ovary, and an injection of the same used every night and morning for ten minutes. A tepid sitz-bath, containing *Veratrum viride*, was used every morning for twenty minutes. Carriage exercise and stimulants forbidden, but a very moderate amount of walking in her room permitted. A well-fitted abdominal bandage was worn throughout the day with great relief.

Amelioration of all the symptoms gradually but steadily took place, and after some months the several functions were performed without much suffering. The ovarian tenderness subsided; defæcation took place with less difficulty and pain, and the general health improved greatly. The patient is now wonderfully changed for the better; she can walk without pain, and enjoys long carriage drives. She is now out of my hands, and was married a fortnight since for the third time.

Remarks.—In addition to the remedies mentioned others were given for short periods, such as *Nux vom.*, *Secale*, *Belladonna*, and *Sepia*, but the medicines which appeared to produce the most relief were those before mentioned. The diagnosis may possibly be questioned, but I am convinced it was a correct one, excepting the suspicion of scirrhus disease. I do not pretend to assume that the flexion is cured, but the discomfort and sufferings are, and the patient enjoys fair health. Should pregnancy occur it will be interesting to note what its effect will be on the seat of flexure. I felt some responsibility in consenting to the patient's marriage, but, looking at all the circumstances, I considered myself warranted in so doing. I shall watch the result with great interest.

The last case I propose detailing is one of antelexion occurring in an unmarried lady of 26. The following is a short history of the case.

CASE 4.—Miss S—suffered, when 17 years of age, from spinal irritation, and her health broke down after long confinement to the horizontal posture. Twelve months previously to coming under my care she lifted a heavy weight while menstruating, and from that time experienced great pain in the pubic region, and at each return of the "period" suffered from dysmenorrhœa. On passing the sound found the uterus antelexed. There was, in addition, congestion of the os and cervix, and ulceration. Left ovary extremely tender, but not enlarged. Much irritation of the bladder always present, but more so on assuming the erect posture.

A broad bandage gave great support, taking the pressure off the bladder apparently at once, for the urinary symptoms soon subsided. An injection of *Hydrastis* had an excellent effect on the congestion and ulceration. The medicines for internal use were *Nux*, *Pulsatilla*, *Belladonna*, and *Xanthoxylum*, the two latter being specially of service during the period, and *Nux vomica* in the interval.

At the expiration of four months the patient returned to

Clifton, and, in a letter received some months afterwards, she stated she was suffering no inconvenience whatever.

It was my intention to have given other cases, but these may suffice to prove what I maintain, viz. that it is unwise to attempt any operative proceedings in the way of restoring a displaced uterus unless it be of very recent origin. Our treatment must be directed to remove the symptoms whether they be of menorrhagia, dysmenorrhœa, congestion, or ulceration; to let the displacement, as it were, take care of itself. By so doing we shall more frequently relieve the sufferings often thought due to the displacement alone, but which far more frequently arise from other morbid conditions.

In most uterine diseases the use of stimulants is prejudicial. In the cases above mentioned they had been given freely, and I consider no small share of the success that attended my treatment of these and similar cases is partly due to a discontinuance of their use.

In conclusion, I would add that it is of special importance in the class of cases detailed to secure the patient's confidence; a long course of treatment is necessary, and but too often from a want of this confidence our patients are prone to leave us and try some other treatment which appears to hold out a prospect of speedier cure.

EXPERIMENTAL RESEARCHES ON THE NATURE
AND CAUSES OF CATARRHUS ÆSTIVUS (HAY-
FEVER, OR HAY-ASTHMA).

By CHARLES H. BLACKLEY, M.R.C.S. Eng.

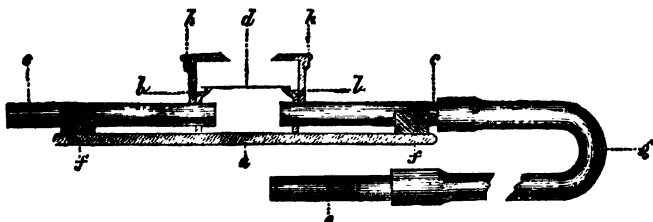
(Continued from p. 736, Vol. XXIX.)

CHAP. III.—EXPERIMENTS WITH THE PRESUMED CAUSES
OF HAY-FEVER (continued).

§ 152. The form of cell which I now use for demonstrating the effect of vapour upon pollen is shown at Figs. 1 and 2.

A cell of this form possesses several advantages over the simpler one described in the footnote to § 149. One

FIG. 1.*

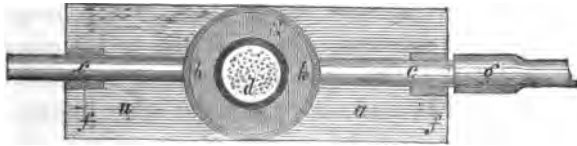


a, Glass plate (one tenth of an inch thick); *b, b*, circular brass cell, cemented to the glass plate *a*, and perforated on opposite sides for the passage of the glass tubes *c, c*, which latter are cemented into the cell *b, b*; *d*, a disc of thin microscopic glass, which rests on the upper margin of the cell *b, b*, the pollen intended for observation being placed on the under surface of this glass; *e*, a short piece of glass tube, to be used as a mouth-piece; *f, f*, brass steps cemented to the upper surface of the glass plate *a*, the tubes *c, c*, being cemented to semicircular recesses in the steps *f, f*; *g*, caoutchouc tube, attached by one extremity to the mouth-piece *e*, and by the other to the tube *c*. This tube should be sufficiently long to reach the mouth of the operator easily when the cell is in position on the stage of the microscope. *h, h*, brass cap to fit over the cell *b, b*. The cap is raised a little, so as to show the disc of thin glass *d*; but when in position, the under surface of the horizontal portion of the cap will press upon the disc and keep it firmly fixed.

* Drawn to a scale of $\frac{1}{3}$ rds. The cell and its cover are shown in section only.

advantage is that the observer can, whilst witnessing the changes which take place under the microscope, accelerate or retard these at pleasure, and can also bring them to a termination at any particular stage. With these exceptions the process followed, in using this instrument, is a pretty close imitation of what takes place when pollen is inhaled.

FIG. 2.



A view of the upper surface of Fig. 1.* *a, a*, glass plate (an ordinary microscopic slide will answer the purpose); *c, c*, glass or brass tubes cemented to the steps *f, f*, and to the cell *b, b*, which is here concealed by the cap *h, h*; *g*, caoutchouc tube attached to the mouthpiece *e* (shown in Fig. 1), and to the tube *c*; *h, h*, brass cap which holds the disc of glass *d* in position, and covers the cell *b, b* (shown in Fig. 1).

§ 153. When fresh pollen has been placed on the under surface of the glass disc *d*, if we breathe gently through the mouthpiece *e*, the vapour exhaled from the lungs will pass through the cell *b, b*, and will condense on and around the pollen. By increasing the speed at which the respired air is made to pass through the cell, we may gain a tolerably accurate notion of the rate at which the changes before-mentioned take place in varying rates of respiration.

By this means we shall be able to ascertain that, whilst active exercise must necessarily increase the quantity of pollen inhaled during the hay season, it also greatly accelerates those changes which produce some of the symptoms of hay-fever.

§ 154. If we are desirous of imitating the natural process of respiration in the operation, we can do so by drawing the air in through the cell, and passing it out by the same way ;

* Drawn to a scale of $\frac{1}{3}$ rds. The glass plate *a, a*, being the size of an ordinary microscopic slide, can be placed on the stage of any modern microscope, but this should have a spring attached to it, so as to keep the instrument firmly fixed.

but in this case it will be necessary to have the tubes quite double the diameter shown in the figure.

The only advantage there is in pursuing this method is, that it enables us to determine with tolerable accuracy the time which elapses before the changes, which I have described, are completed.

The two modes of action of which I have spoken as occurring under the influence of vapour and of water, do, so far as relates to what takes place in the respiratory passages, slide so imperceptibly from one to the other, and become so intermingled, that it is difficult to ascertain the precise point at which one ends and the other begins.

§ 155. At the commencement of an attack the first symptoms will, no doubt, be occasioned by the combined action of the vapour exhaled from the lungs and the mucus secreted by the mucous membrane. If the quantity of pollen in contact with the membrane be small, or if its vitality is lessened by any circumstance, this mode of action may be kept up for some time; but when a discharge of serum begins, we shall at once have the more rapid and vigorous action commenced which is seen when pollen is placed in contact with water. Thus it happens that the fluid which is discharged from the nostrils in such profusion in severe attacks of hay-fever is, at one and the same time, both a *cause* and an *effect*, and so long as a free supply of pollen is kept up this fluid helps in no small degree, to perpetuate and to intensify the symptoms generated.

§ 156. There is also another change brought about in pollen by the influence of vapour which, although it may not have much share in producing the symptoms to which pollen gives rise, it would not be well to pass by without noticing.

So far as relates to the pollen cell itself, when in its normal position, this change is physiological in character; but so far as it relates to the mucous membrane with which the former is in contact, when inhaled, it is purely mechanical.

When pollen is discharged from the anther a considerable portion of it comes into contact with the stigmata of

the plant to which it belongs. In this position the inner membrane* of the pollen sac very soon begins to protrude through one of the pores, and eventually becomes elongated into a fine transparent tube (*pollen tube*), which is filled with the granular matter (*fovilla*) of the pollen grain. In fulfilling its proper function this tube passes into or between the cells and tissue which form the stigma.

§ 157. This development of the pollen-tube may be seen to occur in a very small number of the cells, when placed under the microscope, in the instrument shown in Figs. 1 and 2; and there can be very little doubt that the same change takes place when pollen is brought into contact with the mucous membranes of the respiratory passages. Generally the proportion in which the change does occur is very small, and it is only in certain states of the pollen that it is to be seen at all. What the exact nature of this condition is is not at present known.

Occasionally the tube may be seen to grow rapidly, so that in the course of thirty or forty minutes it may grow to a length which is two or three times the diameter of the pollen cell. Whether the tube simply stretches along the surface of the mucous membrane, or whether it penetrates into the mucous follicle, it is impossible at present to say; nor can we feel at all sure that its presence does assist in producing any of the symptoms of hay-fever. I think it is not improbable, however, that it does in some few instances penetrate the mucous follicle, and thus give rise to irritation, which at least increases that set up in other ways.

§ 158. I have thus shown that pollen possesses the power of producing hay-fever, both in its asthmatic and its catarrhal form; and I have also shown that, with very rare exceptions, this power is common, in some degree, to the pollen of all the plants experimented with. And, although those belonging to the order Graminaceæ have this property in a more marked degree than some, there are plants

* It is possible that the inner membrane (*intine*) does not in all cases form the pollen tube, but that in some it is formed by the delicate membrane (*ex-intine*) of which I have spoken (§ 145). It is also probable that this middle coat may be present in all pollens, though it cannot always be detected.

belonging to other orders which have it to almost, if not quite, an equal extent. How far this property would be found to extend through the plants which form the entire flora of any given district I cannot at present say, but I do not doubt that the exceptions would be comparatively few.

From the results obtained in the experiments I have described, I have come to the conclusion that the disturbance caused by pollen is due partly to its mechanical and partly to its physiological action. From the circumstance, however, that the coating of wax or oleo-resin, of which I have spoken (§ 145), probably has some volatile oil combined with it, it is possible that this may commence the disturbance; but whether this is chemical or physiological in its character is not certain.

§ 159. The mechanical changes I have described would be quite sufficient to account for some of the earlier symptoms of hay-fever; but some of the later phenomena will, no doubt, be due to the physiological action of the granular matter of the pollen.

This granular matter, as I have shown at § 147, will, with suitable conditions, take on the Brownian or molecular movement. It might, at first sight, appear likely that this movement would assist in bringing on or in prolonging the symptoms produced by the other mechanical changes. But when we remember that all very small particles of mineral and organic matter will, under similar conditions, take on the same movements,* though not in all cases to the same extent, we are compelled to think that this can have no share in producing hay-fever. If molecular motion was an efficient cause for any of the important symptoms of

* In speaking of the nature and causes of this movement, Valentin says:—
“There can be no doubt that direct mechanical agitation, and indirect thermic movements, exert an important influence on the phenomena we are now considering. And although the results differ with the nature of the molecules and the fluid, still the mutual physical relations may assist to determine the amount of original displacement and the duration of the subsequent vibration. The question whether these are the sole exciting causes, or whether the molecular movement is not based upon other attractive forces cannot at present be decided. The forces to which it is due are, at any rate, easily overcome by the ordinary phenomena of adhesion.”—(*Vide Text Book of Physiology*, p. 366.)

the disorder, patients who are liable to it would suffer more or less from it at all times, because experiment has shown that there is an abundance of finely divided matter present in the atmosphere at various parts of the year, independent of any particular season.

§ 160. The power which the granular matter of pollen has may, however, be due to qualities which are very different in their nature. It may, as I have before intimated, depend upon the possession of that vitality which all bodies of this class have in their active state; and the moment this vitality is destroyed the granular matter may, so far as hay-fever is concerned, be rendered quite innocuous. On the other hand, it may, when all the chemical constituents of pollen come to be known, be found, in part at least, to depend upon the presence of a substance belonging to the alkaloid or to some other class of bodies. Until pollen has been subjected to a more careful chemical investigation than it has yet undergone, this part of the question must be considered unsettled. This much, however, may be considered to be tolerably certain, namely, that the sneezing—and possibly the discharge of serum—which occurs in the first stage of hay-fever is due to the mechanical changes of which I have spoken, and that the swelling caused by the effusion of fluid into the submucous cellular tissue is due to the presence of some substance or quality in the granular matter, the exact nature of which is at present unknown.

§ 161. I have found by experiment that the granular matter of pollen may, by dialysis, be made to pass through membranes which are thicker than those which line the air-vesicles and bronchial tubes; and from this circumstance I think that it is highly probable that the finer particles of this matter do, in some cases, pass through the mucous membrane of the respiratory passages, and by getting into the circulation in this way give rise to the constitutional symptoms we see developed in some cases.* Why it should

* The granular matter of pollen consists, in part, of what Beale would call *vegetable bioplasm*. The smallest particles probably consist almost entirely of this material, but the larger particles have a portion of *formed material* combined with it.

Beale is entirely opposed to the idea that any bioplasm of vegetable origin

not be so in all cases is, however, not very clear. In some instances it may be due to the greater power of resistance which some patients have; and in others it may depend upon the quantity and kind of pollen inhaled.

§ 162. There is another supposed cause of a form of hay-asthma to which I have not as yet adverted, namely, the odour given off by certain animals. It is said that the presence of cats, rabbits, or guinea pigs, will in some cases cause a form of asthma which cannot be distinguished from hay-asthma. Although I cannot deny the apparent truth of the statements of those authors who have cited these curious examples of the disorder, I must say that I think it is possible that many of those cases would be found on very close investigation to be capable of being explained in a different way.

I have shown that, when pollen is subjected to the influence of moisture, the pollen sac when ripe bursts and discharges its granular contents. If, in the process of making, the hay has been wet by any means, much of the pollen which is in contact with the partially dried herb will undergo this change, and thus it will happen that, when the hay is completely dried, it will have mixed up with it not only a large number of perfectly formed pollen grains, but also a quantity of the finely divided granular matter in a dried state.

§ 163. Now, in the case of the two last named animals, it is well known that they are often kept almost constantly amongst hay, and in the case of the first its excursions in search of mice are often made in lofts where large quantities of hay are stored, and it may therefore with very great propriety be suggested that the fur of these animals may be simply the carrier of the granular matter and of the pollen.

can be the cause of contagious disease.* In the present state of our knowledge it is unwise to dogmatise too persistently on this question. I have shown that one form of vegetable matter can give rise to disease which is not transmissible, and it is not impossible that a vegetable bioplasm may yet be found which can play the part of a ζύμη after it has obtained an entrance into the circulation, and thus set up some form of contagious disease.

* Vide *Disease Germs: their supposed Nature*, p. 9.

Although I have made most diligent inquiry, I have never yet met with a case in which the attacks could be shown to be due entirely to the odour given off by animals ; but, nevertheless, I am not prepared to say that no such cases exist, and only desire to offer the facts named above as a possible explanation of some of the attacks which are said to be caused by animal odours.

g. Observations on the influence of light and heat.

§ 164. Light has been referred to by Dr. Phœbus and other writers on hay-fever as one of the probable causes of the disorder ; but on what ground this assertion has been made does not appear. Light is one of the most universally diffused agents we have. We have abundant evidence to show the important influence it has in aiding those changes which make up the sum total of life in the animal and vegetable kingdom, but we have no evidence to show that it has the power to produce symptoms which have even a remote resemblance to those of hay-fever, and, so far as I am aware, no author has yet made experiments which prove that light can produce the fully developed disease.

Both light and heat have been thought by some authors, and also by some patients, to give rise to exacerbations of the disorder, when once it has been established, but we have no evidence to show that the actual exciting cause of the disease has not been present when these exacerbations have come on, apparently through exposure to light. Then, again, it has not been proved that the period at which we have the greatest average intensity of light is the period at which hay-fever prevails. Until evidence which will clear up these uncertainties is brought we shall be justified in refusing to accept the statements of those who maintain that light is one of the causes of hay-fever.

§ 165. The powerful influence which heat has in deranging the whole economy of the animal frame has been recognised from very early times, but in searching the works of writers on medicine, and especially of those who have treated

upon the action of heat as a cause of disease, we look in vain for any description of symptoms resembling those of hay-fever. The derangements produced by exposure to intense heat are, in fact, very different in character and severity to those we observe in *catarrhus aestivus*. But notwithstanding this, the ill-recognised changes which heat produces on the nervous and vascular systems seem to have attracted the attention of some authors who were wishful to find a powerful cause for this curious disorder. Other authors have followed in the wake of these, and in some cases have adopted their conclusions without ascertaining the nature of the evidence upon which these rest.

§ 166. Bostock was, as we have seen (§ 33), the first to ascribe the malady to the influence of heat. His experiments seem at first sight to bear out his conclusions, but when we closely examine the evidence he brings we find that the former were not very logical.

The principal thing that strikes us in these observations is the circumstance that although heat was thought by Bostock to be the sole cause of his disorder, he passed through two of the hottest summers (1825-26) we have had during the present century and had fewer attacks of the disease than was usual in ordinary years. Again, in the first year of his residence at Ramsgate (1824) the summer was not warmer than usual, and yet he does not say that he suffered less than in the two hot summers.

§ 167. If his theory was correct and he had the disorder in so mild a form during the hot weather, he ought to have been almost entirely free from it in the cooler weather of 1824. If this had been the case one would think he would not have failed to notice the fact, since he tells us he made choice of Ramsgate as a residence in order to try to lessen the severity of the attacks. He, however, does not say he escaped or that he had the disease in a milder form even, and we are, therefore, led to infer that he must have suffered in the usual way during the first summer.

It is true that Bostock believed that the cooler air of the sea coast was the cause of the comparative immunity he enjoyed during the two hot summers. There is, however,

not a sufficient difference between the temperature of the air in this situation and at a distance from the sea, to account for the non-occurrence of the attacks at the former place. Bostock says that whenever he walked out, or, as he terms it, "relaxed his plan of discipline" he was sure to have an attack. But the average temperature of the air in a room would, during such summers as we had in 1825 and 1826, be quite equal to what it is in ordinary years in the open air, and it is well known that hay-fever is quite as severe at such times as it is in very hot summers. It has, in fact, sometimes happened that I have had the disorder in a milder form in a hot and very dry summer than I have when the air has been cooler and more moist. The year 1868 was, so far as the neighbourhood of Manchester is concerned, a fair example of the kind of summer which tends rather to lessen than to increase the severity of hay-fever.

§ 168. The year 1827 was cool, and during this summer Bostock resided at Kew, and whilst there he "walked out daily in the midst of hundreds of acres of meadow-grass," yet, except during one or two hot days in July, he had no attacks. This experience seems to favour his theory much more than that gained by his residence at Ramsgate. I have, however, shown (§ 142) that in a cool summer very little pollen is formed by grass, and I shall be able to show as I pass on that a rise in the temperature, during the hay season, will sometimes cause large quantities of pollen to be formed and thrown off.

It has several times in the course of my experiments seemed during a period of comparative coolness of the atmosphere, if the temperature has not gone down too low, as if the pollen has been, as it were, reservoired for a time, and as soon as the temperature has risen beyond a certain point the accumulated stock has been rapidly thrown off. But, however, this may be, certain it is that heat and moisture favour the growth and evolution of pollen and that cold and dryness will almost completely put a stop to these processes.

§ 169. As it bears upon this part of the subject I will

mention here an incident which occurred to me at Filey in 1870. It shows the manner in which attacks of hay-fever may come on even at the sea-side, and it also shows how careful we should be in forming our opinions before we have investigated all the circumstances attending an attack.

It was on one of the hottest days which occurred in July that I went down to the sea-shore for the purpose of trying some of the experiments named at § 97. The day was very hot, a sea breeze was blowing at the time and had been blowing more or less for two days. I was quite free from any of the active symptoms of hay-fever at the time. I remained from ten o'clock in the morning till five in the afternoon, moving about on the cliffs or on the shore close to the water. At the termination of the day's experimentation I returned to the town by a field-path which leads to the older part of the town. I had not proceeded far along this path before some of the earlier symptoms of hay-fever began to show themselves, and in the course of a very short time a violent attack of sneezing and coryza came on. So sudden and, so far as the action of pollen appeared to be concerned, so causeless was the attack that I began to think that after all there might be occasions in which light, heat, ozone, or all combined, might bring on hay-fever. I had only just quitted the sea-shore, and there was only a comparatively narrow strip of cultivated land intervening between me and the sea. On searching, however, I found that on this narrow belt of land there was a field of wheat in full bloom, and, on examining closely, the ripe anthers could be seen to be ejecting their pollen in the way which may frequently be witnessed in plants belonging to the order Graminaceæ.* It is scarcely necessary to say that

* If an ear of one of the Graminaceæ with large anthers (Rye, for instance) be placed, whilst in full flower, in a vase of water, or in a portion of wet earth or sand, and left in a room where the air is kept moderately still, some of the anthers may be seen to discharge their pollen in a sort of jet, which is thrown out at short intervals. It seems as if only a portion of the anther opens at once, and discharges a part of its contents by the action of some *vis a tergo*, which causes the pollen to be thrown a line or two in advance of the spot it would occupy if it dropped perpendicularly. What the cause of this mode of ejection is is not easy to make out.

as soon as I got away from the wheat the symptoms which had shown themselves so suddenly began to abate.

§ 170. I had here a fair opportunity of testing the action of light, heat, ozone and pollen. After several hours exposure to the three agents first named no effect was produced, but in the case of the pollen I had not been in contact with it many minutes before its characteristic symptoms began to be developed.

In order to be quite sure that the sea air did not carry any pollen, a short series of experiments—six in number—were tried by a method which I shall have to describe in the next chapter. By these experiments I found that when the wind had been blowing in from the sea for some hours, if the instrument was placed closed to the margin, and a few feet above the surface, of the water the air did not contain any pollen or any solid matter whatever. I was therefore satisfied that the absence of the symptoms of hay-fever during the greater part of the day was due to the absence of pollen, and that its sudden occurrence in the latter part of the day was due to a temporary exposure to its influence at the spot named.

§ 171. As I have before intimated when speaking of the experiments on ozone, this particular spot (Filey Bay) was selected because we have here an expanse of ocean which stretches three to four hundred miles in a straight line from the English coast; so that when the wind blows in from the sea a sufficient length of time to insure its having crossed the entire distance, we have here a fair opportunity for determining whether pollen or other organic matter can cross large tracts of ocean.

In this case we have seen that the sea air was free from any form of solid matter; but it is important to observe here that under some circumstances it will not be found to be so. In cases, for instance, where the air passes only a short distance over the sea, we shall often have it charged with solid matter; and where a land breeze is driven back after having crossed the sea a little way only, this may carry back the matter it has brought from the coast. In cases, also, where a land wind is driven back after having

crossed the ocean a short distance, and where this return current comes back by a path different from that taken in its outward course, the matter it contains may be thrown upon a part of the coast quite different to that from which it came. Thus we may have the products of one part of a continent distributed to another and totally different part.

We know so very little of the modes in which small particles of matter may be transported by atmospheric currents, or of the distances to which these may travel, that it is unwise to presume that they are absent at any time unless they are proved to be so by careful experiment.

§ 172. Bostock seems not to have had any idea of the existence of facts such as those I have just mentioned, and consequently is not at all influenced by them in drawing his conclusions.

Other writers who have treated of the disease since Bostock's time have, as we have seen (Chap. II), attributed it to the influence of heat. Dr. Phœbus, as I have previously shown, has to resort to the curious hypothesis which makes the *early heats* of summer the most active cause of the malady, and speaks of this idea as being supported by the testimony of numerous and important observers.

If this hypothesis is intended to be used in a *qualitative* sense only, then it should be shown that solar heat does possess a property in the early part of the summer which it loses at the later part; and, although it might be impossible to demonstrate the exact nature of this property, its effects should be capable of being shown by experiments made at a time when no other supposed cause of hay-fever is present. If, however, the hypothesis is intended to be used only in a *quantitative** sense, it should, as I have said before, be shown that an increase of temperature beyond a certain point invariably brings on the disorder. In no case has this yet been done.

§ 173. Dr. Smith agrees with Dr. Phœbus in believing that great heat and strong light will induce or aggravate the symptoms of hay-fever, but he does not bring us the history of any cases which show conclusively that these

* Or merely to indicate intensity.

agents have the power they are said to have. One case, however, is given in which the attack came on whilst the patient was engaged in unfurling the sails of a yacht a short distance out at sea.* In this case it seemed as if heat and physical exertion had brought on the disorder. The experiments I shall have to describe in the next chapter will, however, show that it is highly probable that the sails had become the receptacles for pollen which had been blown on to them from the land, and that the unfurling of the sails had disturbed the pollen and caused it to be inhaled during the period of exertion.

Another case is given by Dr. Smith in which the symptoms of the disorder came on whilst the patient was walking through Piccadilly (London) on a hot, dry, dusty day.† The intense heat and the dust, Dr. Smith thinks, were quite sufficient to account for the sudden appearance of the attack. Unless, however, it can be shown that the patient had been suddenly and temporarily brought under the influence of these agents, we shall be warranted in doubting the correctness of this conclusion; and I am myself the more inclined to do so from the circumstance that I have several times had similar sudden attacks when there seemed to be no probability of these being due to pollen, but which were found to be so when a close examination of the attendant circumstances was made. One example of such an occurrence is given at § 118, and another at § 169.

§ 174. Dr. Smith also gives several examples of the disorder in which the attacks were undoubtedly due to the presence of hay or of grass in flower. For the details of these I must refer my readers to Dr. Smith's work,‡ but I may be allowed to remark here that the examples of this class of cases are greatly in excess of those that are said to be due to heat.

§ 175. Dr. Pirrie gives a number of cases where the patients attributed their attacks to the heats of summer.

* *On Hay-fever, or Summer Catarrh*, by W. Abbots Smith, M.D. London, 1866, p. 50.

† *Ibid.*, p. 52.

‡ *Ibid.*, 4th Edition. Pages 26, 27, 35, 36, and 40.

One of these patients, in describing the circumstances under which an attack would sometimes come on, says, "Any day I have occasion to be out in summer under a strong sun I am sure to have an attack of the complaint. I am always best in cold, cloudy days in summer."*

Another patient says, "I cannot go out on a very bright hot day without being so ill, and I think it is more from the general effect of heat on me than anything else."† Another patient, a lady, told Dr. Pirrie that "she was always ill for many weeks, and was always worst when the season was a bright and sunny one."‡ The case of an Indian officer is also mentioned who, while in England, had his attacks at the beginning of June, but who on one occasion was seized when out at sea."§

Another example of the effect of heat is given where the patient was also an officer in the Indian army. In this case the disease "showed itself in England in the months of June and July. When in India the attacks were more frequent during the whole course of the year than in England, and the worst time for it was from the end of July to the end of September." The patient, however, remarks that "during the hottest season, from March to June, in western India, vegetation is dried up, and the sneezing would be constant enough if excited by the sun."||

§ 176. From the circumstance that the disease makes its appearance at different times, which accord with the time at which summer is said to commence in the various districts, Dr. Pirrie thinks "all this has a direct relation to the advent of the hot summer days." He also says, in referring to the occurrence of the disease in India, "it appears in the hot dry weather from March to June; but also in the period intervening between the end of July and the end of September, but it has also been said to have appeared among Europeans in India during the months of February and March, and then it has been attributed by

* *On Hay-asthma and the Affection termed Hay-fever*, by William Pirrie, M.D. London, 1867, p. 28.

† *Ibid.*, p. 29.

‡ *Ibid.*, p. 29.

§ *Ibid.*, p. 30.

|| *Ibid.*, p. 33.

some to the blossom of mango and some other trees which are then in flower.”*

Dr. Moore in his pamphlet agrees with the three last-mentioned authors in attributing the disorder in many cases to the influence of heat, but no cases are given by him in support of this opinion.

§ 177. No author but Dr. Phœbus makes any distinction between the earlier and later heats of summer; and, with all except this writer, it is more a question of intensity than of quality.

When we come, however, to inquire into the effect of heat in countries where the temperature rises far above what we have in England, we find that the experience of the disease gained in these hot countries, gives no countenance to the opinions held by some authors on the effects of heat.

Sir Ranald Martin, in speaking of the hot dry season, which, in Bengal, extends from the beginning of March to the middle of June, says, “The temperature rises gradually from 80° to about 90°—95° in the shade, and reaches to 100°—120°—130° in the open air. . . . Of Calcutta it may be said, however, with truth that it is ‘a city of stone, in a land of iron, with a sky of brass,’ the soil of the surrounding country being rent and riven as if baked over a volcano. . . . The local newspapers of May, 1851, speak of the heat as more intense than it has been for years. The thermometer in the coolest rooms stands at 92° to 94°, and the breeze which should bring refreshment at the close of a sultry day has been as the breath of a furnace.”†

§ 178. If heat would produce hay-fever, it would, with those who are liable to it, be certain to be developed in India under such circumstances as those described above. But not only should the disease be developed, but it should also be continuous and severe whilst the temperature

* *On Hay-asthma and the Affections termed Hay-fever*, by William Pirrie, M.D. London, 1867, p. 49.

† *Influence of Tropical Climates in producing the Acute Endemic Diseases of Europeans*, by Sir James Ranald Martin, C.B., F.R.S. London, 1861, pp. 42, 43.

is high. Such, however, is seldom or never the case. In the few cases which do occur, the intensity of the disorder does not at all correspond with the degree of heat.

A native medical practitioner, educated in England, in answer to inquiries made through a friend, informs me that he has never known a patient—either native or foreign—to be affected with hay-fever in the plains, and he believes that the disease has never been known to occur in natives either on the plains or in the hills.

Two medical friends—surgeons in the Indian Service—also inform me that during a residence of some years in India, they have never known the disease to occur in the plains.

§ 179. Then if we turn to the evidence furnished by patients who have had hay-fever in India, we find that whilst they have mostly escaped it on the plains, they have often had attacks when they have ascended into the cooler atmosphere of the hills (§ 64); and when patients have had it in both situations, the general testimony is that they have had it far less severely in the former than they have in the latter place.

The cause of this difference is not very far to seek. During the hot season in India, vegetation is almost burnt up in the plains, whilst in the hills grass and many of the cereals are grown in abundance, and flower and throw off their pollen just as they do in European countries.*

§ 180. If we look to the symptoms produced by heat in tropical countries, we find these also to differ very materially from those seen in attacks of hay-fever. Sir Ranald Martin, from whose work I have already quoted, gives the following description of the sun-fever—heat apoplexy—of

* Dr. Joseph D. Hooker, of Kew, has kindly given me the following information respecting the grasses and cereals which grow in the Himalaya. In answer to my inquiries Dr. Hooker says:—"None of the English grasses which you mention are indigenous to the Himalaya, but some occur there sparingly as escapes. With regard to the native grasses, they are legion; many of them are of the same genus as European, and if hay-fever is due to grasses in England it would be so in Himalaya. Of Himalayan cereals they cultivate wheat and barley, and, more sparingly, oats; also abundantly, maize, rice, millet, &c., as in the south of Europe."

tropical climates :—“ First, we have vertigo and headache, with sense of burning in the eyes, the conjunctiva being injected ; a full and frequent pulse, vomiting, great heat, sometimes floridness, of the skin, a devouring thirst, oppressed respiration, and swollen face. Then come lividness, sinking and running of the pulse, clammy sweat, exhausted nervous energy, faltering of the tongue, coma, convulsion, and speedy death ; these constitute the course of events in true heat apoplexy.”*

In character as well as in severity the symptoms here given will, when we come to consider those of *catarrhus sensitivus*, be found to be very unlike those which are present in this disorder. To this, however, I shall return in another chapter.

§ 181. The experience we have of the disorder in England agrees in the main with that obtained in India. It is well known that the disease often makes its appearance here before the summer has fairly commenced, and in a very large majority of cases it begins to decline, and frequently entirely disappears, at least for a time, whilst the summer heat is nearly at its maximum. A second attack will also sometimes come on in the autumn, when the temperature is considerably lower than it is during the first attack.

In England also patients generally suffer more severely in the country than they do in the towns, but it is no where contended that the heat of a town is very much less than that of the country in the summer time ; and it is well known that some patients remain almost entirely free from the disease if they reside in the centre of a large town or city during the hay season. A sojourn at the seaside, too, whatever the temperature may be, will in almost all cases free the patient from the disorder whilst a sea breeze is blowing.†

§ 182. A careful search through the works and published papers of all the authors with whose writings I have become

* *Influence of Tropical Climates in producing the Acute Endemic Diseases of Europeans*, by Sir James Ranald Martin, C.B., F.R.S., p. 397.

† Except under the circumstances named at § 171.

acquainted has shown me that in no instance has it ever been satisfactorily demonstrated that the disease was due to heat, and heat only.

It is true that many cases are given where heat seems to have been the exciting cause, but in not one of these has it been shown that the real exciting cause, pollen, has been absent.

The results of the experiments I shall have to detail in the next chapter have shown me that this proof is always needed in order to make the evidence at all conclusive.

From a consideration of all the facts I have named, and from all the testimony I have gained from the writings of the various authors I have consulted, as well as from that furnished by my own observation and experiments, I am led to conclude that heat has no direct influence in producing hay-fever; and, to use the words I have already quoted, I believe "the cause cannot be anything which is present in other cases where the given effect is not produced, unless the presence of some counteracting cause shall appear to account for its non-production."*

CHAP. IV.—ON THE QUANTITY OF POLLEN FOUND FLOATING IN THE ATMOSPHERE DURING THE PREVALENCE OF HAY-FEVER, AND ON ITS RELATION TO THE INTENSITY OF THE SYMPTOMS.

A. Experiments at ordinary levels.

B. Experiments at high altitudes.

A. *Experiments at ordinary levels.*

§ 183. We have seen in the preceding pages that pollen can produce the symptoms of hay-fever, but no one hitherto has attempted to show what relation there is between the quantity of pollen found in the air during the prevalence of the disorder and the intensity of the symptoms in any given case.

* Archbishop Thomson's *Outline of the Laws of Thought.*

The researches of Needham and Spallanzani during the last century, and of Boussingault, Pouchet, Pasteur, Schröder, Salisbury, and others* during the present century, have shown that organised vegetable matters are found floating in the atmosphere. Pollen has frequently been found amongst these matters, but no one has thought it worth while to see what quantity was to be found in any given volume of air or during any given portion of time. Nor yet has any one attempted to determine what family of plants furnishes the largest number. The greatest uncertainty has prevailed on this subject, and this, no doubt, has led to many of the contradictory statements which have been made on the influence of heat, but which would not have been made if our knowledge of atmospheric deposits had been as complete as it ought to have been.

§ 184. It seems highly probable that grass pollen would be largely in excess of all others, and that this would be the principal cause of a disorder which prevails mostly during the hay season ; but without carefully conducted experiments no correct estimate could be made of the quantity of this pollen to be found in the atmosphere nor yet of the share which other pollens might have in developing the disorder.

Dr. Phœbus in referring to this part of the subject, says, "It is a question whether we have to seek the exciting cause of the whole attack in those atmospheric conditions or in those matters which are found floating in the atmosphere, which we shall speak of as decided causes of aggravation. It is, however, scarcely probable that they, passing more or less quickly, contribute considerably to the creation of the attack—an attack which recurs periodically for life. The scantiness of the causes would, we should think, stand in a disproportion to the greatness of the effect."

§ 185. The object of the experiments then was—

1st. To determine whether the commencement of the disorder depended on the presence of pollen in the atmosphere.

2nd. To ascertain what number of pollen grains would be

* Crookes, Samuelson, Tyndall, Angus Smith, Dancer, Maddox, Charlton Bastian, &c.

deposited on a given space each day during the prevalence of hay-fever.

3rd. To determine the height to which pollen would rise and the distance to which it might be transported by atmospheric currents.

4th. To discover what relation the quantity of grass pollen bears to that furnished by other orders of plants.

5th. To see what relation the quantity of pollen found had to the severity of the symptoms produced.

§ 186. The first experiments were made with a very simple apparatus. A glass tube twelve inches long and three quarters of an inch in diameter was filled with air taken in the open country during the hay season, and after having a disc of thin microscopic glass placed at one end so as to stop up the lower orifice, the tube was placed in a perpendicular position, and was allowed to remain quiescent a sufficient length of time to permit any solid particles the enclosed air might contain to deposit on the thin glass. In order to be able to judge of the relative number of pollen grains deposited, a cell, one centimetre square, was formed on the disc with black varnish. Subsequently a metal tube four feet long and an inch and a quarter in diameter was used.

My object in proceeding in this manner was to see what was the smallest quantity of air that would give any reliable results, but in neither case did I find these at all satisfactory. Occasionally the microscope revealed the presence of pollen grains on the disc of glass; but frequently, when I found none in this situation, I could find them on the dust which settled on the inner surface of the tube, and I always found a deposit of some kind on both the glass and metal tubes in spite of all the care that was taken to keep them exactly perpendicular. I could only account for this by supposing that the friction of the external air gave rise to an electric condition of the tube which caused the smaller particles of matter to be attracted by it. Whatever was the cause it helped to defeat the object of the experiments. As a test of the presence of pollen this plan failed as often

as it succeeded, whilst as a test of quantity it was an utter failure.

§ 187. Another method which I tried was to draw a given quantity of air through an aspirator, and in doing so to cause the stream of air to impinge against a glass plate covered over with a thin layer of glycerine. The current of air was made to pass through a small tube fixed with the nozzle almost close to the glass plate.*

Another method which was tried was that which had previously been used by M. Pasteur in his researches on spontaneous generation. The aspirator was made to draw the air through a tube in which was placed a portion of gun cotton; this latter acting as a filter by retaining the particles of solid matter in its meshes. By dissolving the gun cotton in ether, and allowing the particles to settle, these could be seen under the microscope.

Another plan was to fix a piece of thin fine muslin over one end of a tube attached to the aspirator. This muslin was previously moistened with glycerine, but to such a degree that the threads only would be saturated, whilst the square openings between the threads were left patent. When the aspirator was set to work the air was drawn through the muslin, and whatever solid particles this had in it, if they were not small enough to pass through the meshes, they were at once arrested.

§ 188. All these methods answered well as tests of the presence of solid bodies in the atmosphere, but as tests of the quantity they were too difficult, and occupied too much time in the working to permit me to adopt them. In the first plan there was a difficulty in determining whether the whole of the pollen in the air drawn through the tube adhered to the plate charged with glycerine. Unless this could be determined with certainty the plan was really useless as an indicator of quantity. In the second method the trouble involved and the time taken made it impossible to work it, with the time I had at my disposal.

* Similar to the arrangement adopted by Dr. Maddox in the apparatus invented by him. In his instrument, however, there is no aspirator used. The air is made to pass through the tube by the force of the wind.

Another plan which was adopted was to aspirate the air through a given quantity of fluid, and then to examine a portion of this under the microscope. A single drop was found to be sufficient to make three or four cells, each of one centimètre square,* and although this method promised at first to be the most scientific and reliable in its results, it was found to be more uncertain and more tedious than any of the other methods.

As there is considerable interest taken in the subject of atmospheric deposits at the present time, I have ventured to give a sketch of the various plans adopted, notwithstanding that these were, for the purposes I had in view, almost useless. The record of my failures may, however, possibly prevent other observers, who may think of repeating my experiments, from wasting time in attempting to work in the same way.

§ 189. Ultimately, I was led to adopt a very simple plan, which I afterwards found was recommended by Dr. Phœbus.† This consists in the exposure of slips of glass to the open air for a given length of time, so as to allow any solid matter the air may contain to deposit upon the glass. Each slip of glass had a cell formed upon it with black varnish, so as to enclose a space one centimètre square.‡ This square was coated with a thin layer of fluid prepared for the purpose.§ After being exposed for twenty-four hours, each slip was placed under the microscope, and any deposit it contained was carefully examined, and the number of pollen grains counted.

The apparatus on which the glass slips were exposed is shown at Figs. 3 and 4.

The ultimate object of these experiments was of course

* The smallest quantity of fluid that could be used to aspirate through would make quite one hundred slides, each having about seven hundred microscopic "fields" in it. I found that unless a very large number of slides were counted no dependence could be placed on the result.

† And has also been used by Dr. Salisbury and other observers.

‡ As shown at Fig. 4.

§ In the following proportions:—One part of water, three of proof spirit, and one part of glycerine. Five grains of pure carbolic acid are dissolved in each ounce of this mixture.

to determine as nearly as possible what number of pollen grains floated in the air during each twenty-four hours of a period fixed upon.

FIG. 3.

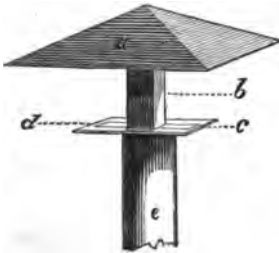


Fig. 3.—*a*, roof or cover to the stage *d*; *b*, pillar which supports the roof *a*; *c*, glass slips seven eighths of an inch square (ordinary microscopic slides will answer the purpose, but are very liable to be blown off in high winds); *e*, socket which fits on to the upper part of a pillar of wood four feet six inches long, and which has its lower extremity fixed into a block of wood which rests on the ground.

FIG. 4.

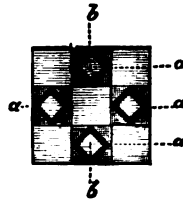


Fig. 4.—A view of the upper surface of the stage *d*, the cover *a* being removed; *a, a, a, a*, slips of glass seven eighths of an inch square, on which the cells *b, b* are formed by the borders of black varnish.*

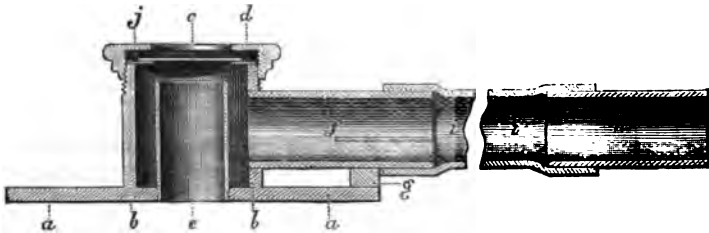
At first sight it would appear that this apparatus was not very well adapted for this purpose, and, if very exact estimates are sought for, the remark would be quite true. I found, however, in practice, that this plan of proceeding gave me much more even and reliable results than I had been able to get by any other method, and although they were not quite as exact as might have been desired, they were such as answered well the purposes I had in view.

§ 190. By an apparatus similar to that shown at Figs. 5, 6, and 7, I could ascertain the presence of pollen in the atmosphere at any time, and could form some idea of the quantity inhaled; but the use of this instrument also revealed to me the existence of some disturbing influences and causes of uncertainty, which made it impossible to depend upon experiments tried for short periods.

* These are placed diagonally upon the slips of glass, for the reason that the stage of my microscope is made to traverse diagonally.

This instrument I devised for the purpose of viewing the deposit whilst it was forming. By placing it on the stage of the microscope, and inhaling through the mouth-piece *h*, the glass plate *c* is for the time being made to take the place of a portion of the mucous membrane of the nares, and the observer can see the deposit as it forms on the field of the microscope. The air being made to enter at the

FIG. 5.



A perpendicular section of the instrument represented. *a, a*, brass plate to which the brass cylinder *b, b* is soldered; *c*, a square of thin microscopic glass, on which a cell one centimetre square is made with black varnish; *d*, a loose cap, which screws on to the cylinder *b, b*. When screwed down, the under and inner surface of this cap rests on small pins, which surround the square of thin glass. *e*, a smaller cylinder, which is made to screw into the plate *a, a*; *f*, a brass or glass tube cemented or screwed into the cylinder *b, b*; *g*, brass step screwed to the plate *a, a*, the tube *f* being cemented into a semicircular recess on the upper surface of *g*; *h*, a short length of glass tube to be used as a mouth-piece; *i, i*, caoutchouc tube, attached by one extremity to the tube *f*, and by the other to the mouth-piece *h*. This tube should be sufficiently long to reach the mouth of the operator when the instrument is placed in position on the stage of the microscope, and the eye of the operator is in position at the eye-piece. A slip of thin glass is shown to be inserted in the tube *f*; *j*, a disc of thin brass perforated, with a square opening rather larger than the cell on the thin glass. This disc is made to rest upon the upper edge of the cylinder *b, b*. In all cases the figures are drawn to a scale of $\frac{1}{3}$ rds.

point *e*, passes up the cylinder and strikes against the thin glass *c*, this latter being charged with a small portion of the prepared fluid named at § 189. The air then passes over the top of the cylinder *e* into the tube *f*, along the tubes *i, i* and *h*, and into the mouth of the operator.

A slip of thin glass is shown to be inserted in the tube *f*. This is done with a view of ascertaining what amount of matter escapes being deposited on the plate *c*. If it is thought to be desirable the caoutchouc tube *i i* may be divided at different points, and a short length of tube, with a slip of thin glass placed in it, may be inserted. In this way some idea may be formed of the distance to which atmospheric

FIG. 6.

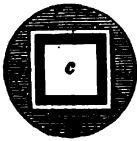


FIG. 7.

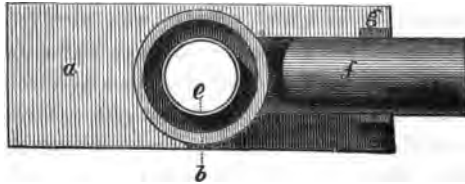


Fig. 6.—A view of the upper surface of the disc of thin brass *j*. The square of thin glass *c* is also shown in position.

Fig. 7.—A view of the upper surface of Fig. 5 (the cap *d* and the disc *j* being removed). *a*, brass plate to which the cylinder *b* is soldered, and into which the smaller cylinder *e* is screwed; *f*, glass or brass tube cemented into the cylinder *b*, and to the step *g*.

When in position the disc *j* rests on the upper edge of the cylinder *b*, as shown in Fig. 5. The thin glass *c* is kept in position by the short pins along its edge, these being screwed into the disc *j*. The india rubber tube *i, i*, and the mouth-piece *h*, are supposed to be removed.

deposits can penetrate into the bronchial tubes. In this case, however, it will be necessary to coat the inner surfaces of the instrument and the tubes with a thin layer of the prepared fluid (§ 189) so as to imitate the condition of the mucous membrane of the buccal cavity, trachea, and bronchial tubes.

§ 191. For observations where it was not deemed necessary to watch the deposit as it formed, a much more simple instrument, constructed on the same principle, was used.*

* This consists of a glass tube six or eight inches long, and rather less than an inch in its inside diameter. This tube is fitted with a square cork sufficiently large to permit it to slide easily into the tube when a moderate force is applied, and yet to remain fixed at any point when untouched. To one end of the tube a brass cap is fitted. This is furnished with an opening rather less than one square centimetre in size. On one surface of the cork a slip of thin

Either of these instruments seemed at first to be likely to be all that could be desired, but, as in many other cases, the apparent advantages were not found to be so great in practice as they promised. I found that the quantity of pollen in the atmosphere during the hay season was an ever-changing quantity. In no case could I make the product of one, two, or three hours' experimentation agree with the hourly average obtained when the experiments were continued for twenty-four hours at a time. The amount of deposit obtained in a short period was always, or nearly always, largely in excess of the average for a longer period. The deposit obtained in the day was generally much in excess of that obtained during the night. Occasionally, however, the night deposit would be large, whilst that of the following day would be small in amount.

If it had been possible for me to have attached an aspirator to the instrument, and to have kept this constantly going, some of these difficulties might have been obviated; but as one series of the experiments had to be conducted in the country, some three miles away from my own residence, this was not practicable.

§ 192. Then there were other difficulties and irregularities which even this would not have obviated. I found, for instance, that a very slight alteration in the position of the instrument, or in the position of the observer, would make a considerable

glass is fastened by means of two small staples made with thin wire, and placed so as to secure two opposite corners of the glass. If the experiment is intended to be made for the purpose of determining the exact amount of pollen or other deposit a certain number of inspirations will give, it will be necessary to form a cell upon the thin glass in the manner shown at Fig. 6.

When all are in position the cork, with its thin glass, should be about a quarter of an inch from the opening in the brass cap; and this latter should be made to correspond exactly with the position of the cell on the glass.

If air is drawn through the instrument by placing the free extremity of the tube in the mouth of the operator, much the same result may be obtained as with the instrument shown at Fig. 5, with this exception, that the deposit cannot be viewed whilst forming. The slip of glass can be taken out for examination, and should be placed on an ordinary glass slide, so that the lines forming the boundaries of the cell will be parallel to those described by working the screws of the microscope stage. The mode of examining a deposit obtained in this and other ways I shall give further on.

difference in the amount of the deposit, and, as a matter of course, an equal difference in the quantity inhaled. The shelter of a hedge or wall would lessen the quantity perceptibly if the instrument or the patient were placed to the leeward; whilst a wood or large plantation would diminish it more than one half if the trees were in full leaf.

Then, again, I found that the force of the wind made some difference in the amount of pollen deposited. A quiet state of the atmosphere in the height of the hay season generally gave a large amount, but a strong wind lessened the quantity. In the latter case, however, if the wind was not *very* strong, I found the ophthalmic suffering to be more severe than in a quieter state of the atmosphere.

The centre of the city, as might be expected, gave a very much smaller deposit than was got in the country, and as my duties frequently called me into the city whilst the experiments were going on in the country, this introduced another element of uncertainty.

§ 193. Another and very important cause of irregularity was the occurrence of rain during the hay season. If this was very local, and confined to a comparatively small area in the district where the experiments were going on, it would lessen, or entirely put a stop to, the deposit of pollen in this district; but if my duties called me into a part of the country where there had been little or no rain, I should have the symptoms well developed notwithstanding that not a single pollen grain might be shown with the instrument in my own neighbourhood.

As it was obviously impossible to remain in one spot and thus avoid some of the irregularities of which I have spoken, I determined to use a form of instrument which would imitate some of the conditions which I have mentioned as the causes of irregularity in the quantity of pollen to which a patient may be exposed in his daily routine.

By a reference to Figs. 3 and 4 it will be seen that there are four slips of glass exposed. Whichever way the wind happens to be blowing, one of these must be more or less under the shelter of the central pillar *b*, and it was astonishing to see what an amount of difference even this little

shelter made in the quantity of pollen deposited. During the hay season a patient must, in moving about, be necessarily exposed to similar variations, in some cases amounting to a complete escape from the influence of pollen, and in others to contact with a large quantity. But these variations will often occur under circumstances which will not permit the keenest observer to discover the cause of them.

(*To be continued.*)

FURTHER OBSERVATIONS UPON THE INTERMITTENT ACTION OF *SULPHUR*.

By ROBERT T. COOPER, M.D., T.C.D.

IN our last paper we had very unwillingly to come to a conclusion while still in the height of inquiry, and while, as it seemed, facts of the utmost importance were, one by one, drawing upon us; and though it may appear tedious our dwelling at such length upon this subject, yet we hope to convince all that it is one worthy of our most careful consideration, and of the most pains-taking and thorough investigation it is possible to bestow upon it.

In that final and supreme stage, the stage of therapeutics, as Sir Thomas Watson terms it, although our brethren of the old school are confessedly much behind the advancing spirit of the age, it is at once our pride and our privilege to be able to think that we, at least, are in the pathway of progress, and that by our unceasing efforts, led on by our guiding star, the law of similars, our system holds a position on a level with physiologico-pathological research.

And, certainly, when we put forward *Sulphur* as, perhaps, the most useful remedy we possess, notwithstanding that we have daily proof to this effect, it avails little in the estimation of an outsider; nay, advancing such statement becomes most detrimental to the cause of scientific medicine, without

our being in a position to point to tangible and necessary proof that *Sulphur*, our *facile princeps* drug, occupies nought but its proper position, and where such evidence is to be found I have never been able to discover; indeed, except for some few meagrely reported cases, and observations wholly insufficient, dispersed through our journals and insisted on with such distrust, dissevered as they are from anything approaching to a reasonable pathology, nothing of the kind exists; and in regard to these it were better, methinks, to maintain a rigid silence than to parade them as samples of scientific cures.

We know that it is correct clinical observations alone that can so confirm and explain our provings as to compel a recognition of their intrinsic worth by those who would otherwise be indisposed to admit their practical value.

In the hope, therefore, of being able, in part, to supply a deficiency, and of filling up a chasm created, may we not say, inexcusably, by our own remissness, we purpose to proceed.

In the first place, let us dismiss from our minds the idea we naturally form of *Sulphur* from the inertness of its bulk, of its not being a tonic. However true this may be of the crude substance, it is directly contrary to fact in regard to its alcoholic attenuations, at least, if we mean by a tonic a substance that gives tone to the entire frame when in a state of relaxation and debility, then I most assuredly have no hesitation whatever in saying that *Sulphur* has few competitors in the field; but if we mean by a tonic a medicine that will restore the vital powers, or excite the vaso-motor nerves in spite of its not being in strict relationship with the parts affected, then, as assuredly we must look away from *Sulphur* altogether.

Arsenic, that exerts such restorative powers upon the debilitated frame, is more appropriate to a weakness engendered by, or associated with severe structural disorganization, while *Sulphur* cures a prostration arising from no organic mischief whatever, but characterised by intense loss of tone throughout, not a part only, but the entire muscular system.

All our remedies are tonics in a partial sense, that is to say they all act upon certain localities of the body and strengthen these, but the word tonic, or rather analeptic, ought to be confined to those that exert a restorative influence upon all as well as particular parts of the system.

The debility of children will serve as an illustration, as in these, the characteristic symptoms of true debility are more met with than in adults.

One form, as I pointed out in the *Monthly Homœopathic Review*, where the muscles are flabby and relaxed, the hair long and lanky, and the skin perspiring, is met by *Sulphur*, and, I may add, it is in this form, from, as it appears to me, purely mechanical reasons, that spinal curvature is so likely to supervene, the muscles seem unable to support the spinal column in a state of natural erection, and consequently it curves to one or other side. Hence it is that, allowed to remain unrelieved, the extreme states of this debility are often, nay, I might say always, associated with severe structural irregularity.

A case of this kind in a little girl was brought to me, and I am quoting but one from many, where the spinal affection, Pott's curvature, had not been in the least suspected by the gentleman in attendance upon the family. There can be no advantage gained by going over the symptoms of the case, further than to state that the muscles were soft and flabby and the prostration so great as to make me direct especial attention to the spinal column which presented a well-marked curvature in the lumbo-dorsal region, and this, with the general tenour of the case, induced me to prescribe the *Tincture of Sulphur*. Although some weeks elapsed before its truly splendid effects began to manifest themselves we could plainly perceive that the result was due to the medicine prescribed, and that it was the means of wresting the little sufferer from the jaws of premature death, if not from an incurable deformity. There still remains some curvature, but it is quite insignificant in amount.

Such patients as these have very frequently associated with their general debility some prominent form of visceral

weakness; perhaps the most common being, for example, the enuresis somni, and under such conditions it is almost sure to disappear simultaneously with the improvement in the tone of the system; and in the same way, too, may *Ferrum*, *Arsenicum*, and other remedies cure this affection, but we must not, therefore, flatter ourselves, as has over and over again been done by systematic writers, that we are in possession of an efficient specific for this really obstinate complaint; for my own part I have found that when wetting of the bed becomes a habit, when it has existed, unassociated with any marked debility beyond, say, ten years of age, no drug, allopathic or homœopathic, exerts the smallest effect upon it, its obstinacy, in some instances, I am inclined to attribute to some such grave disease as depositions of tubercle within the substance of the spinal cord or its meninges.

There is another form of children's debility whose commencement is characterised by complete prostration, without loss of resiliency in the muscular structures. The child possesses a clear skin, and curly hair; and this, as I have before shown, is met by *Ferrum*, supplemented, according to the necessities of the case, by *China*, *Phosphoric acid*, &c. Allowed to run its course, the attendant organic lesion will be pneumonic inflammation of some sort.

The third form is where rapidly increasing emaciation, with but very short warning, sets in; this is unaccompanied by any particular loss of hardness in the muscles, and is remarkable for quickly degenerating into intestinal disorder—so-called scrofulous peritonitis, marasmus, phthisis, and the like, to a degree so great that it hardly deserves the title debility, or its curative that of tonic.

It is important to bear these in mind, for in subsequent remarks we may have to direct special attention to them; for instance, if we contrast the debility of *Arsenic* with that of *Sulphur*, we shall find that the former is not in any sense a true debility, there is an amount of arterial and sometimes nervous excitement, and a tendency to hectic as well as to visceral inflammation, that it requires something more than a tonic to correct; while the latter is, as we inti-

mated, a gradual progressive relaxation, in fact, essentially a debility, requiring for its correction a tonic remedy simply ; and, allowed to drift, it will not be until a considerable time has elapsed that any perceptible organic change need be expected.

The effect of *Sulphur*, and, perhaps, we might add, *Calcareo carbonica*, *Silicea*, and some others, is progressive rather than immediate ; it does not, as it would seem, struggle against any antagonistic force ; but without any quarrelsome intent it enters the body, to modify and redirect its vital energies, inviting, rather than insisting upon the attention of the nerve-centres to the neglected parts of the economy, and, repudiating any intention to excite or irritate, it equalizes and regulates the distribution of nutritive material throughout the entire frame.

It differs thus from our more powerful neuro-tonics that settle directly upon the nerve-centres, and in spite of resistance, for weal or woe, call these into action. It may be said we use too homely phrase, but I ask any practical physician conversant with *Sulphur's* action, whether this be not a true, though it may not be a scientifically portrayed picture of the way in which *Sulphur* works upon the diseased body ; we mean, of course, true in comparison to the effect of more violent agents. To quote a case, almost at random, a girl, aged 13, with extreme weakness of the ankles and knees, following acute rheumatism, at times so weak as to hinder progression, and undefined aching pains between the shoulders. *Sulphur* enabled this patient to walk strongly ; almost immediate improvement set in ; and, what I have never observed before, for the first week she was annoyed with a severe supra-orbital pain in the left side, attaining its *acmé* in the middle of night ; this, however, went away in spite of the continued administration of the *Sulphur*. We hope to refer to this hereafter.

If we can imagine a summons given at the centre, without any direct impression being made upon the ailing periphery ; if we can suppose an influence redirecting, rather than a power compelling, to be exerted, we will have, phenomenally, an explanation of *Sulphur's* effect in such a

case. I say phenomenally, since it is well known *Sulphur* can produce such symptoms ; but, unlike most remedies that produce a morbid condition, it never aggravates that morbid state before restoring it to healthy action.

I have often watched narrowly for aggravation of *indicated* symptoms from *Sulphur*, but have never witnessed any ; and certainly this cannot be said of neuro-tonics properly so called.

Sulphur modifies and regulates the nervous currents ; *Nux vomica*, for example, interposes its own currents, and by them counteracts and extinguishes those already in existence. *Sulphur*, to the troubled waters, is the oil and stop-cock. *Nux vomica* is the opposing and subduing wave.

We hypothecate an explanation to meet the fact that *Sulphur* seems to neutralize rather than to antagonize, to coax rather than to coerce, thus standing out in bold contrast with *Arsenic*, *Ferrum*, *Cantharis*, and other hyper-æsthetic agents ; it is a regulator rather than a stimulator of innervation, and so it comes that the homœopathicity of its curative action is not so susceptible of proof as that of agents producing more immediate and direct effects.

Peculiar difficulty attends the explanation of the *modus operandi* of any remedy, and we do not put forward this stop-cock theory of its influence over disease as by any means critically accurate ; this, however, we confidently assert, that inertia and relaxation of fibre is as characteristic of *Sulphur*, as irritability of fibre is of *Arsenicum* and *Ferrum*, and a glance at its proving and *clinique* will show that almost all its symptoms are stamped with this feebleness of tone—this atrophic, in contradistinction to hypertrophic condition—to a marked degree throughout every region of the body. This, at least, is not mere theory ; on the contrary, it is observation derived from a careful and long-conducted investigation into the action of this unequalled drug.

The power *Sulphur* has of causing absorption of serous accumulations would appear to be owing to its relationship to enfeeblements of tissue ; its ability to regulate innervation and direct attention to the prostrate part, and, without

any apparent stimulation, to awaken the supplying nerves to a sense of their duty.

The paralyzes that are benefited by *Sulphur* are not those that take rise from severe structural disorganization, and in which palliative stimulation is the utmost that medicine and its appliances can hope to effect, but it is rather those in which there is loss of tone pervading the affected limb, or distributed throughout the entire frame from functional causes merely, or from effusion within the coverings of the brain or spinal cord, the consequence not of present but of previous disease.

We have observed that *Sulphur* never aggravates symptoms to which it is appropriate; this is strikingly our experience. We have often met patients in whom a few doses produced considerable prostration; they came over as they expressed it "all powerless like," much as in our allopathic days we used to hear of *Iodide of Potassium*; this, and the occurrence of trivial nocturnal diarrhœa, a pressive forcing pain at the anus, some cramps in the calves, and transitory pains in parts remote from the seat of the affection, as already exemplified, are sometimes consequent upon its exhibition; but these are truly transitory, they cease in spite of the continuance of the drug, and are observable only to those who carefully look for them.

In the difficulty in learning to walk of children, in itself a form of paralysis, we have, we must confess, entirely failed with *Aconitum*, *Gelseminum*, *Conium*, *Natrum muriaticum*, and other remedies usually put forward as curative, while a course of which *Sulphur* is the principal—sometimes the only agent, *Calcareo carbonica*, *China*, or *Phosphorus* following according to the constitution and temperament of the child, seldom disappoint. The only caution I would give is to let *Sulphur* act for three or four weeks, as, in this affection, it often fails to affect one's purpose until a good while has elapsed.

And be it observed this flabby atonic condition lessens the force by which the natural flow of blood, especially venous blood, is impelled through the tissues; and, as a consequence of this, stagnation in the smaller branches prima-

rily, and in the larger trunks secondarily, occurs, the smaller or compensatory branches do not perform the work required of them, and naturally also the main channels sympathise assuming an apathetic condition as well. Hence will result the greatest engorgement in veins, the radicles of which emanate from the most muscular regions, viz. the pelvic, and abdominal, the proportionate frequency of engorgement lessening as we ascend.

In connection with this subject we would specially call attention to an admirably suggestive article in the *Lancet* for November 4th, 1871, by Mr. J. Gay, "On Hypo-venosity of the Lower Limb," in which he likens the power exerted by the muscular structures upon the *venous* capillaries to that exerted by the heart upon the *arterial* system. The hypo-venosity he speaks of is due, he says, to insufficiency in the saphenous system of veins, followed by deep vein dilation and embarrassment, and any degeneration of muscular tissue he considers must necessarily add fresh difficulties to the venous circulation.

Sulphur, therefore, overcomes the tendency to venous engorgement by strengthening muscle-fibre, directing the nervous supply to the tissues, and thus restoring equilibrium to the circulation.

Mayerhoffer's provings reveal the important fact that iron existed in the urine when under the influence of *Sulphur*; it in truth appears to abstract iron from the tissues, and this we believe is a pure chemical effect, and one that affords an explanation of the fact that *Sulphur* in low potencies is worse than useless in chlorosis; indeed, to me the phenomena of that obscure disease appear referable to an alteration in the molecular condition, it may be a setting free of the sulphur of the body inducing an incapacity to assimilate ferruginous particles more than to a primary deficiency of the iron itself.

If any wish for my reasons I give them as follows, well aware of their being open to objections, and that the theory founded upon them deserves no better verdict than that of being *not proven*.

i. *Iron* when administered will be found loading the

fæces, and often, too, the urine in combination with *Sulphur*.

ii. After the administration of *Sulphur* the urine will be found to contain iron, probably from the iron being abstracted from the body to enter into combination with the *Sulphur*.

iii. The phenomena present in chlorosis and many of its attendant ailments are precisely those that might be produced by excess of free sulphur, and, indeed, in places where sulphuretted hydrogen abounds it is a more than unusually common affection.

If this surmise be a true one some interesting practical points will follow, such as that the high potencies only of *Sulphur* ought to be employed in anæmic, the low in hyperæmic conditions, and that the cure of chlorosis is accounted for, not in the first place by its supplying iron to the blood, but by its abstracting an excess of possibly free sulphur from the tissues and thus paving the way for the absorption of the ferruginous particles.

I put forward this, be it known, as a mere suggestion, and one that occurs to me as worthy of attention.

Having discussed *Sulphur's* general action so far as it relates to its intermittent—the power of storing up nerve-power in the healthy, and of distributing it in the sick, and thus restoring the harmony between the various portions of the body when interfered with by certain forms of disease-force, we now come to consider its time-honoured uses in domestic medicine, uses that in their rough way will very plainly indicate its specific sphere.

It is passing strange that we should so completely have forgotten that *Sulphur*, prior to the introduction of *Cinchona*, occupied a prominent rank as a remedy for ague, as to look with wonder and credulity when, arguing from independent and original observation, I declared my conviction that it was a remedy of extreme value for such affections.

Even had I, which unfortunately I have not, the materials by me to enter exhaustively into the literature of the popular employment of *Sulphur* in disease, the work would be beyond both the purpose and intended scope of this

communication ; what I intend doing therefore will, for the present, consist in bringing together a few excerpts from such household works as Boyle's and Westley's, and will make such comments upon them as appear absolutely necessary.

An extremely suggestive inquiry such as this well deserves the labour of those who have time and opportunity to engage in it, for, pride ourselves as we may upon modern research in therapeutics, cures were effected by our forefathers quite as decided and as remarkable as those we are now able to adduce, while the faculty for observation was as great, if not greater, in them as that which obtains among the present enlightened, but impatient, generation ; and if there were nothing else, this of itself should teach us to look with respect upon contributions that have sunk into oblivion from an unhappy connection with theories untenable in the light of this more scientific age.

The object every believer in similars, when investigating medicinal action, needs to have in view is, that duty calls him not merely to prove that given medicines cure given diseases, but to show what varieties of these diseases are specially to be met by them. It would be no great gain to homœopathy to be the introducer of *Sulphur* as a remedy for ague, but it would be a manifest triumph to individualise the forms of ague curable with it ; this will therefore be our main effort in future inquiries.

The school that formulated the law of similars gained little ; the school that utilised it acquired immense wealth.

From extracts subjoined it will be at once apparent that *Sulphur* held in days gone by, and holds at present, in domestic medicine, no mean rank as a remedy for ague, and though we cannot say the same for neuralgia, yet many of the pains for which its external application was (and is) held in repute were probably what a more recent nomenclature would term neuralgic. Homœopathy prides herself not merely in being a precisionising, but an historical system of medicine. Let us take care to maintain her reputation.

Sulphur has not used us so ill, it has not committed faults so grave, that we should content ourselves in maintain-

ing it in connection with a hypothetical miasm, an unintelligible nondescript, and ignore its services to suffering humanity in the hands of the laity. We have no right, nor indeed, as we have before said, had Hahnemann, to practically deny our belief in the law of similars by declaring *Sulphur* specific for the majority of chronic diseases, whether their symptoms indicate it or not. Once having established a law, let us abide by it; we must not explain away plain and palpable truth because counter to received theories; rather let us relegate our facts to the list of exceptions so long as they demand it.

But *Sulphur* is no exception to the homœopathic law; pathogenesis as well as clinical experience point to its being a remedy of inestimable worth in malarious diseases. That pathogenesis affords proof of this we can show from the following quotation: (No. LXI of this *Journal*.)

The prover, Arneth, took ten grains of crude *Sulphur* on 25th and 28th April; twenty grains on the 30th.

On the 30th we have in Wurmb's report:—"Violent digging pains in a right healthy molar tooth; strong pressure on the tooth diminished the pain; cold and heat had no effect upon it."

The prover was interrupted by an attack of intermittent fever (first rigor with thirst, then long-continued heat without thirst, but with great rush of blood to the head), which came on in the beginning of May. "Whether," he (Arneth) says, "this fever, which lasted for six weeks, and then left me *extremely weakened*, and whether the disagreeable circumstance that I, who had previously always had good teeth, got five carious teeth about the beginning of September, one of which (a wisdom tooth) I was forced to have extracted on account of the violence of the pain, was owing to the *Sulphur* I had taken, I am unable to decide."

Wurmb appends the remark, "Whether the ague itself was owing to the *Sulphur* I cannot positively determine, on account of the peculiarity presented by the several fits, and because nothing similar is to be found in Hahnemann's or in our provings of *Sulphur*. Were this not the case, we should be justified in ascribing this ague, just as well as the

other symptoms, to the action of the *Sulphur*; for the physiological experiments leave no doubt that it is capable of producing periodically recurring symptoms."

And how Wurmb could say that nothing similar is to be found in his provings passes comprehension. On the next page we find one of the provers having a "rigor not removable by the heat of the fire; the nails are blue; the face pale; the head giddy and heavy;" and, besides this, we have numerous and convincing proofs to the same effect, all which it seems unnecessary just now to enumerate.

That clinical experience bears us out can easily be shown. From time immemorial *Sulphur* has been employed to assuage pain. Celsus indicates this when he tells us that the womb being in pain it ought to be fumigated with *Sulphur*, and that pleuritic pain in the side ought to be treated by surrounding the side with a band of *Sulphuretted* wool, and in paralytic affections, if there arise "a pain in the nerves," the part is to be anointed with *Nitre* and water, and afterwards fumigated with *Sulphur*.

Its domestic use points in precisely the same direction. Dickson was quite correct in saying that with the vulgar it is still a remedy for ague, and the accompanying paragraph, from a letter written to me by a lady whom the late Dr. Epps would call "a sensible woman," cannot fail to interest us :

"I can confirm your impressions as to the use of *Sulphur* in intermittents, in its rough use in ague, &c. When I was living in the Eastern Counties three doses of *Sulphur* and *Saltpetre* were considered infallible as a cure for intermittents, and lately I have heard of strange cures of rheumatism by merely wearing roll *Sulphur*. A cousin of mine keeps a piece always in his pocket, and has not now suffered for years. My sister, quite disabled by inflammatory rheumatism in her hands last winter, now carries a piece in each pocket, and has scarcely had a twinge this winter; and to come nearer home, my servant a few weeks since never got warm in bed without suffering so much from pain and swelling in her hands that she lay awake nearly all night, and could not dress herself in the morning. Not dreaming it could touch a case like hers, I gave her a piece, telling

her to try it, and she fell asleep with it in her hand, and now keeps it always under her pillow. She no longer suffers any pain."

Robert Boyle * gives us "for taking off the fits of agues" the following:—"Give of good common *Brimstone*, reduced to a subtile powder, one drachm and a half or two drachms, either made up into a bolus with a little honey or in any appropriated vehicle; let it be given at the usual times, and repeated once or twice if need be, especially if the fits return." At page 616 of the same work we have a trituration of *Sulphur* and sugar-candy, to which is added the oils of carraway, orange, and aniseed, recommended for colic and some kinds of convulsions; and, at p. 115, *Sulphur* dissolved by boiling in olive oil, is said to have proved serviceable when applied externally in "fits of the gout." Thus its external as well as its internal employment has been praised as an assuager of pain. At the present day we find Sidney Ringer discussing its efficacy as a local application to the thigh in sciatica, and probably, by the time his third edition comes out, he will have brought it forward as worthy of trial in other forms of neuralgia as well. We wish his sense of justice would allow him to give the source of his information—this is more than could be expected from such a writer.

But the preparation of *Sulphur* that has gained most renown as a local application in gout is Boyle's liquor, which, combined with spirits of wine, Hoffman termed his "*Liquor antipodagrius*." There is some account of this in the first vol. of Pereira's *Materia Medica*, and, according to Boyle himself, it "may prove an excellent medicine." It is obtained by submitting to distillation a mixture of *Sulphur*, *Sal ammoniac*, and *Lime*. Boyle directs quicklime to be used, but later writers employ the more practicable form, slaked lime; the liquid that comes over into the retort is of an orange-yellow colour, having an oily consistence, and fumes readily. Hoffman gave a mixture of one part of fuming liquor to three parts of rectified spirit in doses of thirty or forty drops as a powerful sudorific,

* The Works of the Hon. Robert Boyle, Shaw's Edition, vol. iii, p. 606.

and applied it to the affected part mixed with *Camphor*, and says that it relieved pain like a charm (Pereira, *Materia Medica*, vol. i, p. 470).

This fuming liquor of Boyle ought to secure from homœopaths an especial interest, and one wonders that so little is known or even thought about it; its place in the pages of our *Materia Medica* will probably in some future day be an important one. With the two most useful eradicators of gouty diathesis, objectionable only from their torpidity, and this torpidity overcome by the more vitalised ammonia, and the whole entering into chemical combination, we have what, *à priori*, we should say ought in truth to prove a very valuable medicine. In addition, we are presented with some rough evidence of its relationship to the precise disease to which, in practice, we apply *Sulphur* and *Calcarea carb.*, showing that, however unknown its exact composition may be in the eyes of the chemist, its gross effects in disease are, so far, none other than we might expect from our acquaintance with the ingredients used in preparing it.

In the provings of *Sulphur* arthritic pains are very marked, violent shoots, now in the right, now in the left great toe; gouty pains in the joints, &c.

We mentioned asthma in the conclusion of our paper, and Dr. Anstie has lately shown how extremely intimate is the connection existing between this affection and gastralgia; we there remarked that we obtain in *Sulphur*, of course *cæteris paribus*, a remedy for both these ailments; and here again Boyle anticipates us, as we can see from another of his recipes.

For asthmatic coughs:—Take two ounces of oil of sweet almonds, fresh drawn, and put it upon one drachm of flowers of *brimstone*; keep them for a fortnight in digestion, at a moderate heat, and then decant off the oil, or pass it through a clean linen rag to keep back the *brimstone*; and of this liquor give a spoonful or two at a time.

But Boyle's great specific for asthma was his volatile tincture, to which in his immortal essay on *Specific Remedies considered*, he refers in terms of enthusiastic approval.

Speaking of the advantages sometimes derivable from

auxiliary ingredients when it becomes necessary to compound a simple, he expresses himself to this effect:—"But of this sort I shall only mention one (the volatile tincture) whose medicinal virtues are very great, especially in asthmas and coughs, in which I do not remember that I ever gave it without benefit to the patient; nor was it less successful in the hands of physicians, who were willing to try it for me; especially in those of a person who, well furnished with choice remedies of his own, often came to me for a supply of this spirituous and penetrating tincture, with which, he assured me, he did notable things in asthmatical cases, and particularly in one that was very obstinate, and had lasted many years."

These words of Boyle's are pregnant with import, and to those who have narrowly watched the effects of *Sulphur* variously combined, they are full of significance, and compel one, almost in spite of self-resistance, to enter upon an extensive field of speculation. Whether it may ever rival the dried fox's lung, whose virtues Grauvogl surmises to depend upon "a problematical pulmonic acid," we leave to others to determine; meanwhile we say that some of the neuroses will find in it a suitable remedy.

Another very common use to which *Sulphur* in substance is constantly applied in domestic medicine is to reduce the pain and tumefaction accompanying parulis, and the success attending its application is to my mind eminently satisfactory.

In our last paper we desisted from the expression of an opinion upon the advantages of *Sulphur* in comparison with other drugs, but in this case we must make an exception, and affirm that our experience in the treatment of gum-boil leads us, from a goodly array of cases, to place *Sulphur* far in precedence of any remedies we have ever employed, meeting both the primary and secondary stages of the complaint, and, if given in time, resolving the swelling before the setting in of suppuration; applied externally in matrix form it seems to prevent the formation of the hard tumefaction that sometimes remains.

The Vienna provings amply testify to the appropriateness of *Sulphur* to this affection. Professor Von Zlataro-

vich, under Wurmb's authorship, after persevering experiments with *Sulphur* in substance, makes report:—"In the morning, after waking, pain on the left side of the lower jaw and swelling of the gum round a tooth as if a gum-boil were about to come." Next day, "the gum on the left lower jaw is still inflamed. In the evening the gum is very painful; the left submaxillary gland swelled and sensitive to the touch. About 2 a.m., he awoke with violent pains in the inflamed gum; they were burning and tearing, and spread all over the head. At the same time a sensation as if the left cheek were swollen, which is, however, not the case."

Hahnemann's provings also tend to verify clinical observation: "swelling of the gums, with throbbing pain in the gums. Swelling of the gums around the old roots."

In cases of inflammatory prosopalgia, where the gums are swollen and tender in the vicinity of decayed teeth, the tongue coated, the bowels confined, and a horrid metallic taste complained of, *Sulphur* competes narrowly with the various preparations of *Mercury*. An instance in point is given among the cases adduced in my last paper, pp. 689, 690 of this Journal, where it will be seen that *Sulphur* effected a cure after failure with *Mercurius*. There are some half-dozen other remedies for this affection, the discriminative diagnosis of which leaves room for improvement. We refer to the matter, not alone from *Sulphur's* relationship to it, but because it brings us into connection with the allied forms of disease usually prevalent along with gum-boils; indeed, we look upon the proof afforded by daily experience in favour of the epidemic nature of diseases both of the throat and mouth as simply irresistible. We witness precisely the same epi-phenomena associating themselves with gum-boil, ulcerated sore-throats, stomatitis, and quinsy, and these, we know, are closely correlated to diphtheria. If, therefore, as claimed by Dr. Gunst, *Sulphur* be found protective against many forms of diphtheria, we shall not be in the least surprised; probably it will be found to have less relationship to quinsy than to any of the diseases named. But even the dispersion of a quinsy can in many

cases be accomplished by the external and internal employment of *Sulphur* in low potencies, the triturations, administered undissolved, being the most available form.

In this phase of its action we find Boyle equally well versed in therapeutics, and slight apology is needed for quoting his simple and efficient formula at full length. The quaint heading to it sets it forth as "a very often experienced medicine for cankers in the mouth and elsewhere."

"Take *Flowers of Sulphur* one ounce; roach alum, crude and finely pulverized, half an ounce. Mix these well together, and incorporate them with as much good honey as will serve to bring the mixture to the consistence of a liniment; to be applied from time to time to the part affected."

Boyle was a great collector of household receipts, and often purchased at considerable cost the nostrums of the charlatans and "old woman" practitioners who were fortunate enough to excite by their successful reputation his well-meant curiosity. Constantly travelling about, ever intent upon the acquisition of knowledge, of a notoriously scientific, philosophic, and, withal, an inquiring mind, Boyle amassed an immense number of most valuable therapeutic facts, incontrovertible evidence of the superiority of his knowledge over the incredulous contemporary writers of the period, notwithstanding their boasted professional attainments.

We now turn to the work of another eminent layman, John Wesley, who, like Boyle, interested himself greatly in collecting simple remedies, and who, like him, had at heart the welfare and happiness of his fellow-men. Indeed, there have been few better acquainted with English household specifics than the great evangelist; and the opportunities his mode of life afforded him for acquiring this kind of knowledge were amply taken advantage of. Indeed, there is good reason for saying he not only knew the existence of the principal household medicines, but that, in addition, he evidently possessed a fair acquaintance with their effects. Testimony from him, therefore, in reference to the anti-periodic properties of *Sulphur* is especially interesting. In the thirteenth edition of his *Primitive Physic*, bearing date

1768, he gives, among the cures "for an ague," No. 13, "A large spoonful of *brimstone* powdered, in a cup of hot white wine; then lie down and sweat."

Again, for a tertian, No. 19:—"Or, before—yea, in the midst of—the fit, take twenty drops of *Spirits of Sulphur* in a pint of cold water."

And, again, for "an intermitting fever," No. 383:—"Take a teaspoonful of *Oil of Sulphur* in a cup of balm tea once or twice a day."

How far the profession will admit as evidence of the same properties the large proportion of domestic herbal specifics that contain *Sulphur* I am unable to say, but to me it seems more than a mere coincidence that it enters into the composition of oil of mustard, garlic, onions, cabbage and cauliflowers, chamomile, rumex, and burdock, all of which are household specifics for ague; into burdock it is said to enter largely and in an uncombined state.

We have so far cursorily glanced at the domestic employment of *Sulphur* in ague; we pass on now to consider to what extent its aguish relationship is countenanced in homœopathic practice. It is not in a boastful or exultant spirit we affirm that the evidence in this particular was at the time we commenced our inquiries very slight, and Jahr's recently published *Forty Years' Practice* affords, if any be wanted, ample proof of this. We do not find there even a hint at *Sulphur* being a capital remedy for ague; on the contrary, it is only casually mentioned, being prescribed "if the fever sets in after the suppression of chronic exanthems, with nocturnal heat, &c."

The single passage of importance bearing upon this subject is that we have already quoted from Hahnemann,* and which, at the time it was first introduced to our notice, we assumed to support the efficiency of *Sulphur* in these affections. But in reality the passage can be interpreted either way; it is at best very equivocal—equivocal, at any rate, in regard to any intermittence in *Sulphur's* action, though not at all equivocal in respect of its antipsoric

* "Sulphur as a Remedy for Neuralgia and Intermittent Fever," pp. 15, 16. From second vol. *Chr. Dis.*

effects. The most we can say of it is that, with a stretch, we were justified, having observed *Sulphur* curative of aguish disorders, in supposing from this that so prominent a property was not unknown to the illustrious founder of homœopathy.

Interpreted by the unmistakable meaning conveyed by other similar passages in the *Organon*, it will appear, we unwillingly confess, still more questionable whether Hahnemann ever recognised anti-periodic properties apart from anti-psoric in *Sulphur*; and what further shows this is the unusual commendation he bestows on Bœnninghausen's *Essay on Intermittent Fevers*, a work in which *Sulphur* is put forward as no more remedial in these affections than *Bryonia*, *Rhus toxicodendron*, *Natrum muriaticum*, and numbers of others; all very appropriate, doubtless, to individual cases, but little deserving, in comparison with *Sulphur*, to rank as polychrest anti-periodics, and a grave omission like this, Hahnemann, did he recognise it, would have been sure to notice.

The illustrations we have throughout furnished as bearing upon the use of *Sulphur*, culled from what we may regard as a distinct school of medicine—the domestic school, represented in the present instance by Boyle and Wesley, and the opinions held upon the same subject in the homœopathic, represented by Hahnemann and Bœnninghausen, agree in not supplying any adequate proof, though, to a true homœopath, they may render probable a specificity in *Sulphur* to the intermittent fevers. The one school used it as a sudorific, the other as an antipsoric; it was left, therefore, to show that *Sulphur* accomplished its cures without manifesting any sweat-producing or psora-expelling properties, but simply and entirely in harmony with the law upon which homœopathy bases her selection of drugs.

In Jahr's works we find some evidence worth noticing of its claims in neuralgic disturbances, but there is not more, nay, not so much, accorded to it as to several comparatively inferior drugs. In the seventh edition of his *Nouveau Manuel*, we find as curative and pathogenetic, "Quotidian headaches, periodic and intermittent, appearing chiefly at

night, or in the evening in bed, or in the morning, or after a meal;" and in the *Forty Years' Practice* we are delighted to see that, arguing on different grounds, namely, its anti-epileptic properties, he establishes its curative power in one form precisely of headache we have prejudged to be a *Sulphur* characteristic and somewhat similar to that developed in aggravation at p. 15.

At p. 70 he has "*Sulphur* for severe digging and stitching pains over the left eye, setting in in the evening, and reaching their highest degree of intensity in the night."

(*To be continued.*)

TWO LETTERS OF HAHNEMANN.

THE two following letters have been presented to the Central Homœopathic Society of Germany by Major-General Dr. von Bulmerincq (what an odd title for an army surgeon; our surgical warriors, it is true, become surgeon-majors; after that they become, we believe, deputy-inspectors, inspectors, and inspectors-general). They are from the old master to his nephew Trinius, and have appeared in the *Allg. hom. Zeitung*. The earliest is published last; we take leave to give them in their chronological order.

I.

MY ESTEEMED NEPHEW,

Your request shows a confidence in me which I wished to deserve, but you cannot be aware how inevitable and intolerable the hindrances, insults, and persecutions usually are that a true homœopathic practitioner has to endure in whatever place in Germany he settles, if he be an imported stranger. Hence, I cannot advise any homœopathist to take such a step of his own accord without exposing him to misfortune. In such a case allopathic intrigue would have free course, which would be welcome to it for letting out its well-known malignity, under the guise of undoubted old privilege, against medical innovators administering their own drugs. In this they would be sup-

ported by the administrators of the law, whose household physicians they are. "What business has the hated man here? He has no licence or permission from the medical authorities either of the land or the town, nor can he obtain it, for he is a cursed homœopath. He is not a native of this place, and will not be naturalized, as he does not possess an acre of land and is a dangerous homœopath. The old laws relating to medicine, though they only give to the apothecaries the right to prepare allopathic mixtures, we can turn and twist in such a manner as to compel a homœopath to get his simple medicines (*simplicia*) made up and dispensed to the patients by the hostile apothecary, although the latter understands nothing about their preparation. Now this apothecary must naturally have a great desire to upset the hated homœopathy, which has a palpable tendency to curtail his usurious trade, and so he is sadly tempted to put no medicine or a wrong one into the powder; and, as the extremely minute dose cannot be shown by chemical analysis, he cannot be convicted of cheating. To leave a homœopath to the caprice of the apothecary, and to deprive him of the power of dispensing his own medicines is monstrous; it is like depriving a painter of the power of preparing his own colours, and even worse than that. And should he even surmount this difficulty, every time one of his patients dies we shall have a criminal prosecution on the ground that he has not observed the customary treatment of our old school, and by such means, together with our artful insinuations among his patients, and our propagation of calumnies against his art, he will be so worried and annoyed that he will be compelled to retire and take himself off with the loss of means and of health, a result heartily desired by us the dominant (satanic) old medical guild."

So many experiences of this sad character have already been made, that no true homœopath, if he has but a moderate income in his own locality, would be so foolish as to expose himself to such manifest disadvantage.

I would not advise any worthy homœopathist of my choice to settle in Coburg without a charter from the Duke,

allowing him to exercise his beneficial art with medicines prepared and (in order to be perfectly safe) dispensed by himself, unquestioned and unhindered by the dominant medical authorities; and, even with this, I would not advise him to settle there without having his subsistence guaranteed by a sufficient number of families subscribing an annual honorarium; for the allopaths will seek to turn the public against him by the most shocking calumnies, so that the very poorest would be deterred from crossing his threshold, as I know from my own experience.

But should the sovereign appoint him his own body physician, and accord him the charter alluded to, he will still have to fight a hard battle with allopathic intrigue; he is, however, earning his livelihood, which every good-working practitioner of medicine should be.

Thus, I would only recommend an efficient homœopath to seek a change of locality in the event of his receiving the appointment of body physician, with a monetary provision for life, and a charter such as I have described, so that he may have full liberty to practise in the capital and neighbourhood with medicines prepared by himself, unquestioned and unhindered by any of the medical authorities of the old school.

If you have any desire to see your old uncle, who values you highly, once more before he quits the stage of this world, then do not be afraid to come a little bit out of your way on his account. Confidently expecting you to do this,

I remain,

Your affectionate uncle,

SAMUEL HAHNEMANN.

COETHEN, 17th September, 1829.

II.

DEAREST NEPHEW,

As you so expressly wish it, I am quite willing that we should address one another in the second person singular.* I beg to thank you sincerely for your

* The affectionate form of correspondence in Germany. We do not follow it in the translation.

good wishes on the occasion of the festival of my old age;* I desire also my thanks to your friends—Adam, Hermann, Klingenberg, Rauch, and Persoon.

Your dear letter, in consequence of an accident, only came to hand a day or two ago; hence my delay in replying.

Dr. Hermann will stand greatly in need of your co-operation in his establishment for the sick; I therefore beg you not to refuse it, but to unite with him in this laudable object, for your accession will give the affair importance, and prevent its failure. Without that it might be long before our beneficent healing-art attracted attention in St. Petersburg. If a man can do some good let him do it, for he thereby enhances his value to humanity, and increases his own happiness. I have intimated to Dr. Hermann that he should seek your assistance, as also that of a third, probably Dr. Adam.

Whatever I can do to help by advice I will do, as long as I wander among mortals, *provided you and a third one besides constitute the college for the conduct of the homœopathic hospital*, for in the face of so many opponents I cannot trust the undertaking to him alone.

I think I can answer your questions to your satisfaction.

1. The raising of the force-development of all homœopathic medicines, and especially of the antipsorics, to decillion (X) I have indicated, together with the mode of so doing, in the beginning of the second part of the book on *Chronic Diseases*—have you got it? My conviction is that they must all be brought up to X, so as to develop their medicinal powers as much as possible (in the crude state they are mostly present in a latent state), and in order that homœopaths may have one point to aim at, so that they may then work uniformly and with identical instruments, and thus be able to make a sure comparison of their trials with those of others.

2. Cramp is the intolerable constrictive pain of spasmodically shortened muscles, *e.g.* of the calves, &c., at night.

3. The symptoms within brackets are such as have been

* Doubtless, the jubilee of his doctor's degree.

observed under circumstances which may have had an altering influence on their production, *e. g.* errors of diet, vexation, &c., on which account the symptoms cannot be pronounced quite pure, nor as certainly produced by the medicine experimented with, and therefore their authenticity must be regarded as somewhat limited by these brackets. The symptoms printed in open letters are such as have been observed frequently, but not exactly the most characteristic.

4. It is wonderful, but not the less true, that the higher a medicine is refined and potentized, the more permanent its efficacy. If the highly potentized medicine would not evaporate, it would be found as powerful as ever after the lapse of a generation. The powders you got from Neudietendorf, if kept in well-corked phials will, as far as I know, retain their power unaltered *for ever*; and if we moisten a globule the size of a hemp seed, with the last dilution (x), for the purpose of allowing delicate patients to smell at it, in place of taking it (as is often necessary), such globules retain their medicinal power for many years, as I can testify, although the bottles in which they are contained may be often opened for olfaction.

Such being the case, the homœopathic practitioner prepares his medicines *to last him all his life*, by dropping six or eight drops of the last dilution (x) of each fluid medicine into a small, narrow, rather high vessel; as, for instance, a clean thimble, containing a number of finest sugar globules (300 of which weigh a grain), from 4 to 5000. By this they will be more than saturated and impregnated with the medicine. The whole thimbleful of moistened globules is to be emptied on to a piece of paper and spread out by means of a thin bit of wood. In about a quarter of an hour they are dry, and must be kept in a wide-mouthed well-corked bottle, and duly labelled. Of course, the piece of paper and bit of wood must be always thrown away, and fresh ones used for each medicine. The thimble, too, must every time be washed and dried in the most careful manner, before using it for another medicine. In this way we obtain a supply of all homœopathic and antipsoric medicines, which will retain their powers un-

diminished for an incalculable number of years. They are always ready for use, are sufficient for a lifelong practice, or even for stocking a hospital for life. I beg you will communicate what stands in this page to the other homœopathists, especially to the docile (*folgsamen*) Dr. Hermann, and believe me to remain,

Yours,

SAM. HAHNEMANN.

COETHEN; 10th October, 1829.

Have you got the three parts of my *Chronic Diseases*? A fourth part will soon appear. Do you also possess the *Archiv für die Homöopathische Heilkunst*, seven volumes and two parts, an uncommonly useful publication edited by Stapf? I strongly advise you to read and well consider these things.

CASES OF CHEST AFFECTIONS.

By Dr. R. D. HALE.

Read before the British Homœopathic Society.

THE few cases I beg to read to the Society this evening are all more or less examples of the ordinary run of chest affections which have come under my care in this hospital during the last ten or eleven months, and although I have had cases of other forms of disease which might be a little more out of the common than the cases I am about to read to you, I thought it better to confine myself on the present occasion to one class of diseases, in order that any discussion which my paper may give rise to, may be confined to the immediate subject before us, avoiding that discursive kind of discussion which might follow a detailed report of several different diseases.

I have chosen the subject of diseases of the chest partly

because it has so happened that a considerable number have fallen to my lot here in the hospital. What I have to offer you is little more than a transcript of hospital notes, taken more or less roughly, and a few remarks on each case. And here I beg to explain that, with regard to the results of treatment, I do not think a public hospital does afford those accurate results which are often wished for and expected, and for this very obvious reason, that in a large number of cases, owing to the exigencies of the claims of labour for the earning of their daily bread in the case of male patients, and the demands of domestic duties in the case of women, directly decided relief of urgent symptoms or general improvement occurs, they frequently leave the hospital with the words "improved," or "greatly improved," signifying the result of the treatment which, if continued a little longer, would have had the more satisfactory word "cured" appended to their cases. This drawback to that desirable accuracy as to results, no doubt, is operative more or less in all hospitals; but it appears to me to be specially the case in this, and may be partly accounted for by the fact that a large number of the patients who thus by their own desire leave before they are quite cured, are of a class a little above the very poorest, and are therefore more anxious to get back to their various occupations, and less dependent upon the comforts of food, warmth, and nursing which an hospital affords to the very poor. These latter are often anxious enough to stay even when not longer needing medical or surgical treatment.

While on this subject I would wish to notice another fact which ought not to be lost sight of in estimating the value of any kind of strictly remedial drug treatment, in this or any other hospital. I refer to the salutary effects upon disease which are, to some extent, in many cases attributable to the favorable circumstances under which patients are placed in a hospital like ours, where good food, good nursing, cheerful, well-ventilated wards, warmth and cleanliness are the rule. I say, in estimating the results of treatment we are quite ready, as homœopathists, to allow to the fullest all that can be urged on this score in favour of

hygienic measures; but although we do not possess a monopoly of these, we must not forget that we do possess them in common with the other hospitals in this metropolis, and therefore we ought, as a matter of scientific experience, and above all, as a matter of scientific truth, to give to hygiene all the merit to which it is fairly entitled, but not more than it is fairly entitled to, for I maintain that we are in a position to prove that, *cæteris paribus*, homœopathy has signal advantages in curing safely, quickly, pleasantly, and with shorter periods of convalescence, acute disease, and succeeds in curing numerous forms of chronic disease which allopathic medication is powerless to touch.

One word as to the treatment of chronic diseases in hospital, and I will not occupy your time longer before reading the cases. During the prevalence of small pox, and while the epidemic was at its height, our chronic cases suffered in consequence of the stringent rules forbidding patients to go out of doors, and as we are, unfortunately, without any exercising ground attached to the hospital, I found this necessary confinement to the wards most prejudicial, especially in strumous cases, and it was a matter of great satisfaction when the rule forbidding patients to go out was relaxed. I have only now to say with regard to the following cases, that they are not selected cases, or cases claiming to be brilliant cures, they are given to you in the order in which they appear in the book—good or bad, whether quick recoveries or fatal endings; the latter, alas! often teaching us more than the former, and often, I believe, manifesting the power of homœopathy in palliating symptoms when the fatal issue is nevertheless certain, as it is powerful in arresting disease which would otherwise, most probably, have a fatal termination; and for this reason I think we ought always to report fatal cases as well as those which recover under our treatment.

CASE 1.—Robert D—, æt. 34, admitted January 10th, 1871. Patient states that he caught cold six weeks ago, and since that time has suffered from cough and rheumatic pains in the side and loins.

Symptoms.—Cough pretty frequent, worse at night; little expectoration, phlegm tenacious and frothy; muscular pains in the side after coughing fits. Pulse quiet; appetite good. Movements of chest defective, and the respiratory murmur feeble over both apices, but most feeble over the right apex. Expiration sound prolonged; heart's sounds increased. Sleeps well, but has profuse perspiration at night. *Bryon.* gtt. j, 4tis horis.

16th.—Pains easier; less cough. *Phosph.* 6, ter die.

19th.—Better in all respects, but the perspirations are still profuse. *Rep. Phos. Ol. morrh.* ʒij bis die.

23rd.—Improving; little expectoration; appetite good. *Rep. Phosph.*

Feb. 1st.—Improving steadily; little cough, and hardly any expectoration; slight pain. *Rep. Phosph.*

14th.—Discharged much improved.

CASE 2.—Elizabeth T—, æt. 36, admitted February 17th, 1871.

History.—States that she caught cold a fortnight ago, and since that time has suffered from a bronchitic attack. Cough had been gradually getting worse until admission, and was attended with considerable feverishness.

Present symptoms.—Cough frequent, worse at night; aching pains at the lower part of the chest after the fits of coughing; considerable dyspnoea. Respirations 30; pulse 110. Moist râles all over both lungs; expectoration profuse, tenacious, and yellow; restless at night; perspires freely; complains of headache at night; tongue coated; mouth dry, much thirst; little appetite; bowels open. *Acon.* 1, gtt. j 2dis horis.

18th.—Less fever; cough very troublesome. *Ant. tart.* ʒʒ, gtt. j 3tiis horis.

20th.—Better. Respirations 25. Small moist crepitation in some places. Pulse 112. Cough still very troublesome. *Phosph.* 6, gtt. j 4tis horis.

23rd.—Much better; cough less troublesome; breathing easier; much expectoration.

March 2nd.—Progressing favorably; expectoration less

in quantity; chest quite free from pain. *Sulphur* 30, gtt. j nocte manequē.

6th.—Still improving; hardly any cough or expectoration. *Lycop.* 12, gtt. j t. d.

16th.—Discharged cured.

CASE 3.—Maurice K—, æt. 47, labourer, admitted March 4th.

History.—For the last five winters has suffered from chronic bronchitis. Present attack has lasted for several months.

Present symptoms.—A not very troublesome cough, breathing oppressed at times; expectoration glutinous, and raised with difficulty; moist râles and wheezing respiration all over the chest. Pulse 60. *Ant. tart.* 3, gtt. j.

9th.—Improved; less expectoration; breathing easier. Cont.

18th.—Still improving. Cont.

16th.—Complains of much tightness and oppression in the chest. *Bry.* 3^x, gtt. j ter die.

20th.—Mucus raised with difficulty, and of a dirty black colour. *Hep. s.* 5, gtt. j t. d.

27th.—Much improved; expectoration less in quantity still very tenacious.

30th.—Doing well. *Phosph.* 6, gtt. j ter die.

April 6th.—Still improving, but looking weak. *Ars.* 3, gtt. j ter die.

13th.—Discharged greatly improved; very little cough. Ordered to continue *Arsen.* for some time.

CASE 4.—Ann B—, æt. 19, servant, admitted March 11th, 1871.

History.—Caught cold three days before admission while engaged in washing, and soon after had rigors. The same evening she felt sharp pain in the right side under the breast, and became feverish. Feverishness continued until admission.

Symptoms.—Sharp pain in the right side, catching the breath. No friction sound to be heard, but there is dul-

ness and absence of respiratory murmur over a small portion of the right chest. Slight dry cough; no tenderness to the touch; face flushed; coated tongue; much thirst; pains in the limbs; bowels regular. Pulse 104. *Acon.* 1, gtt. j 2da q. q. hora. Poultices to the side.

12th.—Much better; less feverish. Pulse 86; resp.

24. Slept well. *Acon.* 1, 4tis horis.

13th.—Improving. *Bryon.* 3, gtt. j 6tis horis.

16th.—Still better, hardly any pain in the side. Cont.

21st.—Discharged cured.

CASE 5.—Lavinia W—, æt. 33, admitted May 31st, 1871, subject to winter cough. For the last seven weeks has had a bad cough, bringing up muco-purulent expectoration, with much fever and complete loss of appetite. Subject to diarrhœa occasionally.

Present symptoms.—Considers herself recovered from recent acute attack. Has still a troublesome cough, with pains along the sternum and clavicles. A good deal of tenderness over upper third of right lung anteriorly; no fever; appetite returning.

Physical signs.—Some bronchophony in both apices where the breathing is tubular.

June 1st.—*Ipec.* 3, gtt. j 4tis horis.

2nd.—Complained of nausea which she has not had before; cough more troublesome. *Ipec.* 6.

5th.—Cough no better. *Phosph.* 6, gtt. j 4tis horis.

12th.—Cough troublesome in the morning; pains under both clavicles and shoulder. *Bry.* 3, ter die.

15th.—Better, but the cough is more spasmodic in character and troublesome at night. *Bell.* 3^x, 4tis horis.

16th.—Better, but feels weak. *China* 3^x, ter die.

24th.—Discharged much improved.

CASE 6.—James L—, æt. 19, admitted May 25th, 1871.

Ill two months with a cold and pain in the chest.

Has been an out-patient for three weeks with bad cough and debility; appetite good; parents dead; mother died at forty-eight, of asthma.

On admission is pale and weak, with cough and pain in the knees ; physical signs in chest negative ; heart's action normal. *Phosph.* 3, gtt. j ter die.

27th.—Pain has moved into his hands, and the joints are swollen.

28th.—Feverish ; rheumatic pains worse ; sweats freely. *Acon.*^x gtt. j ter die.

31st.—Pains better ; less fever ; tem. 100·2°.

June 1st.—Pains better, except in right hand ; feels better than he has done for some time ; tem. 99·7°. *Bryon.* 3^x, ter die.

2nd.—No pain ; tem. 98·5 ; p. 96.

3rd.—Better ; appetite returning. Cont.

8th.—Bowels confined. *Nux v.* 3, h. s. Cont.

12th.—Thinks medicine gives him a frontal headache. *Rhus*, ter die.

15th.—Feels almost well.

17th.—Discharged much improved (cured ?)

CASE 7.—Anne D—, æt. 34, large stout woman, admitted June 18th, 1871.

Has been ill since November, 1870. Very ill for the last week. Illness first commenced with an attack of bronchitis, from which she has never since been free. Feet have been swelling for the last month. Has been up to this time treated by an allopathic practitioner, who administered stimulants and sedatives very freely.

Previous health has always been good ; never had rheumatism or scarlatina ; urine has not been scanty ; has had slight diarrhœa recently ; has not menstruated for four months ; family phthisical ; has had occasional exacerbations of illness with partial rallying.

Present symptoms on admission.—P. 120 ; resp. 44 ; noisy, with open mouth ; temp. 102·5° ; face congested ; skin hot ; coarse mucous râles all over chest, back, and front, especially left side posteriorly ; no well-marked local dulness on percussion ; much œdema of lower extremities ; no ascites or œdema elsewhere ; cough not so troublesome as it has been ; little expectoration ; appetite good, but complains of

feeling weak ; thick, high-coloured, alkaline, non-albuminous urine ; fæces and urine passed involuntarily as she lies ; she lies always on the left side ; nearly complete aphonia. *Acon.* 3, 3tis horis.

20th.—Better ; temp. $101\cdot5^{\circ}$; chest clearer ; wandered a little during the night ; slept badly ; tongue clean ; respiration quieter ; involuntary diarrhœa. *Cont.*

21st.—Temp. $102\cdot2^{\circ}$; resp. 50 ; no expectoration ; diarrhœa continues. *Merc. sol.*, 3 doses.

Œdema of legs and feet nearly gone. *Tart. ant.* 3 ; *Acon.* at bedtime.

22nd.—Temp. 101° ; resp. 50 ; has had a bad night ; lies on left side ; involuntary motion, and urination when coughing. *Phosph.* 3.

23rd.—Temp. $101\cdot5^{\circ}$; does not pass motions with the cough ; chest much clearer. *Cont.*

24th.—Temp. $101\cdot2^{\circ}$; bedsore forming on left hip. *Cont.*

26th.—Able to be for a short time on right side ; resonance on left side good ; on right side dull posteriorly ; expiration prolonged ; still passes water involuntary several times a day ; fæces retained better ; tosses the bedclothes off at night. *Arsen.* 3, 4tis horis ; *Carb. veg.* 3, at bedtime.

27th.—Resp. 54 ; p. 120 ; temp. $101\cdot2^{\circ}$; coarse crepitation during inspiration and expiration anteriorly ; right lung dull on percussion at base ; coarse crepitation in great quantity ; face livid ; both lungs emphysematous from the eight months' duration of bronchitis, and now she has broncho-pneumonia of both lungs, especially the right ; wanders at night.

28th.—Resp. 50 ; temp. $102\cdot5^{\circ}$; skin feels cool ; no expectoration ; bronchial râles louder posteriorly ; supplementary breathing left upper half posteriorly ; lies far over on left side.

29th.—Resp. 64 ; temp. $101\cdot5^{\circ}$; involuntary urination.

July 1st.—Died ; post-mortem refused.

CASE 8.—Thos. K—, æt. 14, admitted September 6th,
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1871. This poor boy had been an in-patient eight years ago with acute rheumatism. One year later was again admitted for the same disease, but the heart was unaffected. Again admitted in 1869, and this time the heart became affected. Since then he has been again an in-patient twice; last time before his admission in September of this year, a year ago, when I first took charge of the in-patients, so that for the last eight years he has been repeatedly under the care of the physicians of this hospital, which was more of a home to him than his own, which it appears was a miserable one, and where he was probably insufficiently fed, clothed, and protected from cold and damp. Mother dead, and the father, it is to be feared, not the best in the world. Same days before his admission for the last time into this hospital some officious friends had him sent to an allopathic hospital, where, as I understand, they said they could do nothing for him.

His symptoms on admission here were—great prostration; condition anæmic; intense dyspnœa; taking food greatly distressed his breathing and excited the action of the heart. There was œdema of the lower extremities; pulse very rapid; loud systolic bruit, and tumultuous action of the heart, with greatly increased impulse. *Digitalis* 1^ʒ, 3tiis horis.

September 11th.—Greatly improved. *Phosph.* 1^ʒ, ter die.

18th.—Cough troublesome; is gaining strength; there is less anæmia.

October 5th.—I saw him for the first time after my return from my holiday, and I found that the poor little fellow had not only to contend against the chronic state of hypertrophy and the effects of endo- and peri-carditis, but he now had acute pericarditis and pneumonia of the lower lobe of the right lung, distressing cough, rusty sputa, gasping respiration, and taking all these things together, evidently in a hopeless condition. He, however, battled on, and his symptoms were alleviated by the following treatment. From 5th to the 9th of October *Aconite* ʒ, from 9th to 12th of October *Cactus*, then for two or three days *Spigelia*, and, lastly, when in extremis, *Digitalis* and *Arsenicum*.

On the 17th of October he died.

Post-mortem.—Heart enormously hypertrophied, weighing sixteen ounces; extensive recent effusion of lymph, mitral incompetency, pneumonia; congestion of lower lobe of right lung, and a collapsed state of part of the left lung from the pressure of the enlarged heart.

CASE 9.—Mary Ann W—, æt. 54, dressmaker, married, admitted November 17th, 1871.

History.—Has been quite ill for a month; was able to walk till within a few weeks. Has had three children; had eclampsia when confined; has had many miscarriages. Has suffered from pains in the head which were relieved by retching; lost her voice and was dumb for a twelve-month; had what appeared, from her description, to be hysterical paralysis on former occasions, coming and going. Menstruated last week.

Symptoms on admission.—The legs are so weak that they seem paralysed. Facial paralysis of the left side; articulation thick and indistinct; thoracic respiration, which is performed in a very peculiar jerking manner; there are signs only of slight bronchitis; the sounds of the heart are normal; mental faculties impaired; memory failing; bowels confined; urine retained, two pints per diem removed by catheter, containing lithates sp. gr. 1032, no albumen or sugar. Pains in the head; respiration 48 at 10 p.m. On account of great pain in the scrobiculus cordis whenever she was moved or raised in the bed the least, a thorough examination of the chest was impossible.

20th.—Tongue dry in the centre.

21st.—Tongue more dry; sibilant râles in both sides of the chest; surface is cold; wanders; bit her thumb; tosses her arms.

6 p.m.—Breathes rapidly, with quantities of mucous râles in the chest; conscious but wandering; died at 10 p.m.

Post-mortem.—Liver weighed four pounds; nodules of soft cancer were scattered freely over its surface, elevating it slightly.

Kidneys together weighed 7¼ oz. and were healthy.

Some serum in the pericardium; valves of the heart healthy. Small atheromatous patches were found in the aorta. The left lung was healthy, but was full of serum. Right pleural sac contained about a pint and a half of serum.

Lower part of right lung carnefied; apex firmly adherent and infiltrated with cancer, and containing small, bony, or calcareous masses; gland at the root of the lung about the size of a man's fist, infiltrated with hard cancer; brain healthy. In this case there was no time given us for diagnosis, study, or treatment—the case was so rapidly fatal.

Remarks.—There are not many remarks of any great importance to be offered to you relative to some of the cases. Most of them were easy to diagnose, and the treatment simple, and yet from one or two some practical points may not be unworthy of notice. Take, for example, Case 1. Here the patient simply catches cold, but although cough accompanied with pains in the side and loins continued to trouble him for six weeks, the suspicions of a medical man might be quieted by the tranquility of the circulation, and the absence of many symptoms indicating any structural lesion affecting the lungs—the quiet pulse, above all, seeming to show that the heart at least had not yet shown signs of increased action. The appetite was good—a circumstance, by the way, which, existing with other symptoms and physical signs of threatening tubercle, has led me often to look upon a good appetite as a rather more unfavorable than favorable symptom in such cases, and I doubt not this is in accordance with the experience of most of the members present. If we, however, look more closely into the symptoms, and especially into the physical signs of this case, it will soon present an aspect of more gravity than at first it might appear to possess. First there was cough, lasting for six weeks; the cough accompanied by sharpish pains in the chest. The sputa, although scanty, were tenacious and frothy, and there were profuse night sweats. All these symptoms might occur, however, without tuberculisation being imminent, as I have in many cases observed in my own

experience, but I have seen, without exaggeration, scores of cases like the one before us where I felt sure tuberculisation was imminent, but which, by early treatment and judicious precautions, the development of tubercle was completely and permanently arrested; unfortunately, alas! this critical and, for treatment, precious time is but too often permitted to pass without treatment at all. When we come to consider the physical signs in the present case, I don't think there can be much doubt but that I had to treat a case of threatened tubercle in its very earliest stage. Let me recall the symptoms to your mind; they were defective thoracic expansion, feeble respiratory murmur in both apices, especially in right apex. Expiration murmur prolonged. Sounds of the heart increased, probably from the condensation of that part of the left lobe which overlaps the heart. I wish to dwell for a moment on feebleness of the respiratory murmur when it exists in the apices of both lungs, and the difficulty this often causes in diagnosis. There is seldom much difficulty when the respiration is feeble in one apex, and normal or forcible in the other; but when feeble in both, such feebleness may arise from some amount of localised bronchitis, and inasmuch as the stethoscopic signs of the *early* stage of tubercle are merely those common to bronchitis; the diagnosis under those circumstances becomes often difficult, and to render it free from uncertainty I need scarcely say how important it is to combine all the symptoms, subjective and objective, and, as far as can be obtained, the history of the patient and the history of the parents.

One point in connection with this particular case I wish to notice. The notes state that the respiratory murmur was especially dull over the right apex. Now, Stokes in his clinical lectures always made a great point in impressing upon us a very useful caution in estimating the value of comparative feebleness of respiration in the upper lobes. Should the respiratory murmur be only slightly feebler in the right lung than in the left, we should take care not to give too much value to such difference owing to the fact that, normally, the respiratory murmur in the left apex is

louder than in the right. Another caution of a practical nature I would take the liberty of reminding you of—that in doubtful but suspicious cases, where diminution of resonance between one side and the other cannot be at once detected in the lungs in their ordinary amount of expansion, can often be observed when it does exist by percussing at the end of a full inspiration, the patient holding the breath while you are percussing; in this way the shade of a difference can often be detected, and sometimes a very marked difference. I hope I may be excused for dwelling somewhat minutely on these details, simply wishing to draw your attention to some such practical points as those I have mentioned having been greatly assisted myself by such in diagnosis.

In looking over the notes of these cases taken during the hour or so that one has to go round, I find many omissions which I wish it were in my power to fill up. I find a great want of fuller detail of symptoms and physical signs; the temperature was not taken as it ought to have been in many cases, and the number of respirations, &c.; for these omissions I plead your indulgence, promising that should I have the honour at some future time of offering you any more hospital notes, I shall endeavour to make them more worthy of the hospital and of the Society.

With regard to case No. 2, I have no special remarks to offer; it was, although a rather sharp, yet uncomplicated case of acute bronchitis, occupying almost the entire bronchial mucous membrane. There was considerable dyspnoea, fever, and gastric derangement. *Aconite*, *Tartar emetic*, and *Phosphorus* acted beautifully, and within a short month the woman was discharged cured. I have only one remark to offer, and that is in the shape of a question. Why is it that, as a rule, to which of course exceptions often occur, that there is more dyspnoea and lividity in acute bronchitis than in single pneumonia? The explanation may be that, except in the case of double pneumonia, there is less diminution in the aërating function in pneumonia, which rarely occupies the whole of even one lung, leaving, in most cases, the unaffected lung competent to

oxygenate the blood ; whereas, in severe cases of acute bronchitis, the mucous membrane of the bronchial tubes is inflamed to its extremest ramifications, and this and the secretion thrown out tend to interfere with oxygenation ; and in chronic bronchitis, with dilatation of the bronchial tubes, this condition of limited aërating surface is still further increased, and besides all this, there is often spasm superadded.

With regard to the treatment of cases Nos. 1 and 2, there were three medicines which, in their proper time and place, played an important part—*Aconite*, *Tartar emetic*, and *Phosphorus*. In the selection of the two last named remedies, I am generally guided in my selection (provided the general homœopathic relations of the drugs to the symptoms agree) by the following considerations:—If the physical signs indicate that the air-cells are chiefly inflamed I prefer *Phosphorus*, but if there is a larger mixture of bronchitis I trust more to *Tartar emetic*, and in the broncho-pneumonia of children, especially if there is marked lividity and free secretion in the tubes, I believe *Tartar emetic* to be more suitable than *Phosphorus*, and I think it would be a great boon to homœopathy if we could, in a greater number of cases, differentiate our remedies somewhat in this way.

In case 3 *Tartar emetic* again was of signal service, diminishing the expectoration and relieving the breathing ; the sputa were, however, tenacious, and this led me to give *Hepar s.*, followed in a few days by *Phosphorus*.

The case of Ann B— (No. 4), being a case of uncomplicated acute pleurisy, is only noteworthy in showing the power of *Aconite* upon the circulation, reducing the pulse in twenty-four hours from 104 to 86 ; and in requiring only one other medicine—*Bryonia*—for its complete and speedy cure.

Lavinia W—'s case teaches one how important it is, whenever we can, to prescribe the truly homœopathic remedy, which, I am sorry to say, I did not do on first prescribing for her. I was led to prescribe *Ipecacuanha* probably from some notion in connection with the diarrhœa

and loss of appetite ; whereas, the pain and tenderness of the sternum and clavicles, and over the anterior portion of the chest ought to have suggested *Bryonia* at once, which, followed by *Belladonna* to meet the spasmodic character of the cough, soon brought about her recovery. *Ipecac.* ʒ produced nausea in this patient.

I pass over the case of James L—, because, although there were some pulmonary symptoms, it was really a case of rheumatism complicated with chest symptoms, and to avoid giving rise to any discussion about rheumatism and its treatment, I think it better to refrain from any further observations.

Ann D—'s case needs but very few remarks. When I was called to see her in a house in Berners Street, I feared the case was in too hopeless a state to be saved by any treatment, but I thought it right to give her the chance by sending her into the hospital. I found she had been within a day or two going some distance to the surgery of an allopathic general practitioner, who had been, from all I could learn, employing stimulants largely. She was, in the first place, too ill and quite unfit to be anywhere but in her bed ; and secondly, the intensity of the bronchial inflammation would, one would have thought, contra-indicated the free use of stimulants ; but the mania now prevalent in the use of these in the treatment of acute inflammation is, in my opinion, a fatal mistake, and if anything can be worse, more pernicious than the Sangrado practice of bygone years, from which it is a violent but most insane reaction. This treatment by alcoholism, especially if combined with narcotics, seems to paralyse the reactive power of the *vis medicatrix*, the blood becomes loaded with carbon, and the brain and nervous system paralysed.

I regret we could not get a post-mortem in order to be able to prove the extent and intensity of the lesions which proved fatal.

The case of the poor little boy, Thomas K—, was a very sad one. For years the poor boy had been restored to comparative ease, and relieved of suffering by the comforts and the kind nursing in this hospital, and could it have

been made his home, life might have been indefinitely prolonged; and I do not hesitate to say that if he had not been subjected to allopathic treatment, and had first been brought here during his last attack, the fatal issue in all probability would have been, as it was often before, postponed, if not prevented.

I may just mention, with regard to the treatment, that *Spigelia* never failed in giving signal relief to the cardiac symptoms; and during the most severe accession of pericarditis, no other remedy seemed to possess so much power in controlling the inflammation; and with regard to the intercurrent pneumonia, which added so much to his distress, and was accompanied by the dilatation of the *alæ nasi*, *Lycopodium* 30 produced a marked effect upon it, arresting its progress, and limiting its extent.

The last case, that of Mary Ann W—, is a very remarkable one, and noteworthy and instructive in showing how necessary it is to have the opportunity of watching some cases, and studying them well before forming a hasty diagnosis, and showing, moreover, that we may be led quite astray if we only trust to one set of symptoms, and do not, or, as in this case, have not the opportunities of thoroughly making a physical examination. Let me recall to your mind the most salient symptoms of this remarkable case; all, as nineteen out of every twenty men would, I think, have interpreted them, as clearly indicating cerebral disease. The antecedent eclampsia, the pains in the head, her being dumb for a whole year, the facial paralysis, and partial paralysis of the lower extremities, the thick and indistinct articulation, the retention of urine, and the impaired faculties of mind; what are all these but a very common picture of cerebral lesion of structure or function? and yet the brain, upon dissection, is found to be not only healthy, but, according to Dr. Maynard's report, an unusually good specimen of healthy brain structure.

A useful topic for discussion would be to account for the cause of the nervous phenomena. What had the cancerous infiltration into lungs, liver, and thoracic glands to do with these; and if not, how were they caused? That the

nervous centres did suffer, and that their functions were extinguished is certain, for the mode of death proved it; and yet how difficult it appears to trace the connection. Pressure of the enlarged bronchial glands upon the par vagum and its recurrent branch might probably account for the symptoms of respiration and voice, and the ganglions of the sympathetic may have been largely involved in the mischief within the mediastinum; but, granting this hypothesis to be true, leaves the other symptoms connected with the functions of the brain unexplained.

In the very sketchy and far from complete clinical record I have set before you, I have purposely given some prominence to the fatal cases; from such we, in my opinion, often learn much; and, if they taught us nothing else, they ought to teach us at least humility, and to show us that however great the progress has been in the knowledge of disease, however much we may prize the advance made in therapeutics by the school to which we belong, we must still confess that in many cases we only make guesses at truth, and that years of patient watching, waiting, and work lie before the student of nature's mysteries. Be it ours to utilize all the light which comes to us, whether from friend or foe—if true light, let us reflect it upon our daily combat with disease.

Discussion on Dr. R. D. Hale's paper.

Dr. BAYES said that the remarks of Dr. Hale as to the relative sphere of action of *Phosphorus* to inflammation of the air-cells, and of *Tartar emetic* to inflammation of the bronchial tract and to broncho-pneumonia, are very important as a piece of practical therapeutic knowledge. He can fully corroborate Dr. Hale's experience on that point. But not less important is the therapeutic action of different dilutions. *Tartar emetic* given in the 3rd or 6th dilution diminishes expectoration, but when given in the 1st centesimal trituration it promotes expectoration and becomes most useful in relieving the dry, inflamed condition of the air-passages in the early stage of bronchitis and of croup. Dr. Hale's remarks on increased expiration as an early indication of phthisis has also a very practical bearing on the mechanism of

respiration in the promotion of disease. It was a consideration of this fact that induced Dr. Ramadge to use a little instrument to arrest or modify the excessive expiration as a means of arresting the development of phthisis, and he (Dr. Bayes) has seen benefit from Dr. Ramadge's mechanical method. The last case given by Dr. Hale is one most interesting and instructive in its pathology. It is to be regretted that the state of the pulse was not recorded, as it would have afforded an additional means of diagnosis, the state of the pulse being a very important sign in cases of chronic organic brain disease. In cancerous disease there is frequently a condition of febrile depression, in its latter stages simulating typhoid; now, although it was not present in this case, could the brain and spinal symptoms have arisen from the toxic effects of the cancerous cachexia?

Dr. LEADAM observed that he missed, in the report of the cases read by Dr. Hale, a symptom peculiarly pathognomonic of *Phosphorus* as well as of pneumonia, namely, a pungent burning of the palms of the hands, and he thought this symptom was indicative of the use of *Phosphorus*, while a moister condition of the skin was that in which *Tartar emetic* would be found serviceable.

Mr. ENGALL said,—In the list of the medicines used he did not find *Squilla* mentioned, which he had found very useful when the sputum was thick, in small round balls, and very difficult of expectoration. He thought that he had observed the same thing in the action of *Tart. emetic* that Dr. Bayes had mentioned, namely, that the lower dilutions produced expectoration, but that the higher acted best in aiding the removal of the expectoration. As regarded the dose, he thought that *Squilla* should be given in the mother tincture about ten drops for a dose, repeated every three hours. His attention had been first called to this remedy by Dr. Harper in a case where there was a circle of the size of the palm of the hand, dull on percussion, in the chest of a young lady. Dr. Hale advised *Squilla* in large doses, and at the next visit, two days after, the dullness was gone. As regards the dose of *Phosphorus*, he had in one case of a lady given ten drops every three hours; this was an extreme case; the respirations were from 40 to 50 per minute, and the pulse 140; the case was protracted, but recovery took place. In another case the pulse was 144, respirations 28 per minute; in this six drops were given of *Phosph.* every three hours with excellent effect. In both these cases the pulse was probably accelerated by the nervous condition of the patients. The fact that *Tart. emetic* was a poison and *Squilla* was not, would indicate that a difference should be made in the quantities given of each. *Cactus* had been named in relation to disease of the heart; he had never seen any good result follow its administration when there was organic disease, but he had seen marked benefit from *Spigelia*. In one case of enlargement of the heart following repeated attacks of rheumatic fever, in the last attack of which general dropsy took place, the right leg become erysip-

latous, mortification of the skin, cellular tissue, and sheath of the muscles followed, although thereby the anasarca passed away, yet on account of the state of the heart the patient was compelled to sleep with the body bent forward. *Spigelia* θ , ten drops three times a-day, persevered with for some time, produced such a good effect upon the heart that she was able to be nearly supine; eventually she died from thrombosis, he believed, as the lymphatics of the thigh were inflamed.

Dr. DUNDEON said he was glad to have from Mr. Engall such a decided symptom as that he had mentioned to guide us to the administration of *Squilla* in bronchitis. He felt that something had yet to be done in determining the medicine to be given in bronchitis from the character of the sputa. Where the expectoration was copious and frothy, and easily ejected, *Ipecacuanha* was the usual remedy. Where it was frothy, but seemed to hang more about the finer bronchial tubes, *Tartar emetic* seemed to be the best remedy. Where it was very tenacious and stringy *Kali bichromicum* was indicated. *Phosphorus* was useful in frothy expectoration in the larger bronchial tubes. *Senega* was useful in old people's bronchitis when there was much rattling of mucus in the chest and danger of suffocation from its quantity. And now he was glad to learn from Mr. Engall that *Squilla* was the remedy for those bird-lime-like pellets of mucus which cost the patient so much trouble to expectorate, and for which he had not hitherto found a remedy.

Dr. MAYNARD said, in reference to Dr. Bayes' observations on the pulse in the case of cancer brought forward by Dr. Hale, that he had seen the patient often during life and could not remember that there was anything in the circulation to attract attention. Dr. Hale also had seen the patient without observing upon it. There was no marked pyrexia. When the respiration was quick (at one time 40 per minute), the surface was cold. Dr. Maynard further said, in reference to the curability of phthisis, that he had recently made a post-mortem of a large well-nourished man, aged twenty-six, who died suddenly of apoplexy with albuminuria, and found a large cicatrix at the apex of the left lung; evidently a healed cavity, the lung there being closely adherent, and having a few grey tubercles scattered in the neighbourhood. There were no phthisical symptoms during life.

Dr. HALE in reply thought that fatty liver occurred more frequently in the later than in the earlier stage of phthisis. He has very seldom occasion to prescribe medicines in a lower dilution than the 1st. His experience of *Oactus* was that, although he had found it useful in certain forms of palpitation, he considered that, on the whole, it is very inferior to *Aconite* in controlling the excited action of the heart. He had found *Kali bichromicum* useful where the sputa were very tenacious. He had found *Iodine* of great value in a case where there were symptoms of pressure upon the bifurcation of the trachea from an intra-

thoracic tumour, in which, in addition to a violent cough which had lasted for years, there were dysphagia, and great tenacity of the sputa, and much dyspnoea. These symptoms had now quite disappeared, and coincident with the subsidence of these distressing symptoms, one of submaxillary glands enlarged, inflamed, and suppurated. Referring to the mention of *Aurum* in the discussion, he had found it invaluable in certain disturbances in the action of the heart, especially when palpitation, with a sensation of trembling in the heart, or a sensation as if the heart were loose; and if these symptoms were accompanied by a condition of mental depression, *Aurum* was still more strongly indicated. In conclusion, he thanked the Society for its kindness in listening to the paper he had the honour of reading.

ON CASES ASSUMING A DYSENTERIC CHARACTER.

By WILLIAM V. DRURY, M.D., M.R.I.A.

Read before the British Homœopathic Society.

HAVING heard from Dr. Mackechnie that he had been unable to get a promise of a paper for this evening, at his request I undertook to provide one, and having a subject on my mind at the moment, I hoped to be able to furnish one without much trouble. Circumstances prevented my using the material that I hoped to avail myself of, and as time was short, I looked to my case book to see if I could there find any matter of interest, and having lighted upon a case of a dysenteric character, I selected it and another that possessed some points of interest, and from them comes the title that I have put to this paper. Unfortunately, as far as the paper is concerned, I have not had time to append all the observations that I wished to make, and must throw myself on the indulgence of the Society, if my paper does not extend to something approaching the correct length.

Dysentery is a disease with which our army and navy surgeons are tolerably familiar; and at home we see quite enough of it in isolated cases to let us know what a formid-

able complaint it is. Happily it has become less severe as a cause of death in the metropolis than it was at one time. At certain seasons of the year we see the dysenteric tendency, and the autumn seldom passes without our having the opportunity of seeing cases of diarrhœa assuming more or less of the dysenteric character. Some years the mortality from this cause may be greater than at others, but unless there is some epidemic or other influence at work, we do not see anything approaching what takes place in time of war or when armies are encamped on marshy and malaria-breeding ground. We had an opportunity of seeing dysentery produced in Ireland a few years ago by a very simple cause. Before the famine, when the potato formed the chief staple of food, waterbrash and other symptoms of dyspepsia were very common; so much so that in a dispensary where I learned "the rudiments," and, I presume, the same rule applied, in other dispensaries throughout the country, *Infusion of Gentian* and *Quassia* used to be prepared by the gallon for liberal distribution on dispensary days. But, at a later period, when the potato went out and Indian meal came into general use, the waterbrash and dyspepsia disappeared and were replaced by dysenteric attacks, requiring something instead of the *Gentian* to correct the evil produced by the use of the imperfectly cooked "yellow meal," as it was called.

At Walcheren, in the Crimea, and elsewhere, our armies have suffered terribly from this disease; in our fleets scurvy and dysentery have played sad havoc. The armies of other countries have in their turn suffered severely. Nor has it confined itself to fleets and armies; it has assumed the epidemic form; of this there was a very severe example in France in 1859.

This disease is characterized by the presence of tormina, febrile symptoms, tenesmus, scanty stools, or stools containing scybala, shreds of membrane, casts of the intestine, mucus, pus, or blood in greater or less abundance, or stools devoid of fœculent matter.

It is curious that with symptoms so marked the pathological changes should be in any way obscure or doubtful;

in one sense they certainly are not, for the principal lesions are often of a sufficiently pronounced character. But by some it has been thought that congestion and tumefaction of patches of the mucous membrane, or erythematous inflammation of the colon with sphacelus, were the characteristics of the disease. Some observers have noticed the disease extending further than others have done; but this is not of much moment, as greater severity of the disease would account for this. But some have pointed out what others have overlooked, and what is now considered to be characteristic of the disease, that, in addition to congestion of the mucous membrane, the lenticular and tubular glands of the large intestines undergo important changes, and that the disease in certain cases extends into the small intestine.

The pulpy state of the mucous membrane, the sphacelus, hardening of what is supposed to be the solitary glands, the circular and transverse ulcers, and pustular appearance, detachment of diphtheritic casts and sloughs, the exudations, softening, and weakened state of the intestine, have all been fully described. The extent to which these morbid changes are present must vary, and are, of course, subject to various modifying causes, but it seems to be pretty generally arrived at that, whether dysentery is observed in the tropics or at home, the same class of morbid changes may be looked for, though they may vary in degree.

The ulceration of the intestines observed in dysentery and in enteric fever have just now acquired considerable notoriety from the illness of the Prince of Wales, in whose recovery the whole nation was so deeply interested, and who now, through the mercy of God, is, we trust, rapidly advancing on the road to health and strength. Not merely the ulceration, but also the possibility of fatal hæmorrhage was kept permanently before us by newspaper writers, causing much alarm, because the danger of such a complication, whether in enteric fever or dysentery, cannot, of course, be over-rated.

It is during the period when the exuvixæ, or casts of the intestine, are coming away in shreds, when there is griping, tenesmus, and bloody mucous stools, a period often preced-

ing amendment, that the danger of hæmorrhage is increased. It is supposed that, when the shreds have been retained and are cast off in large pieces, that the danger of hæmorrhage is the greatest.

In chronic dysentery, where the ulceration is often very extensive, the danger of perforation is greater than in acute dysentery.

Where dysentery arises from a malarious or atmospheric cause, we can understand that the disease may commence in the same way in all cases; and if, as some believe, the solitary glands are first affected, the disease may spread from these fixed points, implicating the adjoining mucous membrane. But there is a class of cases where the disease seems to grow out of an ordinary diarrhoea, which has assumed a dysenteric character, where ulceration exists, but where the evidence as to the solitary glands being first affected must be negative.

It would be interesting to know whether the disease can arise in two ways: one from the malarious cause, selecting the same locality in all cases, the other, some disease assuming the dysenteric character. I am inclined to think that though the symptoms are nearly identical, that there is a difference, even though both diseases be characterized by ulceration and sloughing. Happily, questions of this kind do not affect the treatment to any great extent, for while we adhere to our law of treating by similars, we only require a faithful record of the symptoms in any given case to know how it should be dealt with.

It is a curious question how the morbid poisons of dysentery, cholera, and enteric fever, find an entrance into the system. One naturally looks to the food and drink as the probable channel of supply, and to some extent, especially in the case of cholera, there is some evidence to support this theory; but it is not so well proved in either of the other two diseases, nor is there any reason why the disease may not be introduced by the lungs or skin. If we take a rather large quantity of mustard with a piece of meat, almost instantaneously a tingling is felt in the nose, and lachrymation takes place. Here there

is a reflex action, and so it is quite possible that the poison of disease may find entrance at one point, but produce its results elsewhere. Much more might be said on the subject, but as these observations are merely preliminary to the cases to which I wish to call attention, it is unnecessary to extend them.

The question of treatment I do not go into, because in my little book *On Cholera, Diarrhœa, and Dysentery*, published a few years ago by Headland, I have said what I thought should be the proper treatment of this disease.

The first case that I wish to call attention to is one that was for a long time under my observation. When apparently well, the mischief returned, and was more or less connected with what looked like an exciting cause. The symptoms were generally the same, and though different medicines were used, there was one that seemed to exercise the greatest influence for good. As the history of the case extended over a long period (six years before she came under my observation), it may be well to condense the report, instead of giving it as recorded in my note-book.

Mrs. B—, æt. 30, May 22nd, 1860. Has suffered from dysenteric attacks for the last six years, with intervals of some months' duration, during which they were absent; she is, however, generally weak, and suffers from pain between shoulders, and occasional severe pain across the loins. Is now nursing an infant six months old. Appetite very good. Has taken much allopathic medicines. For last four days has had one of her dysenteric attacks. About four bloody slimy stools in day. Has some abdominal pain before action of the bowels. *Mercurius* 80, four times a day, and after each action.

26th.—Stools are now nearly entirely composed of dark red blood: there have been already three this morning. No straining, but has abdominal pain before action. Some burning heat to left side of umbilicus. *Phosphorus* 30 three times a day, and after each action.

28th.—There have been two natural actions, and less blood, but some mucus is passed. There is some forcing

pain with action, also pain in abdomen before action, as well as some burning and smarting after action. There is less flatulence. *Carbo vegetabilis* 30 every four hours.

31st.—Evacuations more frequent; increase of tenesmus. Warm or cold drink causes loss of blood; feels weak. Menstruation is said not to have appeared for a fortnight. (I have not got a note of it, but I gather from this that menstruation has gone on during the period of nursing.) *Arsenicum* 30, three times a day, and after action; *Phosphoric acid* 30, twice a day.

June 2nd.—Evacuations not so frequent; bowels moved more regularly and naturally than before. Yesterday and this morning not quite so well. Pain in side like flatulence, which is frequently felt with a sensation of fulness when bowels are costive. Continue *Arsenicum* and *Phosphoric acid*.

6th.—After moving or eating the evacuations come on. Clots, purulent looking, or bright red motions are passed. There was a forced stool yesterday, before that not for two or three days. Complains of pain below left ribs, and abdominal rumbling. *China* 30, three times a day, and *Pulsatilla* 30, after action.

9th.—Bowels a little quieter, but has passed much blood and mucus. There is much pain, nausea, and faintness at stool. Menstruation has returned freely. *Ferrum aceticum* 30, two or three doses; *Ipecacuanha* 30, after each action.

12th.—Quantity of blood and mucus as much as it was. Has had rheumatism in right shoulder. Menstruation continues free. *China* 30, two or three times a day; *Mercurius corrosivus* 30, after each action.

These medicines for a short time appeared to be doing good, but losing effect, were followed by *Graphites*.

27th.—Has had another attack of rheumatism, but not so severe as before. Less blood with stool, but they are purulent and very offensive. Not much straining, unless stools follow one another quickly. Burning pain and tenderness in side further back than it used to be. Seven or eight stools in day. *Cantharides* 30, every hour and after each action.

July 2nd.—Better last three days; was very ill before this, owing probably to the electric state of atmosphere. Less blood, pus, and straining; some flatulence, but evacuations are less foetid. *Cantharides* ʒo, every three hours.

At first improved, but effect passing off, had afterwards *Sepia*, *Sulphuric acid*, *Arsenicum*, and July 27th, *Sulphur*.

August 2nd.—Evacuations are not so frequent, but are bloody and very offensive; much flatulence when bowels act. No proper action yesterday or to-day. *Nux vomica* ʒo, every three hours.

3rd.—Better; stool to-day was feculent, offensive, and covered with bloody mucus. Cont. *Nux vomica*.

7th.—Improving; some pain in side; feels much better. *Nux vomica* ʒo.

17th.—Has taken no medicine for the last four days. Continued improving till yesterday, when she had much pain and urging without action. Has had a healthy stool to-day; there have been several stools without any trace of blood. *Nux vomica* ʒo, twice a day for four days.

30th.—Complains of being nervous and feeling weak. *China* ʒo, three times a day.

September 11th.—Bowels now act daily, sometimes twice a day, at times a little mucus. Feels nervous, is easily excited, is better after dinner. Weaned her baby a fortnight ago. A whitlow on middle finger of right hand, with a fungus growth side of nail. *Silica* ʒo, twice a day, and *Phosphoric acid* ʒo, twice a day.

Suffered from whitlow, and afterwards a vesicular eruption on breast, and threatened abscess, which disappeared under *Bryonia* followed by *Phosphorus*, and ultimately *Belladonna*.

January 18th, 1864.—Has continued in good health till recently, and had two children since her illness in 1860. Is now nursing a child over a year old, but only at night. Complains of pain, which is more severe one time than another, and soreness to the touch in left umbilical region; has had this pain on and off for two months. Passes mucus and blood with stool; feels faint this morning.

Merc. cor. 12, every four hours ; more frequently if actions frequent.

22nd.—Less mucus and very little blood, but has had five actions this morning ; four yesterday. At times there is tenesmus ; umbilical pain continues ; feels better in herself ; stools have a better appearance ; urine dark, with reddish sediment ; this precedes her attacks. *Merc. cor.* 12, every three hours.

27th.—Less frequent action of bowels, and less straining. *Merc.* 12, four times a day.

February 5th.—Bowels moved freely, but passes blood and mucus, and often there is action with hardly any purulent matter ; worse morning and evening ; much tenesmus of a morning ; is worse after taking warm cocoa ; feeling of pins and needles in hands and feet ; sleeps well ; appetite is good. M. P. is too free ; child has been weaned ; there is not much pain, but has rigors at times, and crampy pains in legs, especially the left. *Puls.* 30, every two or three hours ; if much tenesmus *Nux vomica* 30.

11th.—Evacuations still frequent, but less so than they were ; stomach less irritable ; tenesmus much relieved by *Pulsatilla* ; it is still urgent, but discharge continues the same. *Puls.* 12, every four hours.

From this date the symptoms fluctuated ; sometimes they seemed to improve, then relapsed ; evacuations were generally bloody ; muco-purulent at times ; sometimes clay coloured, then lumpy, like marbles, but less offensive than in former attack ; she had bloody discharge from vagina in April, for which *Sabina* was given with decided benefit, but she had a miscarriage in June.

She suffered from tenesmus ; vertigo on lying down ; swelling of left side of abdomen ; swelling in neighbourhood of right ovary ; varicose veins ; flatulence ; and involuntary or almost involuntary actions after food.

She had between February and June *Lachesis* 80 and 200, *Sulph.*, *Canth.*, and *Arsenicum* 30, and in April, when stools were lumpy and numbness in left leg, *Plumbum* and *China*, and on June 7th *Nux vomica*.

June 13th.—Since taking *Nux vomica* there has been a

great improvement, bowels have been moved more naturally, and regularly and although at times much passes, it occurs less frequently; three or four actions in day and less blood. Much flatulence last two or three days, causing increase of pain in side; this passes off after free movement of bowels. *Nux vomica* 30, every three hours.

June 21st, July 2nd, and 12th improving. Cont. *Nux vomica*.

August 10th.—Flatulence troublesome; stools at times involuntary; some mucus and blood. *Carbo veg.* 30, four times a day.

December 16th, 1865.—After a lapse of sixteen months writes to say that bowels are moved regularly, but there is a good deal of mucus about stool; urine thick and high coloured; has been very feverish of late; is weak; M. P. have been irregular; there is a suspicion of pregnancy. *Nux v.*

February 10th, 1866.—Urine thick and high coloured; cough, which is now better, caused spurting out of urine (urine is clearer after walking or retaining it some time); bowels regular; thinks she is conscious of movement of child.

September 11th.—When nursing her baby, had return of bloody mucus stools; suffered also from swollen hæmorrhoids; gave *Nux vomica* and *Arsenicum* without benefit, but as pain preceded action gave *Colocynth* 12, which gave relief.

July 30th, 1868.—Three months pregnant; great soreness all over the abdomen for the last ten days; pain caused by movement; aching all over; nausea and vomiting; cramp last night; soreness after cocoa; flatulent rising; urine dark, scanty, with reddish sediment for last two or three months, hot and scalding; dark green relaxed stools twice a day. *Nux vomica* 12, every two or three hours.

August 3rd.—Tenderness of stomach and aching of limbs much better; urine scanty and dark, but not thick. *Nux vomica* 12.

Since the last entry this lady has been much better. During the treatment I rarely saw her, as she lived in the country, and I heard of her by letter or a message through

her husband. Of late she has come nearer town, so that I have seen her more frequently, but I do not hear complaints of her old trouble.

The points of interest in this case are the evident connection that existed between the dysenteric attacks and her nursing an infant, for this affected her more than actual pregnancy. As she lost strength by the nursing (during which she continued to menstruate), the weak part, as often happens, was attacked, and each time there was a repetition of what had been before. The case was extremely difficult to manage while nursing was going on; the remedies exercised a partial influence, but the effect was soon lost. The medicine of all others that told best and most rapidly, and that gave her the longest respite, was *Nux vomica*; while others that might have been expected to do more, failed to do so.

Whether I should have gained more by using medicines in a lower dilution it is impossible to say, as they were not tried. But though the case was troublesome and tedious, the medicines certainly exercised an influence for good which may have been counteracted at times by the nursing, and this patients cannot always be persuaded to discontinue, from the fear of again becoming pregnant.

Mrs. T—, æt. 37, consulted me October 15th, 1863.

This lady has been married eleven years, but is without family. Has had tolerably good health till within the last eighteen months, but since then has not been well, having suffered from what she believes to be ulceration of bowels. An anxious expression of countenance shows that she has been a sufferer. Has been treated by an American physician, and has also had some amateur medical advice. Attributes her ill health to having overwalked herself.

Her present state is—Bowels constipated, much straining and soreness; at times a little blood is passed at stool, but there is always some purulent-looking discharge, and at times shreds have been passed; often has desire for action without relief. The bowels act at intervals of two or three days.

There is shooting pain in uterus and bowel, and has a deadening sickening sort of pain in right groin. The shooting pain is momentary, it has been very frequent during the last week; it is worse when the bowels are confined, or when there is soreness.

She also suffers from hæmorrhoids.

There is occasionally slight leucorrhœa. M.P. is scanty, and returns at three weeks.

A warm sitz bath is found to relieve the pain that is felt after stool. *Nitric acid* 30, four times a day.

October 23rd.—Shooting pain, though severe this morning, has not been so continuous. Complains of a sort of spasmodic pain in stomach, which may arise from flatulence, as there is a little feeling of distension also. Bowels rather relaxed. Pain in right groin is also troublesome to-day, and felt very ill after action of the bowels in the morning; this, when it occurs, usually lasts for an hour or two. Complains of acid rising of food. *Conium* 30, four times a day.

November 3rd.—Shooting pain returns on and off; soreness in lower bowel continues; smarting after action. There is some swelling from piles, but no bleeding. Bowels constipated. Pain in groin less frequent. Less flatulence. *Pulsatilla* 30, four times a day. If much soreness after action, *Carbo vegetabilis* 30 every fifteen minutes till relieved.

20th.—Has not taken the *Carbo v.* Pain in groin less. Purulent discharge continues, though rather less. Shooting pain is also rather less. *Puls.* 30, every four hours.

December 4th.—Quantity of discharge decidedly less, but still great soreness, with increase after action. Feels as if she would like to lie down. Pain in groin less severe and less frequent. Shooting pains, however, through uterus continue; they are uncertain; none felt as yet to-day. M. P. last week was scanty. *Puls.* 30, three times a day.

January 1st, 1864.—Shooting pain less and less severe; soreness less, though there is still much after action. Less purulent discharge; no blood; less constipation. M. P. still scanty. The pain in groin and uterus, which commenced a day or two before period, and continued two or

three days, was severe. Has had a bad cold for about a fortnight. Cough at night; much coryza and soreness of lips. Sickness after food and acidity. Stools light coloured. Has been a week without medicine. *Mercurius* 30, four times a day for four days, stop two days, then *Puls.* 200, three times a day.

22nd.—Cold in head gone; is subject to colds. Has suffered from toothache; has several small boils about neck; has more burning pain about right groin; feels as if something were pulling or dragging down. Bearing-down feeling in womb—darting and shooting. Pain in groin constant. M. P. was very scanty; this always increases pain. Bowels act regularly, but are pale coloured, and inclined to be soft. There is soreness after action, but less than it was. No purulent discharge. *Lachesis* 30, three times a day.

February 9th.—Less bearing-down. Pain in groin sometimes sharp and wearing, but at times absent for a day, and on the whole less severe. When bowels acted to-day there was much soreness. Bowels rather constipated; no blood, but some return of purulent discharge last week. Stools pale. The vagina is tender, and complains of soreness about fourchette; state of cervix normal. *Lachesis* 30, three times a day.

March 4th.—Is a good deal better. This morning, however, there is a return of soreness, and had some pain in groin. M. P. scanty; stools pale; constipation; much less purulent discharge. *Plumbum* 30, three times a day. Omit if better.

22nd.—Says she is almost well. Bowels acting better; a stool once a day—a little constipated. No purulent discharge. A little pain after a long walk; except for this has been free from pain. M. P. still scanty, very little pain. She is much stronger. Feels better than she has done since she was first attacked. No medicine. If return of constipation, repeat *Plumbum*. No further treatment was required.

This case was in many respects much more satisfactory than the first one, as it was of shorter duration, and was

not subject to such a disturbing cause as pregnancy or nursing, which seemed to be so much connected with the renewal of the attacks in the first case recorded. But still, in this second case, the state of the sexual organs played an important part; the scanty menstruation, and irritable state of right ovary had to be taken into account in the selection of remedies; and though each medicine (of which but few were given) seemed to tell, yet it was to *Pulsatilla* in the first instance that the credit of giving a decided impetus to improvement was due. This was well seconded by *Lachesis*, which is a very valuable medicine in ovarian cases.

The first impression caused by this patient's history was, that serious organic mischief, of the nature of cancer, might be present; happily these fears were removed in the most satisfactory manner by the patient's gradual return to health.

Discussion on Dr. William V. Drury's paper.

Dr. BAYES said that, when practising in Cambridge, he had seen some amount of dysentery. We must remember that fecal constipation is a marked feature in this disease. One of Dr. Drury's cases illustrated this by the passage of scybala, as the disease was on the wane. As to the causes of dysentery, malaria is one of the most frequent. In the same family, at the same time, some of the members would be found suffering from ague, others from dysentery. Another source of dysentery is to be found in impurity of the water, which is often very marked in aguish districts in times of drought, the water supply being precarious and dependent on the collection of rain water in tanks, which frequently are less clean than they should be. The effect of mental depression as a cause of dysentery should not be overlooked; this was especially marked among our troops during the ill-omened expedition to Walcheren, and dysentery is said always to be more prevalent in a beaten army than in that which is victorious. The medicines he found most useful were *Mercurius corrosiv.* 3^r, and *Coloc.* 3^r; but in some cases *Ipec.* 3^r or 1, while *China* was useful intercurrently or subsequently. As soon as solid evacuations occur the disease may be looked upon as virtually subdued. Dr. Bayes fully agreed in Dr. Kidd's remarks* as to diet. It was his plan to keep the patient to beef tea thickened with pearl barley, and then strained through a coarse

* Dr. Kidd's speech, to which several of the speakers refer, has not been furnished to us.—[Eds.]

strainer, to arrowroot, sago, &c., with or without a little burnt brandy, according to the state of the pulse. Once he had some difficulty with a patient as to this rule of diet, the man being both a vegetarian and teetotaler. Chills were the frequent precursors of dysentery, but scarcely the cause of the disease. When the bowel is ulcerated it is a very safe practice to pencil the ulcerations with a solution of caustic—ten grains to the ounce of water. In answer to Dr. Yeldham, Dr. Bayes said that the constipation yielded to the remedies above named, and to the application of the warm wet pad over the colon.

Dr. VERNON BELL said, before he made any observations on the subject under discussion, he wished to suggest that probably Dr. Kidd's meaning as to the respective natures of the pathological changes in fatal typhoid fever had been misapprehended. If not, he was obliged to join issue with him, for the chief observers of those diseases had recorded that ulceration as an ultimate lesion belonged rather to typhoid, while sphacelus was most frequently found in dysentery. The causes and courses of the two diseases would, he supposed, naturally lead us to expect this. The specific virus of typhoid, beside selecting its own portion of the intestinal track, exerted its force on the glandular structures, without involving the surrounding mucous membrane to the extent found in dysentery; whereas the dysenteric inflammation not only involved the glands of the colon, but in a greater degree the surrounding connective tissues, inducing one continuous area of mortification. In fact, in typhoid, glandular ulceration was the initial process, and it might, or might not, run more or less into general sphacelus. In dysentery, on the other hand, inflammation and sphacelus, to speak roughly, took the lead, and, in the general solution, destroyed the glandular structure. The cases related by Dr. Drury were, in his (Dr. Vernon Bell's) opinion, rather chronic than acute, and the morbid action did not appear to have extended to the transverse colon, for *Nux vomica* had produced a better effect than *Mercurius corrosivus*. In one case he fancied he should have employed *rest* more than Dr. Drury seemed to have done. He (Dr. Vernon Bell) believed *rest* to be a most important element in the management of dysentery. Whenever the acute form came under his care, he insisted on the patient remaining in bed, and applying continuous warmth over the abdomen. He allowed no food for some days, except abundance of rice-jelly prepared in a special way. He relied mainly on *Mercurius corrosivus* until the griping tenesmus and blood began to abate; and towards the end of the attack he had found *Nux vomica* of great service. He had no experience of *Ipecacuanha* in dysentery similar to that of some of his colleagues. A coffee planter from Ceylon had told him that *Ipecacuanha* in large doses was considered the most efficient remedy for dysentery in that island. He could understand how it might be superior to *Corrosive sublimate* in a tropical country

where dysentery was epidemic, where its course was more rapid, the discharges more sanguineous, and, above all, where there was much nausea. But in this country, where the disease, in these days, is sporadic, he would hesitate to substitute *Ipecacuanha* for *Mercurius*. In acute as in chronic dysentery he never allowed a drop of alcohol in any shape. If there was faintness, which more frequently arose from pain than from exhaustion, he believed a little sal volatile in milk to be the readiest and best stimulant. The constipation spoken of by Dr. Bayes was useful as a note of warning to one who had previously suffered from dysentery. If obstinate it was generally the precursor of another attack. With respect to other means, he (Dr. Vernon Bell) found from half a grain to a grain of *Carbolic acid* to two ounces of fresh mucilage relieve tenesmus more than any other thing, where anything of the kind could be used at all. A morphia suppository at night afforded great comfort in a recent case under his care. He would just add that he had found the Liverpool slipper, as a bed-pan, answers its purposes better than any other.

Dr. DUDGEON said he did not find so much to discuss or contest in the paper just read by Dr. Drury, as in some of the observations it had given rise to, more especially in those of Dr. Kidd. He agreed with those speakers who thought Dr. Kidd was mistaken in saying that sphacelus never accompanied dysentery, but frequently typhoid. Dysentery was often an acute inflammation of the mucous membrane; and we know that sphacelus was one of the terminations of inflammation; besides, we had all of us seen shreds of the mucous membrane cast off in the course of the disease, which proved the tendency to sphacelus. He had witnessed many cases of typhoid, but did not remember to have seen sphacelus of the bowel in connexion with that disease, unless the perforation that sometimes occurred might be considered as of that nature. Dr. Kidd had said that dysentery was always caused by a chill, but it sometimes assumes an epidemic, and even a contagious character. Another assertion of Dr. Kidd's he must protest against, and that was that all cases treated with more than one, or at the most two medicines, were valueless in a clinical point of view, and should be put into the waste paper basket. As a harassed editor, often sorely put to it to get sufficient practical matter to fill his journal, he emphatically dissented from this doctrine. Were it to be carried into practice he would never be able to get sufficient material for the journal. Besides, he quite believed that, as a rule, the most instructive cases had required several medicines for their cure, and cases that had got well under one medicine only were very often cases that would have done just as well without any medicine at all. Moreover, much instruction was often to be derived from the record of cases where the practitioner had failed at first to hit upon the right remedy. If Dr. Kidd would submit to him those numerous cases he spoke of where more than one remedy

had been prescribed, before consigning them to the flames, he would, he doubted not, be able to discover some use for them.

Dr. DRURY, in reply, said he was glad that his paper, prepared at such short notice, had led to so good a discussion, the merits of which would compensate for the shortcomings of the paper. In reply to Dr. Kidd, who had not been present at the commencement, he would state that his paper did not profess to be a complete one on dysentery, or its treatment, or causes, but that his observations were merely introductory to the two cases he had selected from his note-book. As regarded *Ipecacuanha*, it was, of course, a most useful medicine, and he had recommended it, as well as rest, so highly spoken of by Dr. Vernon Bell, in his work on *Cholera and Dysentery*. Dr. Kidd had objected to publish cases that had been treated with more than one medicine; but though this practice, where successful, was well worthy of commendation, yet it had to be remembered that failure often taught as much as success. As Dr. Kidd's objection to the statement that sphaelus was present in dysentery was entirely opposed to the observation of writers who had seen most of this disease, he must still maintain the opinions he had expressed, giving these writers as his authority.

HOSPITAL ADMINISTRATION.

By ALFRED C. POPE.

Read before the British Homœopathic Society.

THE primary aim of every hospital ought to be the cure and relief of the sick and injured among the poor. To the fulfilment of this aim every other end attainable by a hospital must be secondary. All institutions of this character may, and should, be made conducive to the cultivation of the arts of medicine and surgery, and to the teaching of them; but the exigencies of art and the necessities of education ought not to be allowed to interfere with the comfort of the sick, or with the completeness of the measures demanded for their recovery; neither need they be.

My desire this evening is to draw your attention to the administration of hospitals—to the regulation of all that

concerns their utility and prosperity, and to their development in such a manner as may not interfere with the welfare of the patients, the advancement of science, and the teaching of medicine and surgery.

The prime requisite of a hospital is money. Without that nothing can be accomplished. Those who find the means of establishing and keeping a hospital in being claim, and rightfully claim, the sole control of the mode in which their contributions shall be expended, and, with certain limitation, they reserve to themselves the nomination of the sick and injured who are to receive the benefits they have provided. *The subscribers or donors* to a hospital are hence not unfrequently termed its "Governors," or "Managers," or "Trustees." Certain powers in its management they reserve to themselves, while the details of the work they leave to delegates of their appointment. The making, repealing or altering of laws and bye-laws, the investment of moneys, the appointment of trustees, are, together with the election of the board of management, or delegates of the subscribers, arranged by the governors in general meeting assembled. By them, too, are the honorary and more important of the paid officers of the establishment usually appointed.

It is, I think, indisputable that no organic change in the constitution of a hospital should be made without every supporter of it having an opportunity of speaking and voting upon it. Within certain limitations, it is only right that those among the sick and injured poor in whom hospital subscribers take an interest should have primary claims upon the institution they support. The number of tickets permitted to each subscriber must necessarily depend upon the resources of the institution. Where a hospital derives the bulk of its income from endowments the privileges of the subscribers may well be more considerable than in those cases where the more precarious method of annual donations can alone be depended upon. In voting, however, the subscription should not entirely regulate the power of the subscriber. A donor of a certain sum, say two guineas annually, should have one vote, one of five two votes, and

one of ten three votes ; but no subscriber or benefactor should have greater power to influence the administration than three, or at most six votes, would confer.

Further, no subscription or donation, provided it is a first one, should confer voting power until six months after it has been paid and recorded in the books. The power of voting immediately on payment of a subscription is one liable to many and great abuses. It opens the offices and administration of a hospital to wealth and to wealth alone.

Some twenty odd years ago a surgeoncy was vacant at a Lancashire hospital of some importance ; one to hold office in which was a sure guarantee of more lucrative engagements. Of the several candidates, one had that very useful qualification—a rich uncle, well disposed towards his nephew, and anxious to secure his success in life. The banker and mill owner spent £500 in making his mill hands voters ! The election was secured, the nephew's success rendered certain, and as to the wellbeing of the hospital—happily the other surgeons were men of large experience and considerable ability.

The same result might have occurred had the number of votes belonging to one person increased in a regular proportion with the amount of money he had at one time subscribed. Hence, votes should be in all instances limited to three, or at the most six, and should not be attached to any subscription which has been paid for the first time within six months. The interests of an institution of this kind also require that subscribers whose contributions are in arrear, should not be eligible as voters.

The mode in which votes are tendered is also a matter of some consequence. In many institutions, and I believe in all some years back, votes were obliged to be given in person, exceptions being made in favour of members of the Royal Family, peers, members of the House of Commons, ladies, and governors who were ill, and whose illness was duly certified to. This precaution, doubtless, arose from the abuses to which proxies are liable. But at the present day, when business engagements are so pressing and competition so keen, it is almost impossible to induce merchants

and professional men to attend at an election of this kind. It is, on the other hand, scarcely fair to deprive them of their legitimate influence over the conduct of an institution to which their strict attention to business enables them to subscribe. Proxies, carefully guarded against the chances of having been fraudulently procured, are quite as efficient a mode of voting as a personal tendering of a vote; indeed, they appear more efficient when we consider that the receivers of votes have no real check wherewith to prevent personation. Proxies should be signed, therefore, according to a form issued by the institution—which, to be valid, and in order to meet the necessities of the Chancellor of the Exchequer, must bear a penny receipt-stamp—the signature being witnessed by the clergyman of, or the minister of, some registered place of worship within the parish where the voter resides, or by some justice of the peace for the borough or county, and then transmitted through the post to the secretary. A proxy so filled up would, I think, be a safer guarantee against fraud or personation than the tendering of a vote in the ordinary way, for it is impossible that all governors should be personally known to those receiving the votes.

Every body of rules for the management of a hospital should contain a provision for the convening of extraordinary or special meetings of governors to consider any circumstances of urgent importance bearing on its prosperity. For this purpose a requisition, stating the objects of the proposed meeting, signed by fifteen governors not holding any office or appointment in the institution, and addressed to the president, should be a sufficient protection against any unnecessary meeting being called. A notice of such meeting, with a copy of the requisition, should be sent to every subscriber at least fourteen days before it is appointed to take place.

The most important duty devolving upon the governors of a hospital consists in the selection of those to whom shall be entrusted the care of its property, and the carrying out of the details of its management. The former must be persons of property and of well-established credit: the latter.

men who have paid some attention to the working of a hospital, who are familiar with its sanitary requirements, with the wants of sick people, and with those domestic arrangements which are essential to the wellbeing of a large establishment. They should be men of quick perception, of business habits, of courteous demeanour, and especially persons who are warmly attached to the institution, the interests of which are entrusted to their care. To the duties of a board of trustees, and to those of a board of management, I shall refer immediately. I wish here to call your attention to another body, which I think there is good reason to believe would be a useful addition to every hospital.

I have already remarked that it is customary to place the election of the honorary and superior paid officers in the hands of the general body of governors. Such officers are the physicians and surgeons, the chaplain, treasurer, secretary, and general superintendent. Elections of this kind have been found open to many objections, to many inconveniences, and have oftentimes failed to secure the most eligible candidate for the vacant office.

The expenses attending elections to hospital appointments have, in some instances, closely approached those inseparable from a parliamentary contest. A natural result of such costliness is that winning a race of this kind depends more upon cash than upon quality. Large committees are formed; canvassers are employed; lengthy advertisements crowd the columns of the newspapers for several weeks; huge volumes of testimonials are circulated among the subscribers. All this is not only expensive but is inconsistent with the dignity of a learned profession like that of medicine, and the decorum which should mark the conduct of its members. The election, too, occasionally turns on some political consideration rather than on the professional fitness of the candidate. Election to appointments in metropolitan hospitals, and in those of Birmingham, Bristol, Manchester, and Liverpool, have borne testimony to the truth of these remarks on several occasions. So much have they been felt to be correct in Birmingham, that I believe

some reform in the method of election has recently been instituted at either the General or the Queen's Hospital.

It may be difficult to induce subscribers to resign what they naturally regard as one of the privileges attaching to their donations, but it would be well if they could be prevailed upon to do so, and to delegate to a large number of their body the power to elect on their behalf. Such a body I would term the **COURT OF ELECTORS**. This court might be chosen annually by the general body of subscribers somewhat after the following manner. Each subscriber should be asked if he were willing to serve on such a court. The names of those willing to do so should then be transmitted to each contributor, who should select thirty names as those he would desire to place on this court. The returned lists being scrutinised by the board of trustees (as being the most independent body), the thirty having the largest number of votes might, together with the board of trustees and the board of management, constitute the court of electors. The chief object aimed at in the constitution of this court should be the making it sufficiently large to be as thoroughly representative of the general body as possible; but, at the same time, not too large to admit of any of its members shirking the responsibilities they had expressed themselves as willing to assume, under the impression that their colleagues would do the work, and that there was no necessity for them to trouble or exert themselves.

I believe that by such a body the claims of the respective candidates would be more carefully inquired into, and that the sense of responsibility with which the duty of selection would be performed would make the chances of the success of the best man greater than they are at present; while all the expenses, the canvassing, and other circumstances attending an election after the manner in which it is now commonly conducted would be done away with.

I now revert to the boards of trustees and of management.

THE BOARD OF TRUSTEES.—A well-secured endowment fund is essential to the safety of a hospital. Annual sub-
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scriptions and donations, and the spasmodic efforts of bazaars and dinners, are but very precarious sources of income; and this sense of their uncertainty should render all hospital supporters anxious—I mean actively anxious—to obtain a permanent fund, one on the interest of which their institution can thrive.

All legacies over £50, together with any donations directed to be applied to the purposes of an endowment fund, and any surplus sums that the treasurer may have in hand at the close of a financial year, ought to be applied to the purposes of investment.

The securities in which such investments are made should be carefully limited to those there is good reason to believe are safe, and but comparatively slightly liable to stock-exchange fluctuations.

The board of trustees should consist of six members, and all securities be purchased in the names of three. The members of this board should be elected annually, all being eligible to re-election. When from death, from refusal to act, or from any cause of incapacity, such as bankruptcy, the number of trustees is reduced to three, a special meeting of the governors will need to be held to fill up the vacancies. It is very undesirable that a board of trustees should be limited to the precise number required to act.

Securities should not be purchased on the responsibility of the trustees, but only after their advice has received the sanction of the governors. Neither ought they to have the power to sell out any securities without having first obtained the approval of a special meeting of governors.

Prior to the annual meeting of the governors the treasurer's accounts should be examined, and the securities and documents relating to them inspected by two accountants appointed as auditors by the governors.

Nothing more fully assures confidence in the administration of a public institution than the care exhibited in the management of its accounts, and the checks provided against errors and losses, even where such guards may appear most needless.

THE BOARD OF MANAGEMENT, that body to whom the governors confide the detail of the work of administration; whose business it is to appoint and regulate the work of subordinate officials; to ascertain, on behalf of the governors, that the duties of the officers elected by them are faithfully performed, that the domestic arrangements of the house proceed harmoniously, that the comforts of the patients are adequately ministered to, and that the household property of the establishment is carefully guarded, consists of a president, one or more vice-presidents, a treasurer, and from twelve to twenty-four governors, a proportion of whom are appointed at each annual meeting. All persons holding office in the establishment, all tradesmen or others having commercial dealings with it, should be, and in most hospitals are, incapable of being members of the board. The reason for such exclusion is obvious. The members of the board of management, the delegates of the governors, are appointed to observe that the duties of all elected or appointed to undertake any offices or contracts are punctually performed. The presence of any officers on a board would, therefore, tend to fetter its appointed members, to exercise undue influence over them, to impair their independence. It has been urged that exception should be made to a rule of incapacity of this kind in favour of the honorary medical officers, and it has been made chiefly on the ground of the advantages the board, composed, as it usually is, of non-medical persons, would derive from having their assistance in matters concerning their departments. The advantages so far are readily admitted, but they might be obtained with equal if not with greater effect by a plan which would in no way compromise the independence of the board, or involve the introduction of the medical element where it was not needed, where it had no special fitness for forming a sound judgment.

The difficulties of obtaining the aid of medical counsellors in medical matters without impairing the authority of the board have evidently been felt by all who have constructed the laws of our largest and best hospitals. A considerable proportion have cut the Gordian knot by

rendering medical officers incapable of joining a board of this kind. Some have admitted them bodily. In other cases the physician and surgeon of the week sit as *ex officio* members of the house committee—a sub-committee of the board. At some institutions two medical officers are appointed at the commencement of the year as *ex officio* members of the board, the choice being regulated in some cases by seniority, in others by a rotation. In others, again, two medical officers are elected to serve *ex officio* on the board by their colleagues; and in one instance, that of the General Hospital at Bristol, two medical officers have seats on the board, but have no votes.

All these modes of bringing the board in contact with the medical element have certain positive defects. Take the whole staff, and you make them practically the governing body of the institution. Their numbers would at any time be liable to outweigh the decisions of the delegates of the supporters of the hospital. If two members of the medical staff are admitted, in whatever way, you give to those two medical men a position of power over their colleagues, which is invidious; you create a pre-eminence which ought not to exist, and which is peculiarly liable to foment jealousy and discord, and that too among the members of a body peculiarly, proverbially susceptible; while to admit honorary officers to seats at a board of management, and to deny them voting powers, is not a very courteous mode of dealing with them.

To secure for a board that perfect independence which it ought to possess, and at the same time to enable it to obtain such information of a technical character as it may require for the purposes of administration, the medical staff should, as is the case of many hospitals, constitute a special board—the MEDICAL BOARD—and report to the board of management on such matters as, coming within the scope of their professional duties, may seem to require its attention. The board should further request reports from the medical board on certain points before arriving at any decision regarding them. Such points are the testimonials and diplomas of all candidates for medical appointments,

whether honorary or paid, on which the medical board should draw up a confidential report to the board of management. The dietetic arrangements of the hospital should emanate from the medical board, and be submitted for consideration to the board of management. The rules regulating the duties of the house surgeons should be submitted to the medical board before receiving the final sanction of the board of management. The question of continuing in the hospital patients whose allotted time of residence is expiring, should, by the board of management, be submitted to the medical board.

In all instances the reports should be made in writing, and when not unanimous, the objections of the minority should also be recorded.

Besides occasional reports of this kind, the medical board should report quarterly on the construction of the hospital, on its ventilation, the condition of the closets, lavatories, and baths; on the conduct of the house surgeon; on the way in which the duties of the nurses are performed; on the quality of the food and medicines supplied; on the condition of the surgical instruments, and the necessity which may exist for the purchase of others.

Upon matters such as these reports should emanate from the medical board from time to time, both voluntarily and at the request of the board of management.

I believe that, by rendering professional aid to the managing board by means of written reports, greater efficiency would be secured than by discussions at board meetings, and that opinions reduced to writing would be more deliberate, and therefore more valuable, more clearly expressed and therefore more easily understood than when given orally. Such a scheme, while it leaves the board of management free in its action, free to discuss, to approve, to modify, or to reject the proposals laid before them, ensures their conversance with the medical requirements of the institution under their direction. Its influence on the medical staff would also be beneficial, by securing its collective action for the benefit of the administration, and by promoting *esprit de corps* among its members.

The members of a board of management are therefore to be elected from the general body of governors, who may not be ineligible on account of their professional or commercial relations with the institution. The election should take place annually for a period of three years, one third retiring at the termination of each year. As a general rule, retiring members to a board are eligible to a re-election. This is a principle which I think admits of some modification, one by which members who have shown a want of interest in the affairs of the hospital by the infrequent character of their attendance at the meetings of the board might be advantageously eliminated. At the Infirmary of Newcastle-upon-Tyne, an institution possessing an admirable and comprehensive code of laws, the removal of members of the board who have failed in their duty to their constituents is provided for by dissolving the entire committee of management—consisting of twenty-four governors—at the close of each year. Three fourths are alone eligible for re-election; twelve of whom are chosen by the committee; of the remaining out-going members, the six who have attended the fewest meetings are ineligible for re-election, and provide an opportunity for applying that panacea for all inefficient management—the infusion of new blood. My impression is, that the fairest course to pursue would be to render ineligible to re-election either all who have not attended a certain number of board or committee meetings, or the fourth part of the number who have attended most irregularly. A position on the board would thus depend not upon the number of years of supposed service, but upon the actual amount of real service rendered.

Within the sphere of the duties of a board of management fall the appointment of ladies as visitors, the election of the house-surgeons, matron, and superintendent of nurses, the hiring of nurses and servants; the frequent inspection of the house, and the maintenance, in a state of integrity, of the furniture and fittings; the making of inquiry into the state of the ventilation, the warming, lighting, cleanliness, and decoration of the wards; the making of contracts with tradesmen and their payment; the receiving reports from the medical

board; the admission and discharge of patients; the making of inquiries into the general conduct of all persons engaged in the institution, and the settlement of any disputes that may arise.

On but few of these topics is it necessary for me to detain you long.

With regard to the ventilation, warmth, and lighting of an hospital, I must make one or two remarks. Without a complete system of ventilation, without the requisite amount of warmth, and without the admission of a fair degree of light, the best methods of medical and surgical treatment, the most careful nursing and the most perfectly devised system of dietetics will be rendered fruitless.

Some hospitals are, as Dr. Richardson says the Birmingham General Hospital is, built *not* to be ventilated—*not* to be warmed. It is, after all the discussion which has been devoted to this matter of late years, a comparatively easy thing, where land is to be had cheaply and contributions are abundant, to build a well—that is, a naturally—ventilated hospital. The pavilion plan, with each ward separate, and opening only into the air, with light and air admissible on every side, secures natural ventilation more completely than any other. Where buildings which have been used for other purposes have to be adapted to those of a hospital some plan of artificial ventilation must be fallen back upon. The sure test of efficiency is the sweetness and freshness of the air of a ward at *all* times.

It is often forgotten that a well-lighted ward is much more health-inspiring than one into which the rays of the sun find a difficulty in obtaining admission.

The ward should have a cheerful appearance. Amusing and pleasing pictures on its walls, and a glassful of fresh flowers in its centre, add much to the comfort of the sick, help them to pass through the weary hours of illness much more cheerfully—and, I believe, more rapidly, too—than blank walls and not a vestige of the garden within sight.

Everything should be done by hospital administrators to relieve the tedium of hospital residence; and in thus endeavouring to relieve it the physician and surgeon will find in them most useful assistants.

I am much disposed to think that the time has arrived when questions of hospital hygiene should no longer be left under the sole control either of governors or of boards of management. The subjects of drainage and of ventilation are now so well understood, and the various schemes which have been proposed are one or other of them so adapted to almost every style of building, that to drain well and to ventilate thoroughly should be made compulsory. We have Government inspectors of lunatics, of schools, of mines, of gaols, and some other public institutions;—why, then, should we not have Government inspectors of hospitals? Men whose duty it would be to ascertain that every building opened as a public hospital is perfectly drained, has an adequate supply of good water, is thoroughly ventilated, has its water-closets in proper order and position, and is not liable to be overcrowded; in other words, that no more patients are admitted into a ward than will give to each at the least 1000 cubic feet of air. No new building should, indeed, be erected for hospital purposes which did not provide at least 1600 or 1800 cubic feet per patient. But were anything higher than 1000 insisted upon, I am afraid that a great many hospitals in this country would have a large proportion of their beds closed forthwith!

No properly conducted hospital would have anything to fear from such an inspection; while those in which the cardinal conditions of health were neglected would receive that condemnation which they deserve. The confidence which such inspection would inspire, and the claims it would enable a board of management to make upon the charity of the public, would be greatly increased.

Upon the skill, care, and regularity with which the members of the MEDICAL STAFF of a hospital perform their duties does its reputation chiefly depend. While it is incumbent upon the board of management to make every possible provision for treating the sick and injured successfully, it is the duty of the medical officers to avail themselves to the fullest degree of these opportunities; and it is the just boast of our profession that its members do but rarely fail thus to avail themselves.

The number of physicians and surgeons attached to a hospital should be regulated by the number of patients usually under treatment at one time. At St. Bartholomew's, each physician has an average of fifty beds; in the London Homœopathic Hospital the number of medical officers in charge of in-patients is so much in excess of the accommodation for patients, that I believe the average number under the care of each is only six. These are extreme cases. The former number is so great as to make too considerable a demand upon the time of a physician, and almost to necessitate routine, and a certain amount of carelessness; while the latter is too small to excite much interest in the work, or to admit of sufficient variety in the character of the cases under treatment. Twenty-five beds form, it appears to me, a fair proportion to allot to each medical officer, while fifteen should be the *minimum*.

The number of medical officers in charge of out-patients should be so regulated as not to impose upon any one physician or surgeon the necessity of seeing more than thirty patients at each visit. Where adequate accommodation exists, this might be arranged by making two visits a week instead of one, or three instead of two.

Punctuality in attendance is a prime duty in a hospital medical officer. Irregularity in the hour of visit upsets the arrangements of all the other officers of the establishment for the day.

The hours for visiting should be arranged by the members of the medical board, and in such a manner as to admit of each medical officer being accompanied in his visit by the house surgeon and the superintendent nurse.

To secure this punctuality it has become customary in some hospitals for the medical officer to insert his name and the time of his arrival in a book. In not a few instances the introduction of this book has been resented as an insult. Why it should be so regarded I cannot see. It merely enables the board of management to know as a fact, and not merely to have a general notion, that the medical officers are punctual in their attendance; and it gives them

the opportunity of checking the excuses sometimes made for neglect of duty on the part of some official in the house that Dr. So-and-so arrived so long after the usual time on that day that the neglect was unavoidable. In some minor dispensaries, where no very strict supervision exists, this want of regularity in attendance is often very annoying, both to the patients and to the managing committees. Too often the public engagement is neglected for the better-paying private call. In some instances, indeed, I have known an assistant sent when the principal was more profitably occupied. In others a note has been despatched to the dispenser that the patients had better have their medicines repeated, as Mr. So-and-so is too much engaged to attend. Such conduct is in the highest degree reprehensible. If a public engagement is entered upon, its duties should be fulfilled punctually and regularly.

Second only to the duty of attending regularly to the wants of the patients in the wards is that which renders it incumbent upon the physician to make his opportunities for observing disease serviceable in improving the arts of medicine and surgery. Every hospital physician should be a teacher of medicine. Every hospital should be accessible at the hour of visit to all students and members of the profession. Teaching does good to all concerned. It renders the teacher more exact in observation, more careful in prescribing, more comprehensive in his directions. It enforces the necessity of daily study; it prevents degeneracy into routine, and necessitates a clear reason, capable of being maintained, for any opinion expressed, any order given. Nothing, moreover, adds to the reputation of a physician more certainly than clinical teaching; nothing more surely increases the more lucrative side of his practice—the consulting side of it—than this.

Plurality of appointments is so generally admitted to be indefensible that it needs only to be mentioned to be condemned. The physician or surgeon who has one honorary appointment worth attending to has quite as much work of this kind on his hands as he can properly perform, and should, therefore, not be permitted to have any more.

The term of years during which a hospital medical officer should hold his appointment is a very important consideration, and one which has attracted a large share of attention during late years. The old rule of *aut vitam aut culpam* is now rarely admitted to be a sound one. By the time a physician or surgeon has spent twenty years in the wards of an hospital he will have had his full share of the advantages they are likely to afford him, and should give place to his younger brethren. The period of service passed in the out-patient consulting-room ought not to be reckoned as a part of the hospital term.

At the termination of his twenty years the medical officer should be placed upon the consulting staff of the institution he has served during the best years of his life.

The appointment of a HOUSE-SURGEON is one of the most important duties entrusted to a board of management. The house-surgeon should be a thoroughly well-educated man,—one whose competency to act in an emergency has been proved, and whose knowledge of the resources of medicine and surgery has been ascertained to be thorough. The reputation of a hospital will be as surely increased by a house-surgeon who is efficient as it will be endangered by one who neglects his duties or performs them in a perfunctory manner. In making this appointment the board of management should be guided by the report of the medical board on the fitness of the respective candidates.

In many hospitals a special trust exists for the payment of the stipend of a CHAPLAIN, and this trust usually directs the method of appointment. When no fund of this kind is attached to a hospital the appointment will devolve on the general body of governors. Some persons, I believe, object to any portion of funds collected from persons of religious opinions of all sorts and of no sort at all being devoted to the payment of a chaplain who must of necessity be connected with some church or religious body.

If it is the bounden duty of the supporters of a hospital to provide for the sustenance of the body and the relief of its sufferings, it is no less incumbent upon them to secure for those whose care they undertake means for obtaining the

cousolations of religion, to see that their highest and most important interests are not neglected while in hospital, to provide that they have the opportunity of being as well looked after in this respect as they would be in their own homes. The opposition to the appointment of chaplains for the sick in hospitals is but the natural fruit of sectarian prejudices. A hospital patient should not, however, be treated like Ginx's Baby. It is the duty of governors of hospitals to rise superior to the prejudices, jealousies, and bitternesses of sectarian partisans, and to provide adequately for the religious instructions of those whose temporary guardianship they undertake. In all English hospitals where a chaplaincy exists, the gentleman who fills the office is a clergyman of the Church of England, and so long as the majority of Christian people in England are members of that church it is only right that the chaplain appointed should be so likewise. Provision, however, should be made to admit of any patient seeing any minister or clergyman he or she may desire to receive the visits and ministrations of. The chaplain should be compelled to spend a certain portion of each day in visiting the sick; and a record should be kept of each visit and of the patients with whom he had conversed. A similar record should also be made of the visits of any other minister or clergyman called in at the special desire of a patient.

The **MATRON** is appointed by the board of management, and to her is committed the charge of the domestic arrangements of the establishment. Her duties consist in provisioning it; in taking care that the dietetic requirements of the patients are duly attended to; in seeing that the wards and offices are kept clean and in order, that the household goods, furniture, bedding, and linen are in a state of proper preservation, and in reporting on any defects in either to the Board of Management; in engaging and, with the approval of the Board, in dismissing servants.

In some institutions the matron has the control also of the nurses. With the present much improved systems of nursing this control is, I think, no longer a part of the proper duty of a matron. The nurses should be placed

under the direction of a properly educated and somewhat cultivated SUPERINTENDENT, one who fully understands all the details of nursing, and who is calculated to inspire the respect of her subordinates, and to maintain her authority in the wards.

THE NURSING DEPARTMENT of a hospital cannot be too carefully watched over. Time would fail me to tell of all the cases that have been lost through careless nursing. Happily, boards of management are becoming increasingly alive to the importance of providing well-instructed nurses, and of keeping up the supply by training young women who have exhibited an aptitude for this kind of work. Here, of course, everything, or nearly so, will depend upon the capacity of the superintendent, and her strict obedience to the orders of the physicians, surgeons, and house-surgeon.

I had intended to have enlarged somewhat upon the duties of nurses, but I find that my paper has already extended beyond due limits, and I shall, therefore, refrain from doing so.

A nurse may efficiently manage ten patients, provided that there are not many serious cases among them, and that all are in one ward. During the night, when a considerable proportion may be expected to be sleeping, double this number may be safely entrusted to one, provided that ample opportunities exist for communicating by bells with the superintendent's rooms, and with the other night nurses on duty. For in an emergency requiring help a night-nurse should on no account be obliged to desert her post in order to obtain it.

In selecting nurses the board should take the opinion of the superintendent upon the qualification of the several candidates. While the board will derive much real help in making a choice by so doing, they will also add to the authority of the superintendent.

THE PATIENTS admitted into a hospital should be from that very large class of the community who, while above the necessity of applying to the parish for relief during

their illness, are yet unable to procure that skilled attendance and those personal comforts which are essential to their cure. The cases received should be such as require immediate assistance, come whence they may, whether with or without a subscriber's letter. Such cases are accidents, sudden, severe, and acute illnesses. These should have a priority over all others. And, secondly, those cases of acute or chronic ailments which may be recommended by subscribers. Great care will require to be observed in these latter cases against that greatest of all hospital abuses—the admission of improper patients—a care which will require to be observed fully as much among the out- as among the in-patients.

Many are the schemes which have been devised to check this system of imposition, one which tells against the welfare of the hospital, is detrimental to the *morale* of the patient, and cheats the general practitioner out of his sources of obtaining a livelihood.

Many, I repeat, are the schemes which have been devised to curb the growth of this evil; all, however, appear to have failed in a greater or less degree. The *Medical Times and Gazette* of three weeks ago gave the matter up in despair, and no adequate subject is one of extreme difficulty, and as yet said "the remedy has been proposed." The plan adopted at the Birmingham Free Hospital for Children is perhaps as efficient as any, although some degree of elasticity would be required by the varying expenses of living in different localities. All suffering from ordinary maladies, whose parents are not able to pay for advice and medicine, but who are not in the receipt of parochial pay, are admitted at once. Those who have suffered from long illness and have been properly attended to, but whose parents are anxious to have the opinion of an additional practitioner, though unable to remunerate him, are also received. On coming to the dispensary, the dispenser or inquires as to the total earnings of the family, its number, the nature, so far as he can learn, and the duration of the illness; the reception or non-reception of parochial relief at the time of application; the number of children for whom relief is desired. When a family earns more than

a guinea a week and the children are only three in number, the ticket is refused if presented by an ordinary and recent case. Under all circumstances tickets are refused to shopkeepers, beerhouse-keepers, employers of labour whether domestic or otherwise. All cases certified as suitable by a medical or clerical certificate are admitted without further inquiry.

Some such system as this ought to be adopted in every hospital. I do not quote the Birmingham Children's Hospital as a model of detail, but as exemplifying a useful principle of action; for it is a very different thing for a child in a family to be ill, and for the bread-winner thereof to be laid low. The limitations which may be proper in the one case are utterly out of place, indeed, cruel, in the other. Hundreds and thousands of persons, I believe, obtain medical relief at our metropolitan hospitals who have no claim whatever to entitle them to such assistance. Doubtless no very serious efforts have been made to check it.

Some year or two back a committee of medical men was formed to inquire into the whole matter and devise a remedy. Meetings were held and well attended; but it was only after repeated applications through the medical press that the secretary could get the expenses he had incurred in conducting the work of the committee refunded; and, if I remember rightly, he was several pounds out of pocket after all! There is, in fact, little real heart in checking this abuse where there ought to be most. Medical men—some at least—have their vanity gratified by a crowded consulting room at the hospital. It would be a little cooled, I fancy, if the idea occurred to them that these people would not go near them if they had anything to pay for so doing! Then boards of management yearn after bulky returns of patients relieved at the institution they direct, little heeding the quality of the people composing these returns.

Few more important questions of hospital administration could engage the attention of the boards of management and the medical boards of our hospitals than that relating to the limitation of patients to proper objects of medical and surgical relief.

I would merely add, in conclusion, that to render any scheme of hospital administration effective, perfect confidence must subsist, the most thorough cordiality of action prevail between all the different boards and officers regulating the establishment. Without confidence, without cordiality, everything done will be done coldly—done imperfectly, ineffectively. These essentials of confidence and cordiality can only be maintained by each board and each officer attending solely to the business belonging to their respective departments. Undue or unnecessary interference by the board of management with their officers will certainly provoke discord, weaken their power for good, diminish their authority over those placed under them. Their business is to select the best officers they can find and then to trust them, I do not say that they should not watch their careers—on the contrary, it is their duty to watch them, but for all that they should be very, very careful, very sure of their ground, before giving utterance to a complaint against any officer who has proved himself able and willing to serve them well.

On the other hand, the officers of an establishment such as an hospital must give constant evidence of their anxiety to perform their duties as fully and as well as those who placed them in the positions they hold have a right to expect that they will do; and to these duties they must restrict themselves.

By working harmoniously together for the good of the sick and the promotion of medical science, the governing bodies and officers of hospitals have it in their power to perform a larger amount of real useful work for the benefit of mankind than almost any other class in society. By reason of any lack of harmony, "that chastened zeal which has useful result for its object" is destroyed, and a cold, fruitless performance of duty takes its place.

Discussion on Mr. Alfred C. Pope's paper.

Dr. DUDGEON was not aware if Mr. Pope had ever been connected with a hospital as honorary medical officer; if not, pro-

bably on that account he was all the more capable of describing a perfect institution, just as the children of bachelors and old maids were, as was well known, always perfect. But if, like the German professor's camel, Mr. Pope's hospital has been evolved out of his inner consciousness, he feared that in the practical working of this ideal institution there might be found some parts of the machinery that would not act so harmoniously and so efficiently as might be desirable. Thus, in Mr. Pope's scheme too little influence seemed to be accorded to the medical staff, which he held should be consulted by the board of management in everything that related to the admission of patients whether in or out. Had such a consultative position been awarded to the medical staff in the London Homœopathic Hospital, he thought it would have been impossible that such a method of admitting out-patients as there prevailed would ever have been established. He referred to the plan of admitting all applicants without any questions being asked as to their pecuniary circumstances, or their ability to pay a medical practitioner, on the payment of one shilling for two months' medical treatment. He held this plan to be destructive of the very principle of charity that should obtain in a hospital. It excluded the very poor, and admitted a class of patients who were utterly unfit objects for hospital relief. No wonder that under such a system the medical officers should see at their consulting hours at the hospital ladies more expensively dressed than they could afford for their own families; and it was not surprising to find out-patients of the other sex ascribe their headache and defective appetite to having imbibed too much champagne at the Star and Garter, at Richmond, the previous day. Nor was he at all astonished when one of these respectable patients a short time since told him that he would not mind subscribing five guineas to the hospital if he was cured of some gouty eruption on his leg. A vast amount of mischief was done to the hospital, to the body of the homœopathic practitioners, and to the patients themselves by this system. To the hospital, because they could not with a good grace appeal to the public on behalf of it as a charitable institution when it actually took payment from the patients; to the homœopathic practitioners, because it drew away from all parts of London and the outskirts a class of patients, such as bakers, tailors, grocers, and other tradesmen, who were well able to afford the moderate fees of a general practitioner, but who preferred to obtain what they thought was the best homœopathic advice in London by the moderate payment of a shilling for two months; to the patients themselves, for they regarded the shilling they gave in the light of a fee, giving them the right to the attendance of a doctor for two months, and many of them would persist in taking out the full time they had paid for, and crowded the waiting rooms long after they were cured. If the board of management were to con-

sult with the medical staff, their united wisdom would no doubt be able to devise some plan whereby the beds of the hospital would not be exclusively occupied by old chronic and often incurable diseases, such as ulcerated legs, organic diseases of heart, liver, or kidneys, and the like, which were of no use to homœopathic medical science, and were of infinite disadvantage to the hospital statistics. [Dr. Yeldham asked what plan the speaker would propose?] Dr. Dudgeon said it was by no means his intention to propose any plan, that was for the united consideration of board of management and medical staff, but he might state that one plan would be to appoint an additional house-surgeon to visit patients at their own houses, and send into the hospital cases of severe acute disease; but some other plan might suggest itself to the two boards in consultation. Again, were the board of management to consult with the medical staff, the present arrangement, whereby a medical man, probably busily engaged in private practice at a distant part of the town, is compelled, twice a week at the least, to come all the way to the hospital to see perhaps half a dozen patients, most, or all perhaps, of them affected with chronic diseases of the most insignificant sort. The medical staff, were it consulted, would most likely suggest to the board of management the expediency of entrusting all the beds of the hospital to two medical men at a time for three, four, or six months, according to the number of medical officers on the staff. In conclusion, he said that the hospital as at present conducted was of little or no use to homœopathy, was made use of by quite the wrong kind of patients in both the out- and the in-department, and the out-department by the money payments taken from patients had forfeited the name of a charity, and by the class of patients that frequented it was a grievance to the scantily paid general practitioner, who saw with disgust numbers of patients who otherwise would be contributing to his support flocking to get the cheaper attendance of the hospital. He gave every credit to the board of management for acting zealously and devotedly for the interests of the hospital and of homœopathy according to their lights, but he held that they would not be the worse, but all the better for the additional light that might be brought to bear upon the administration of the hospital by the medical staff.

Dr. YELDHAM had hoped to discuss the subject which had been so ably introduced to their notice, on general principles, and without reference to any particular hospital. But as the previous speaker had confined his remarks almost exclusively to the hospital in which they were then assembled, he, Dr. Yeldham, could not avoid the same subject. Whilst agreeing with Dr. Dudgeon that that hospital, in common with all others, was liable to be imposed upon by unworthy objects, he did not believe that the evil was half as extensive as was generally imagined. Few things were

more disagreeable than hanging about the out-patients' waiting-room of a hospital, and he could not conceive of respectable people submitting to it and the loss of time it involved, who could afford to obtain advice on more pleasant terms. He had himself, whilst for many years prescribing for the out-patients, observed but very few instances of the kind. But, however that might be, he was at a loss to comprehend how the *abolition* of the small and harmless tax, which so grievously offended Dr. Dudgeon, could *diminish* the evil. The remedy was in the hands of the medical officers, whose duty it was, if they suspected imposition either amongst the in- or out-patients, instantly to discharge the impostor. It was absurd to suppose that the shilling ticket, any more than a governor's letter, entitled the party who held it, to practise an imposition. It would never do to invest the dispenser, as had been suggested, with inquisitorial powers in such a matter. Nor could the board of management interfere, nor the house-surgeon, who was not always present. It must clearly rest with each medical officer, and with him only, to protect the hospital against unworthy recipients of its benefits. Then, again, complaints were made about the chronic character of many of the diseases of in-patients, and fairly too. But whose fault was it? Clearly neither the medical officers' nor the board of management's. The latter had frequently protested against the admission of such cases. The truth was, that the cause lay at the door of homœopathy itself. Many people, and especially the poor, who were ready enough to try homœopathy for chronic complaints, which had resisted other treatment, regarded it as too powerless to cope with acute diseases, and when seriously ill they were taken to allopathic hospitals. No device for "admitting" patients could cure this erroneous impression. Dr. Dudgeon suggested the appointment of an officer to visit out-patients at their homes, and so feed the wards. That might be worth a trial, and he knew that the plan had for years been under the consideration of the board of management. The great difficulty was to find the right man to carry it out. As to a medical board, which had been advocated, such a body ought to be very useful, but practically it was found that of all boards medical boards were the most useless, for the simple reason, that medical men, being so much occupied, could not spare time to attend them. It was so in their hospital. When it was first set on foot in Golden Square a joint committee was formed of medical officers and house committee to meet once a week to admit and discharge patients. After a few weeks it fell to pieces, chiefly through the non-attendance of the medical officers, and an effort to revive it when the hospital was moved to Great Ormond Street also failed. Hence, he preferred the medical council, which was called together only when its advice was required, all the ordinary medical arrangements being, as at

their hospital, in every respect subject to the advice and wishes of the staff. Moreover, he was satisfied that, as a rule, any unnecessary multiplication of executive bodies was an evil, and that those hospitals were best managed where authority was centered, if possible, in one managing body. The ears of this body would, as a matter of course, be at all times open to the suggestions of the medical staff. Having been continuously connected with their hospital from its foundation to the present time he could truly assert that no step had ever been taken in the medical management which if it did not originate with, was not considered expedient by, the medical officers of the period, though it might not commend itself to the superior wisdom of some of those of the present day. He cordially agreed with Dr. Dudgeon that at their hospital there was too large a staff for the number of in-patients, and he trusted means would soon be devised to remedy the evil. He thought also that great caution should be observed in erasing names from boards of management, since it was not always easy to find fit and willing men to fill their places. With the general tenor of the author's clear and comprehensive paper he entirely agreed.

Dr. LEADAM observed that some of the most respectable patients who attended the hospital came under his care, and he was much struck with the appearance of many of them; but on inquiry as to their means it generally turned out that some affliction or other was behind the scenes, and their outward appearance was a faint echo of former affluence. Necessity compelled them to seek advice under the most disagreeable circumstances, and they submitted to the tediousness of waiting because they had no means of paying a doctor a fee. The question was a very difficult one, and can only be met by a careful analysis and a liberal construction.

Mr. STEPHENS desired, with the chairman's permission, to be allowed to draw attention to one or two branches of hospital administration, but at this moment he desired to avoid matters of controversy which may have been broached in Mr. Pope's paper, for these matters were almost interminable, there was so much to be said for and against them. In the main, however, he agreed with what Dr. Dudgeon had said in reference to the shilling fee, for if it were done away with, it would enable the authorities to throw the hospital more completely and entirely on the public. With regard to the admission of more acute cases into the hospital he thought, and, in fact, had for a long time thought, that the best possible plan to accomplish this was the establishment of free, or provident dispensaries, in the several quarters of London—the west, south-west, south, and north, would soon cause well-appointed and entirely public dispensaries to flourish; and by the harmonious working of the several medical officers in the districts, this could soon be accomplished. No acute cases would, of

course, be admitted there, and these dispensaries would act as feeders to the hospital. He was confident it was a mistake to imagine, as many had done, that this would entail loss to the hospital. He believed it to be impossible; for most philanthropic people subscribed to several charities, and when they saw that homœopathy was doing more, they would be induced to support it more worthily. He thought nothing was easier than to get funds for the proper administration of such charities. No doubt the proposition for the appointment of a second resident medical officer was a good one, but after all the results from this could be but meagre. Hardly anything has been said with regard to out-patient administration, but there was one thing to which he wished to make reference. In the consulting rooms, he thought the use of cumbersome books by the doctors was a great mistake, and, for himself, he had often found it a great bore. It mattered not if there were but few patients to see, but if, as it occasionally happened, there was a large number, it was certainly more simple for them to bring in a single sheet of paper, with their case on it. These could either be kept at the hospital, or taken away and brought back again by the patient. He did not know a single hospital in London where this plan was adopted.

Dr. **MACKECHNIE** said that he felt much gratified with Mr. Pope's paper, the principles were so well laid down, and well carried out, and he was the better pleased to see that they very nearly resembled those on which our own little hospital was constructed. He had always considered it was better that the medical and administrative departments should be kept apart, except so far as referred to purely medical matters. Medical men were not generally looked upon as first-rate business men. With regard to the payment of registration fees by the out-patients of this hospital, he had been himself opposed to their introduction, and had stated his views on the subject at the time the matter was originally discussed. As, however, the measure had been carried, he had felt bound to acquiesce in the decision of the executive, and, in spite of what had been said by one of the speakers this evening, he did not think it had worked badly.

Mr. **HUGH CAMERON** complimented Mr. Pope on the care and labour which he had so evidently bestowed upon the very interesting and instructive paper he had read to the Society. The authorities he had consulted on every side, and the general arrangement of the essay, showed how earnestly the author had worked up his subject. Mr. Cameron considered that the introduction of hospital organization to the notice of the Society at this moment was very opportune, especially as it regarded the Homœopathic Hospital, and trusted that the discussion on the subject this evening, carried out as it was on both sides in such a good spirit, would have an excellent effect in allaying any personal or angry feelings which might have been imported into it pre-

viously. Differences into which personal feelings were enlisted were apt to overstep the mere merits of a question, but a discussion so calm and so temperate as they had listened to that evening, would be most effectual in securing for the subject that unbiassed and judicial consideration it deserved. Mr. Cameron believed that each side was influenced solely by what it considered the best interests of the hospital and of homœopathy, however widely the opposite views on that point might differ. He knew very well, from members of the Board of Management with whom he was intimately acquainted, that they were most anxious to consider and adopt any reasonable suggestions for the improvement of the institution, from whatever quarter they came. But, of course, great caution and deliberation were necessary in sanctioning radical changes in the constitution of the charity, which had hitherto worked so well, and weathered successfully so many storms. They should all sacrifice mere personal consideration for the sake of the cause, and never allow mere minor differences among them to lead to declared division. They should all feel that homœopathy in this country was most intimately associated with the stability of the hospital, and that whatever tends to endanger that stability will most materially retard the progress of homœopathy, not only in this kingdom but in other countries, where it is more respected than many of our body are aware of. Mr. Cameron believed that Dr. Dudgeon, when he condemned the system of a small money payment from out-patients as the cause of the abuse of the charity by applicants who were well able to pay for medical advice, took too circumscribed a view of that point. He would find that the most urgent protests against that kind of abuse came from officers who were connected with hospitals where no money payment or cards of admission were in operation—from the endowed hospitals. The evil was as much felt in free hospitals as in ours, and had been as much experienced in our hospital before cards were established as afterwards.

Mr. POPE in reply said that though from his not being connected with any public hospital at the present time, it might appear presumptuous in him to come forward as the author of a paper upon hospital administration, yet he might state, in reply to Dr. Dudgeon, that he was at an earlier period of his life the house surgeon of a hospital, and subsequently one of its honorary medical officers. This hospital, he would also inform Dr. Dudgeon, was one where the out-patients paid a shilling a month, and the in-patients five shillings a week. It was a hospital, moreover, where a very fair proportion of the in-patients were sufferers from acute disease. He could assure Dr. Dudgeon that, whatever might be the objections urged against a money payment being made by hospital patients, this money payment had nothing whatever to do with the character of the cases admitted. In the hospital where he (Mr. Pope) had served as house surgeon, the

number of acute cases received depended largely upon it being a part of his duty to visit patients at their own homes. The work imposed upon him at this institution was far greater than he would desire to place upon any house surgeon. The plan suggested by Dr. Dudgeon was an excellent one; one he (Mr. Pope) had advocated on other occasions, one he believed the Board of Management were anxious to carry out—one which, but for the want of funds, they would have carried out long ago. There ought to be either a stipendiary officer living out of the hospital, whose duty would be to visit acute cases at their own homes, and introduce them to the wards, or two house surgeons, who should divide the duty of the wards between them, and both take work among the out-patients. There could be no doubt that the limitation of hospital patients to proper objects of medical charity was one of the most important subjects connected with hospital management. There was, however, no evidence to prove that this abuse would be lessened by no registration fee being rendered compulsory. At St. Bartholomew's no registration or other fee was required, but Mr. Skey said, at a meeting held on this subject a year or so ago, that the abuse of that institution had been such, that not a medical man could get a living in the neighbourhood of the hospital. The payment of a registration fee does not, or at any rate, ought not, to constitute a title to hospital relief. It may be a part of the title, but it is the inferior part—one which, without those of poverty and illness, could not be admitted. All cases ought to be examined on admission by the clerk or dispenser as to their social status; if found superior to that requiring hospital relief, they should be at once dismissed; if recommended by a subscriber, such subscriber should be informed of the fact according to a form in the keeping of the house surgeon. A code of directions for the person admitting patients might be drawn up by the Medical Board and submitted to the Board of Management. Dr. Dudgeon thought that certain points in management ought to be entirely directed by the Medical Board, and that the Board of Management should have no power of *veto*. The objection to this plan obviously was the creation of two masters. There could only be one governing body, and that governing body, Mr. Pope thought, ought to consist of persons appointed by those who found the money to carry on the institution. He did not for one moment suppose that any Board of Management would, without assigning every carefully considered reason, assume the responsibility of running counter to the deliberately expressed opinions of their medical officers on points on which their professional position gave them an exceptionally competent power for forming a correct judgment. But, to preserve their independence, they ought to have the power of doing so. With regard to Dr. Yeldham's objection to weeding the Board of Management, he would simply say that if all that

was required for a board was the names of influential people to appear on a report, such weeding would be very unnecessary. But if workers were required, the weeding was essential. He thought that the fairest and best plan was, by rendering a certain percentage of committee and board meeting attendances requisite to constitute eligibility to re-election. Mr. Pope desired to acknowledge further his obligation to several gentlemen who had kindly furnished him with reports of the laws of some of the best metropolitan and provincial hospitals.

REVIEWS.

On Intermittent Fever and other Malarious Diseases. By
J. S. P. LORD, M.D. New York, Boericke and Tafel;
London, Turner and Co., 1871.

WE hail with much pleasure this work of a real practical man, and we feel confident that it will prove of advantage to all who have to deal with the class of diseases it treats of. But while we characterize the author as a practical man, we do not overlook the fact that he gives us in the introduction as fine a theory of malarious intermittents as any one could desire. Without subscribing to the author's theory we shall briefly state what it is, as whether true or not, it serves him as a guide to a certain definite mode of treating these diseases, which seems to be eminently successful, so that we may say of Dr. Lord's theory *se non è vera è ben trovata*. Whether the theory is Dr. Lord's own or has been already broached we cannot say, but for all that appears in the book it would appear to be original—at all events, we shall give Dr. Lord the full credit of it until it is shown that he is not entitled to it. The cause of malarious intermittents is, he says, a specific poison, the ague itself is a neurosis, and though we might possibly believe that chill and heat are mere alternating effects of disorder of the same nerve-centre we should be wrong to do so, for we sometimes find chill and heat existing simultaneously in the same organism, which could not happen were either the consequence of the other. Thus, there is frequently a chill in one part of the body while the general temperature of the skin is above the normal standard.

Moreover, neither chill, heat, nor sweat, are necessarily developed by malarious poison. It may equally well cause neuralgia, endocarditis in rheumatic subjects, gastralgia, cephalalgia, or convulsions, hysteria or acute intestinal catarrh. In fact, the seat of the malarious irritation may be the brain, the anterior or posterior columns of the spinal cord, the sympathetic system or any portion of either, or a single ganglion or any number of parts. That is, malaria may act on the whole spinal system, on the whole sympathetic, or on both, or on any portion of either or both at the same time, or in alternation. A paroxysm of pure malarious intermittent, beginning with distinct chill, followed by equally distinct heat, and that by sweat, cannot be caused by any disorder of the spinal system, or the cerebro-spinal system, or the sympathetic system alone. The chill is caused by the action of the malaria on the spinal system, the heat by the malarious irritation of the sympathetic system. Whether the chill or the heat appears first depends mainly on which system is most powerfully impressed by the malaria. If the two sensations alternate it is because the disorder of the one system remits for a time while that of the other takes its place. If there is heat and chilliness at the same time, this proves that the two systems are acting concurrently. If the sweat comes first it only indicates that the glandular system is first disordered. If there is no chill it implies that the spine is not directly irritated. If there is no heat it is good evidence that the sympathetic system is not disordered by the malaria, and so on. Now, we have only to classify our medicines to meet these two pathological conditions. We are to divide ague medicines into two great classes to correspond to the two great physiological divisions, sympathetic and spinal, which will give us sympathetic irritants and spinal irritants; and these will be more minutely subdivided into cerebro-sympathetic and anterior spinal, posterior spinal and cerebro-spinal, &c. The advantages Dr. Lord attributes to this classification are, that it reduces the labour of selecting a remedy almost to zero, while nothing is left to accident. It is based on a fixed and unalterable

physiology and pathology, and when once the physiological and pathological relations of a drug are determined its classification is settled, and the work is done. "A spinal irritant," he goes on to say, "now is always a spinal irritant, and a sympathetic irritant always a sympathetic irritant, and ever will be, and we have to choose only from half a dozen, or at the most from a score, instead of from the 500 remedies of the *Symptomen Codex*."

Now, whatever we may think of the soundness of the theory we cannot fail to be grateful to it if it reduces the number of medicines from which our selection must be made to the extent claimed for it by Dr. Lord.

Dr. Lord examines the homœopathic records of the treatment of malarious intermittents and comes to the conclusion that the evidences of cure by any medicine except *Ars.*, *Puls.*, *Natr. mur.*, *Nux v.*, *Chin.*, *Ign.*, *Bry.*, *Cina*, *Rhus*, and *Verat.*, are at best doubtful, and the protracted treatment in most cases renders these assumed cures still more questionable. There may be added to the list *Bell.*, *Quin.*, *Strych.*, *Tart. em.*, *Eupat.*, *Gels.*, and *Cimex*. He arranges them under certain heads, denoting the sphere he supposes them to influence when given in malarious disorders.

<i>Spinal irritants.</i>	<i>Anterior-spinal.</i>	<i>Cerebro-spinal.</i>
Nux v.	Strychnine.	China.
Ignat.		Quinine.
Rhus.	<i>Posterior-spinal.</i>	Nux v.
Eupat.	Pulsat.	Gelsem.
Verat.	Eupat.	Bell.
Pulsat.		Bry.
Sabad.		Phos.
		Rhus.
<i>Sympathetic irritants.</i>	<i>Reflex sympathetic.</i>	<i>Both spinal and sympathetic.</i>
Arsen.	Cina.	Arsen.
Ipec.	Cham.	Nat. mur.
Nat. mur.	Arnica.	Puls.
Cina.		Eupat.
Cham.	<i>Cerebro-sympathetic.</i>	
Coloc.	Ipec.	
Cimex.	Tart. em.	
Puls.	Bell.	
	Cham.	
	Bry.	

With this classification of the anti-malarious medicines we proceed to select our remedy or remedies for a given case according as the phenomena it exhibits shall show that the poison is acting on this or the other sphere. To illustrate, if a paroxysm of ague has only a distinct chill followed by sweat, and there is no heat, we select a drug from the list of spinal irritants, because we consider that the spinal system is disordered. The symptoms caused by the indirect action of the malarious poisons on the mucous, glandular, or other tissues (if any), will further guide us as to which of these drugs we must administer. If there is no chill, but the paroxysm commences with heat and is followed by sweat we select a sympathetic irritant, because the sympathetic system is the seat of the disorder. This he calls physiological or tissue homœopathicity. But our selection must be made, not only in regard to the location, but to the kind of the disorder, for one chill or one heat differs from another. For instance, there may be headache with the chill. If we find this kind of headache in the pathogenesis of *Nux*, we give *Nux*, but if the headache is peculiar to *Puls*. we give, by preference, *Puls*. If the cerebral symptoms are prominent we may have to give a cerebro-spinal irritant, as *Chin.*, *Bell.*, or *Gels.*, according to the character of the symptoms. And so with regard to the heat, we select from the sympathetic or cerebro-sympathetic irritants the medicine whose pathogenesis gives us the spinal symptoms of the case before us. And no matter whether it be nausea or vomiting or pain in the bones, or stomach, or back, or elsewhere, we are always to select from the spinal irritants a drug for symptoms belonging exclusively to the chill, and from the sympathetic irritants for those belonging exclusively to the heat.

But if we have to do with a malarious disease which has both chill and heat, showing, according to Dr. Lord's theory, that the two distinct organisms are affected, we must use both a spinal and a sympathetic irritant in alternation. The author thinks that almost any sympathetic and spinal irritant in alternation would cure a simple malarious ague, though neither drug was technically indicated in its patho-

genesis. Thus the specific headache might be that of *Puls.* the pain in bones that of *Eupat.*, the vomiting that of *Ipec.*, the eczema on the lips that of *Natr. m.*, and yet the disease might yield readily to *Nux* and *Arsen.*, or *Chin.* and *Tart. em.*, or *Eupat.* and *Cina.* If this be so then our treatment of agues would be certainly very much simplified and the author's view seems to be corroborated by the fact he mentions "that *Ars.*, *Nux*, and *Puls.* have cured nearly as many cases of ague as all other medicines together."

In speaking of the *cure* of malarious intermittents we should remember that mild quotidians often terminate spontaneously without treatment after ten or twelve paroxysms,* and no doubt many remedies have been credited with the cure of such cases, when the cessation of the disease was due merely to its natural course.

The great bulk of Dr. Lord's treatise is occupied with details of cases of malarious disease treated by himself. These cases amount to the large number of 215,† and include, besides simple and complicated intermittent fevers, many of typhoid fever, and of other diseases which are only to be considered as of malarious origin from their occurrence in malarious districts. Accompanying all the cases is a running commentary on the treatment, and remarks on the pathology and other interesting points. In fact, there is a short clinical lecture on each case recorded, whereby the value of the cases is very much enhanced. When the author thinks he has made a mistake in the medicine prescribed he never fails to point it out, and often condemns his own treatment in good set terms, pointing out by the light of later experience what it ought to have been. This ingenuous candour, while it adds vastly to the practical worth of the volume, inspires the reader with the highest

* Dr. Maclean in *Reynolds' System of Medicine*, vol. i, p. 96.

† These 215 cases only extend from the year 1849 to 1854, but twenty-one later cases are given in the introduction, the latest being numbered Case 337, occurring in the year 1860, so that evidently Dr. Lord has the records of many more cases on which his experience is founded, and as we presume he has in the eleven years that have elapsed since then treated still more, it is probable that the author intends to follow up this volume, which is labelled vol. i, by a second volume, embodying his later experience.

esteem for the author. We have no hesitation in saying that Dr. Lord's work is not only the best treatise on malarious fevers our school has produced, it is also one of the best, if not the very best, work on medical practice that has issued from the homœopathic press in either hemisphere for many years.

And this we say in spite of the fact that Dr. Lord diverges immensely from the beaten track of homœopathic authors and of Hahnemann himself, for he selects his remedies according to pathological ideas, and not from a mechanical comparison of the totality of the symptoms of disease and drug. Indeed, he scouts as of no practical value what he calls the hair-splitting distinctions of the ordinary homœopathic manuals. He condemns the practical value of the division of ague into quotidian, tertian, quartan, double quotidian, double tertian, &c. Whether he is right in so doing it is not for us to decide authoritatively; at all events, he brings a large amount of evidence in favour of the success of his own method of selecting remedies. In fine, this volume will compel us to reconsider the whole question of the homœopathic treatment of intermittents, and to inquire whether these diseases should not be rather treated on general pathological grounds, than on the accurate concordance of the drug symptoms with the minute shades of disease symptoms, which may perhaps, in most cases, be of quite secondary, or of absolutely no importance in a therapeutic point of view. And this may be so, although the theory of intermittents propounded by the author may be utterly untenable. In the meantime this theory, contrary as it is to all we have hitherto been taught and believed, has proved of great service to the author in his treatment of malarious diseases, and deserves more attention than would be given it, were it unsupported by the large array of facts he lays before us.

One word as to the doses of the medicines generally used by Dr. Lord. He employed medicated globules of the third, sixth, and thirtieth potency of the centesimal scale. He did not use the decimal scale until 1857, and is unable to say that it has any advantages over the centesimal.

In conclusion, we earnestly advise every homœopathic practitioner to obtain this very original and valuable work. The information and practical instruction it contains must be interesting to all, and especially useful to those who practise in malarious districts.

Neuralgia, and the Diseases that resemble it. By FRANCIS E. ANSTIE, M.D., F.R.C.P., &c. Macmillan.

WE have rarely had more pleasure in reading and reviewing a medical book than that which Dr. Anstie's treatise has given us. It has the peculiar charm of work that is "hewn from life." From beginning to end it exhibits so much experience, observation, and thought, and so complete an absence of mere compilation and padding, that its three hundred pages are simply worth their weight in gold. Its material is original; it is no thing of shreds and patches worked up into shape for the purpose of advertising the writer. And the book itself is such interesting reading. The style is not indeed of literary elegance: but it has the force and freshness of a man who is observing keenly and thinking vigorously. We do not hesitate to say that no one, be he homœopath or allopath, is as fully equipped as he might be for the management of neuralgia, who has not made himself master of this volume of Dr. Anstie's.

The scope of the work is indicated in the following extract from the preface:

"I believe it will not be disputed that there was considerable need for an English treatise dealing rather fully with the subject of neuralgia; and therefore I hope that the profession will be willing to give me a hearing. The present work, moreover, does not profess to be a mere compilation of standard authorities corrected down to the present time, but puts forward a substantially new view of the subject. My principal object in writing the volume was to vindicate for neuralgia that distinct and independent

position which I have long been convinced it really holds, and to prove that it is not a mere offshoot of the gouty or rheumatic diathesis, still less a mere chance symptom of a score of different and incongruous diseases. In order to set the diagnosis of true neuralgia from its counterfeits in the truest light, it seemed advisable to draw separate pictures of each of the latter (at least, of as many as are of real importance) and present them separately, as a kind of gallery of spurious neuralgias, and this I have done in the second part of the volume."

The second part, thus characterised, is a series of portraits of myalgia; spinal irritation; the pains of hypochondriasis, loco-motor ataxy, cerebral abscess, alcoholism, syphilis, sub-acute and chronic rheumatism, and latent gout; colic, and other pains of peripheral irritation; and dyspeptic headache. Each is clearly sketched; its diagnosis from true neuralgia exhibited; and its treatment suggested. Of the last we shall speak anon. At present, we have to deal with Dr. Anstie's hypothesis as to the essential nature of neuralgia.

This is familiar to those who have read his Lettsomian lectures, as reported in the *Lancet* for 1866, and his article on the subject in Reynolds' *System of Medicine*. It is (in his own words) "that the essential seat of every true neuralgia is *the posterior root of the spinal nerve in which the pain is felt*, and that the essential condition of the tissue of that nerve-root is *atrophy, which is usually non-inflammatory in origin*." The facts on which he relies for the support of this theory are as follows:—

1st. Neuralgia is found, on inquiry, to take rank with epilepsy, insanity, &c., as a *hereditary neurosis*, alternating with other manifestations of the same diathesis.

2nd. The several peripheral irritations—as cold, wounds of nerves, neuromata—which are considered exciting causes of neuralgia, are quite as often present without setting up this affection with it. Hence we must hypothecate a morbid basis on which this excitation shall work.

3rd.—The numerous complications of neuralgia—spasms, paralyzes, inflammations, disorders of nutrition, secretion, and sensation—point to a central cause.

4th.—The pains of locomotor ataxy are truly neuralgic, and in this disease atrophy of the posterior nerve-roots is a constant phenomena.

But Dr. Anstie justly adds that “the parts of the gray matter immediately adjoining these” are also affected in ataxy. And we cannot help thinking that to the centres rather than to the conductors of sensation we should look for the primary change which determines neuralgic pain. Moreover, the analogy of locomotor ataxy seems to us to tell against the “usually non-inflammatory in its origin,” which is part of Dr. Anstie’s hypothesis. For in this disease, according to Lockhart Clark, the membranes of the spinal cord are generally much congested; and he has seen them thickened posteriorly by exudations, and adherent, not only to each other, but to the posterior surface of the cord. If the changes in the membranes are inflammatory, the more obscure appearances of the cord itself may fairly be supposed of like nature. Again, the complications of neuralgia argue forcibly for its central rather than peripheral origin. But no less plainly do they point to the fontal gray matter rather than to the posterior nerve-root as the primary seat of change. For it is impossible to explain the motor and trophic disturbances seen at the affected spot if the sensory conductors only are supposed to be in a morbid state. And another argument for what we may call the *nucleus* rather than the *radical* theory is that which Dr. Quin notes (*Brit. Journ. of Hom.*, vol. iv, p. 27), that, although he has never met with a case where both sides of the face have been affected at the same time in the same individual, he has often witnessed the attacks pass from one side to the other.

Dr. Anstie’s own evidence, then, suggests a modification of his theory. We would put it thus: “The essential seat of every true neuralgia is the gray matter in which the affected nerve has its origin; and the essential condition of that portion of gray matter,* and of its issuing sensory

* The post-mortem examination of a case of severe trigeminal neuralgia, made by Romberg, leads to the inclusion of the ganglia of the posterior roots in the term “gray matter of origin.” For here the pressure of an internal

fibres, is degeneration, which may be inflammatory in origin." With this alteration we heartily accept his hypothesis, and believe it both illuminating and workable.

Our main interest in such a book, however, must lie in its therapeutic chapter, and in this both for the information it gives us of its own kind, and for its relation to homœopathic therapeutics.

Dr. Anstie writes: "The treatment of neuralgia may be divided into four branches: (1) constitutional remedies; (2) narcotico-stimulant remedies; (3) local applications; (4) prophylaxis.

The "constitutional treatment" is further subdivided into (a) dietetic, (b) anti-toxic, and (c) medicinal tonic. Under (a) great stress is laid on the importance of *feeding* neuralgics well, and especially of supplying largely the *fatty* elements of diet. Without theorising (with Dr. Radcliffe) on any direct nutrition of the nervous centres effected by fatty food, Dr. Anstie thinks their ascertained value in promoting assimilation of food in general sufficient to recommend their use. Cod-liver oil he prefers, but where this cannot be borne "we must try other fats; and we must go on trying one thing after another—butter, plain cream, Devonshire cream, even olive or cocoa-nut oil (though these are the poorest things of the sort we can use) till we get the patient well into the way of taking a considerable, if possible a decidedly large, daily allowance of fat without provoking dyspepsia. It is surprising what can be done in this way by perseverance and tact, and it is no less striking to observe the good effects of the treatment. Nothing is more singular than to see a girl who was a peevish, fanciful, and really very suffering *migraineuse* brought to a state in which she will eat spoonful after spoonful of Devonshire cream, and at the same time lose her headaches, lose her sickness, and develop the appetite of a day labourer; and though such very marked instances as this are uncommon they do sometimes occur, and a

carotid aneurism had almost destroyed the Gasserian ganglion of the painful nerve, and the trunk and posterior root of the nerve were in a state of advanced atrophic softening.

minor but still important degree of improvement is very frequent."

The use of alcohol in neuralgia in any larger proportions than those of ordinary dietetic use Dr. Anstie decidedly condemns.

So far we can heartily go with our author, and can learn from him. But when he comes into the region of drug treatment the case is different. The "anti-toxic" remedies (*Mercury* and *Iodide of Potassium* for syphilis, the latter by itself for rheumatic inflammation of the nerve-sheaths, *Quinine* for malaria, and occasionally *Colchicum* for gout) are indeed common to both schools, and here we only differ as to dose. We are glad, moreover, to find Dr. Anstie agreeing with Valleix as to the real value of *Quinine* in non-malarious neuralgia, for which it is so extensively used. He excepts only the *ophthalmic* form, to which, possibly, the drug is homœopathic. There is, at any rate, a case of supra-orbital neuralgia in vol. xxvi of this Journal (p. 181), in which the 3rd dilution of *Quinine* proved rapidly curative, which it could hardly have done had it not been homœopathic to the condition. The commendation of *Strychnia* (i. e. *Nux vomica*) in gastralgia is also not unacceptable to us. But we must join issue with Dr. Anstie in his classing *Arsenic* with *Iron* as an improver of the quality of the blood, and thus accounting for its anti-neuralgic properties. He admits, indeed, that its action on angina pectoris is direct; but it would be easy to prove that the same principle holds good in all the neuralgiæ it benefits. Dr. Anstie seems not to be aware of the power of *Arsenic* to produce this condition. "The chronic poisonous effects," he writes, "of *Arsenic* on the nervous system seem to produce sensory paralysis rather than pain." But here are two cases of the continued influence of its poisoning.

"A Swede, æt. 41, seaman, entered New York Hospital, 1st December, 1849. He states that accidentally, about five months ago, he swallowed some *Arsenic*, which had been laid aside for the purpose of killing rats. (A paralytic state of the ultimate parts of the four extremities is then described, accompanied by numbness.) *He has also*

lancinating pains in these parts, regularly commencing about 5 p.m. and continuing till midnight.”—(*New York Journal of Medicine*, 1850.)

A surgeon, æt. 35, swallowed, by mistake for *Bitartrate of Potash*, a large quantity of *Arsenic*. This was in July, 1852, and the narrative of his case is dated April, 1857. During all this time he had been suffering from the effects of the poison. It was in May, 1856, that these took the form of paralysis, here, as in the former case, in the feet and legs, hands and forearms; and here also associated with severe *neuralgic pains*, which continued for two years and a half. It is noted of them that “they did not seem to follow the course of the main nervous trunks. They were never darting in their characters, but always steadily increasing to their climax, and then gradually decreasing. Cold air or water would always bring them on—they were worst between 9.30 p.m. and 8 a.m.”—(*North Amer. Journ. of Hom.*, vol. vi, p. 369.)

It may be seen that these symptoms resemble the pains of locomotor ataxy rather than those of pure neuralgia. But Dr. Anstie has already claimed these pains as genuinely neuralgic, and used their morbid anatomy as an argument for this theory of the other's pathology. He, at any rate, cannot deny the homœopathicity of *Arsenic* to the essential neuralgic condition. And then on the other side we have undoubted evidence of its power to cure neuralgia in infinitesimal doses. Let him read the cases treated by the 30th dilution in the 4th and 22nd volumes of this Journal. Some of the former (recorded by Dr. Quin) were obviously instances of the true epileptiform tic, ordinarily so incurable, but the amendment effected is unquestionable. We submit that Dr. Anstie is not justified, in the face of such facts, in supposing that *Arsenic* acts as an anti-neuralgic in virtue of any supposed powers as a “blood- tonic and essential stimulant to the nervous system,” but that he is shut up to the admission that its action is an instance of the operation of the law of similars.

But it is characteristic of the vicious tendencies of the old school of medicine that a physician like Dr. Anstie

should look to "the narcotico-stimulant treatment" of neuralgia as comprising its best remedies. We might, indeed, convict him of a sort of phenomenal homœopathy in their use, as he says that "they all agree in this, that in small doses they appear *restoratives* of nerve-function, in large doses *depressives* of the same." But as we do not think that depression of nerve-function is sufficient to set up neuralgia, so we refuse to allow that a mere counter-balancing restoration—such as a "stimulant" affords—can cure it. The action of *Belladonna*, which Dr. Anstie classes among these "narcotico-stimulants," is *toto calo* different. It is a true tissue-irritant of the nervous centres, and cures neuralgia as it cures cerebral and spinal inflammations. He knows it only in the form of *Atropine* (of which he injects subcutaneously gr. $\frac{1}{120}$ th to begin with), and esteems it chiefly in pelvic neuralgia. Let him try small doses of the tincture of the whole plant in suitable cases of trigeminal neuralgia (such as those related in this Journal, vol. xiii, p. 574; vol. xxii, p. 238), and he will find it as strikingly and more permanently efficacious.

On two more points in the treatment sketched by Dr. Anstie we must say a few words. We have already shown (vol. xxviii, p. 326) how essentially homœopathic is his theory of the benefit of counter-irritation generally. His statement here of the use of blisters in neuralgia is an exquisite instance in point. "In order that the effect may be produced, it will be necessary that the skin irritation be either produced at some distance from the seat of the greatest pain, or that if applied to that spot it shall be comparatively mild in degree. And accordingly I have been led, in my later observations, to apply the blister at some distance from the focus of pain. *An indifferent point, however, will not do*,—there must be an intelligible channel of nervous communication between the irritated portion of skin and the painful nerve. This object is accomplished by placing the blister as close as may be to the intervertebral foramen from which the painful nerve issues; the effect of this is probably a stimulation of the superficial posterior branches, which is carried inwards to the central nucleus of

the nerve." Here is the small dose and the specific affinity : and if the very idea of the theory is not sufficient to suggest the *similiter*, let Dr. Anstie try the experiment of blistering healthy people at these spots. We venture to say that in three cases out of five—the vesication must of course be pretty severe, to affect healthy structure—pain in the issuing nerves undistinguishable from that of idiopathic neuralgia will result.

We are not likely to adopt counter-irritation, in spite of its homœopathicity, for we have better means. But when Dr. Anstie tells us that "in the desperate epileptiform tic of old age he has more than once seen a complete cessation of suffering, which lasted for a very long time," we may not shut it out altogether from our *armamentarium*.

In our author's last remedy we come again upon neutral ground, viz. in the use of electricity. The facts brought forward by him relative to the value of the *constant current* (as from Daniell's, Bunsen's, or Smee's battery) in the treatment of neuralgia are of the last importance. We refer our readers to his pages for these : but must give them here the pleasure of citing a sentence or two from this part of the book. "It is perhaps not unnatural for those who have not had practical experience, to suspect that an application which causes so little palpable perturbation is devoid of any positive influence at all. Such scepticism will certainly not survive any tolerably lengthened observation of the actual facts." Substitute infinitesimals for the constant current, and why should the same statement (as made by us) be unworthy of credence ?

We have left ourselves no space to comment on Dr. Anstie's therapeutic hints regarding the pseudo-neuralgiæ. Many of them are of much value. But a word with him in conclusion. We, like him, and he, like us, can have but one wish as regards our neuralgic patients, viz. to cure them as *tuto, cito, et jucunde* as possible. We, in justice to them, shall assuredly avail ourselves to the utmost of all that commends itself to us in his treatise. Will he do the same? Will he look at the references we have already given, and investigate also the claims we make for such

remedies as *Colocynth*, *Spigelia*, *Stramonium*, and *Sulphur*, used in our manner? If he will, all is as it should be. But if (as it is greatly to be feared) he will scornfully refuse, which are the sectarians?

The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British and American Homœopathic Serial Literature: to which have been added a list of Foreign Physicians in Homœopathic Practice. 1872: Turner & Co.

THIS annual volume, always useful and creditable, in the present year more than sustains its reputation. The preface shows Dr. Herbert Nankivell to be again the editor, and every page bears witness of the careful work of which he has in many forms shown himself capable. The volume has its usual contents. First comes the curious calendar, whose red or black-letter days are the anniversaries of important events in the history of homœopathy; next is given the usual information contained in diaries and almanacks, including some useful tables of French weights and measures, and thermometric scales. We are then brought to the centre of the book—the Directory proper—containing the names, addresses, qualifications, &c., of the 286 medical men in these islands who avow themselves adherents of homœopathy. Of the significance of appearance in this list the editor well writes:

“No one who inserts his name in the following list gives up thereby one jot or tittle of his medical liberty; he is free to use whatever *adjuvantia* commend themselves to his experience; to prescribe what dose he finds best suit his patient—nay, more than this, to judge freely and without responsibility to any man or any society as to what is the special sphere of the homœopathic remedy, as to where this law that Hahnemann enunciated is applicable and where it is not applicable. All that he does in appearing here is that he testifies his general acceptance of the law of

similar as, *par excellence*, the therapeutic law, and he acknowledges that he is indebted to the genius of Hahnemann for its promulgation."

We have next an account of the homœopathic hospitals and dispensaries throughout the kingdom, and of the homœopathic societies. This is followed by a list of foreign and colonial physicians practising our system, which looks fairly complete, and with which much pains have evidently been taken. Then comes a "Complete List of English Homœopathic Serials, American Homœopathic Serials, Foreign Homœopathic Serials, and Books, Tracts, and Pamphlets on Homœopathy." The foreign list of serials seems very short, and is sorely defective; the *Art Medical*, for instance, is absent. In the catalogue of books, &c., we notice one curious insertion:—a translation of Hufeland's *Enchiridion*. The great Prussian physician was, indeed, a friend of Hahnemann's, but he was no homœopathist.

Last of all, we have the "Abstract" for the year 1871, which includes American as well as British journals in its survey. It is thoroughly done, and adds greatly to the value of the volume. Appended to it is a clinical index to the Abstract for the years 1866-71, which will be found very useful for reference.

We think now we have said enough to induce all our readers who have not already possessed themselves of this issue of the Directory to add it to their libraries. It is simply indispensable to one and all of us.

The London Medical Guide, containing a complete Directory of the Names, Addresses, Qualifications, Appointments, and published Works of all qualified Medical Practitioners residing in London and the Suburbs, &c. 1872: London, Kelly and Co.

THE compilation of this work was, we are informed, entrusted by Messrs. Kelly, the well-known publishers of the

Post Office Directory, to a medical man "of some standing." It is evident from the mode in which the task of the editor has been performed, what sort of idea he had of making "a complete directory." Everything referring to homœopathy has been rigorously excluded. The returns of gentlemen belonging to our school have been carefully weeded of all the "qualifications, appointments, and published works" that have anything to do with the hated heresy. In the list of hospitals there is no mention of the London Homœopathic Hospital; in the list of periodical publications there is no reference to this Journal, to our monthly contemporary, or to the *Homœopathic Directory*, and in the list of medical societies the British Homœopathic Society is left out. In short, the firm of Kelly and Co., hitherto distinguished by the completeness and correctness of their directories, have been artfully made a tool of by the bigoted but anonymous medical man whom they innocently appointed editor, and this worthy has furnished a work which we have no hesitation in saying is a disgrace to the publishers, being, as it is, a mere partisan statement of the state of the medical world in London, not as it is, but as this sectarian compiler would like it to be. We can hardly believe that the respectable firm of Kelly and Co., when they discover how they have been treated by their medical editor, will continue his services in future issues of their medical guide. If they do so we do not see why they should not compile their great *Post Office Directory* on the same plan. For example, let them entrust the list of clergymen to some thoroughgoing high-churchman, who will summarily suppress all the evangelicals. Let them hand over the tailors' list to a bigoted partisan of the needle and thread, who will omit all his brother snips who use a sewing machine. Let him give the bakers' list to a strenuous advocate of yeast, who will deny a place to all new-fangled bakers of aerated or other unfermented bread; and so on. The result would not be more ridiculous than it is in the case of this "complete directory," where all that does not suit the editor's views on orthodox medicine is summarily suppressed, and this castrated list of the medi-

cal profession is foisted on the public as "a complete and reliable directory."

This first issue of the *London Medical Guide* is not only a disgrace to the publishers; it is an affront and an indignity offered to the large section of the medical world who practise homœopathically, and no less to the immense and influential portion of the public who prefer homœopathic treatment, but who might search in vain in this "complete directory" for any information regarding the practitioners, the institutions, or the publications connected with their favourite system.

Typhoid Fever : some account of Baptisia Tinctoria, the new Remedy for the Disease ; with Cases, by WILLIAM BAYES, M.D. London : Baillière & Co., 1872.

IN this pamphlet Dr. Bayes has collected together all that is known about *Baptisia* in its application to typhoid fever. The evidence in its favour is not as yet very great, but quite sufficient to show us that it is likely to be a useful remedy in the disease, and to lead us even to hope that it may be capable of arresting many cases at the outset. The illness of the Prince of Wales having created a great amount of interest in the treatment of typhoid fever, Dr. Bayes's little contribution comes very opportunely.

MISCELLANEOUS.

Dr. Beale's Pepsine.

By MR. ISAAC C. THOMPSON.

THE increasing demand for *Pepsine* of late years having brought a large and varied supply into the market, it is of the utmost consequence that great discrimination should be used in its selection.

Since its first introduction by Boudault in the year 1854, *Pepsine* has been variously obtained from the stomach of the calf, sheep, or pig, the several productions differing very considerably in their digestive powers.

At the request of Dr. Drysdale I have made an examination of a few of the best-known preparations assuming the name of *Pepsine*, the result being that that known as Dr. Beale's *Pepsine* is possessed of much higher digestive properties than any of the others under examination.

It is prepared by pressure from the glands and surface of the mucous membrane of the pig's stomach exclusively; the fact of that animal being omnivorous and its having been blessed with a very strong digestion rendering it peculiarly valuable for the purpose. The method of its extraction may be best described in Dr. Beale's own words (*Medical Times and Gazette*, February 10th, 1872):

"The mucous membrane of a *perfectly fresh* pig's stomach was carefully dissected from the muscular coat, and placed on a flat board. It was then lightly cleansed with a sponge and a little water, and much of the mucus, remains of food, &c., carefully removed. With the back of a knife, or with an ivory paper-knife, the surface was scraped very hard, in order that the glands

might be squeezed and their contents pressed out. The viscid mucus thus obtained contains the pure gastric juice with much epithelium from the glands and surface of the mucous membrane. It is to be spread out upon a piece of glass, so as to form a very thin layer, which is to be dried at a temperature of 100° over hot water, or in vacuo over sulphuric acid. Care must be taken that the temperature does not rise much above 100°, because the action of the solvent would be completely destroyed. When dry the mucus is scraped from the glass, powdered in a mortar, and transferred to a well-stoppered bottle. With this powder a good digestive fluid may be made as follows:—

Of the powder	5 grains.
Strong hydrochloric acid	18 drops.
Water	6 ounces.

Macerate it at a temperature of 100° for an hour. The mixture may be filtered easily, and forms a perfectly clear solution very convenient for experiment.

“ If the powder is to be taken as a medicine, from two to five grains may be given for a dose, a little diluted *Hydrochloric acid* in water being taken at the same time. The *Pepsine* powder may be mixed with the salt at a meal. It is devoid of smell, and has only a slightly salt taste. It undergoes no change if kept perfectly dry, and contains the active principle of the gastric juice almost unaltered.

“ The method of preparing this *Pepsine* was communicated to Mr. Bullock, of the firm of Messrs. Bullock and Reynolds, 3, Hanover Street, Hanover Square, who at once adopted it for the preparation of medicinal *Pepsine*, and soon improved upon it in some particulars. Gradually the usefulness of this preparation of *Pepsine* of the pig was found out, and it had to be prepared in increasing quantities. I should be afraid to say how many pig's stomachs have been used of late years during the winter season.”

The first test applied was the digestive action of four different well-known preparations of *Pepsine* upon albumen. For this purpose fresh-laid eggs were boiled for an hour, and when cold the whites were thinly sliced and 100 grains weighed out and placed in a bottle containing one ounce of distilled water, with ten drops of dilute *Hydrochloric acid*, to which mixture had been previously added eight grains of the *Pepsine* to be experimented

upon. The four bottles were then placed side by side and carefully watched, no heat being applied. No. 1 bottle contained Dr. Beale's *Pepsine*; No. 2, Boudault's; No. 3, Morson's; and No. 4, a preparation labelled "*Medicinal Pepsine*" obtained from Southall's.

Twenty-four hours after, although no heat had been applied, the albumen in No. 1 bottle was found to be for the most part dissolved. In Nos. 2 and 3 the thinnest portions were dissolved, the undissolved portions assuming a pulpy appearance, while the albumen in No. 4 was hardly affected by the *Pepsine's* action.

Heat was then applied over a water-bath at about 100°, when the results obtained were much in the same proportion. Hot albumen was thoroughly dissolved,—about half of Nos. 2 and 3 were dissolved, while No. 4 remained to all appearance unaffected, the sharp lines in the cutting of the albumen remaining clearly defined.

The next experiments were made with the same quantities and qualities of *Pepsine* upon fifty grains of fresh lean beef, finely minced, all particles of fat having been carefully extracted; water and acid the same as recorded in the experiments upon albumen, and heat again applied at 100° temperature.

The results confirmed those described with albumen, with the exception that Nos. 2 and 3 *Pepsines* certainly did perform their work better than in that instance.

At the end of four hours little, but a few, shreds of fibrine remained undissolved in No. 1 bottle, while Nos. 2 and 3, as intimated above, digested the beef to a very large extent; but the contents of No. 4 appeared to be in no way affected beyond mere dislocation of the liquid, and probably this was mainly or entirely due to the action of the *Hydrochloric acid*.

As the object of these remarks is to point out the superiority of Dr. Beale's method of extracting *Pepsine*, and not upon the general subject of *Pepsine*, the exact amount of *Pepsine* of other makers necessary to digest a certain quantity of food is not here stated; but for full information on that subject the reader is referred to Dr. Tuson's able article on "*Medicinal Pepsine*," published in the *Lancet*, August 13th, 1870, where exact calculations are given of the relative digestive power of a large number of *Pepsines*, taken from many confirmed experiments.

But the simple tests here enumerated show us that if *Pepsine*

is to retain its high position in therapeutical science as a digestive, extreme caution must be exercised as to the quality used.

As a convenient form for prescribing, the *Pepsine* may be dissolved in water containing a small quantity of dilute *Hydrochloric acid*, which, after getting rid of the residuary starchy matter by filtration, and the addition of a little *Glycerine* as a preservative, will keep perfectly good for a considerable period.

A good formula is the following :

R Dr. Beale's Pepsine, gr. xij;
 Acid Hydrochlor. dil., ʒij;
 Glycerine, ʒij;
 Aqua Destill., ad ʒiij.

Dose, one tablespoonful = 2 grains.

In this form it can be easily taken, or mixed with any cooked food, there being no unpleasant taste or odour about the mixture.

These few remarks have been written in the belief that many practitioners have held aloof from prescribing *Pepsine* probably through the inertness and consequent failure of the preparation they have used, and who would find upon trial that we have now a preparation of *Pepsine* worthy of the name.

Scarlatina Symptoms caused by Chloral Hydrate.

Dr. J. W. Burman describes the effects of *Chloral Hydrate* in two cases in the Devon County Lunatic Asylum.

CASE 1.—Female, æt. 30, married. Admitted September 13th, 1870, in a state of acute melancholia and in feeble bodily health. Was ordered on admission the following mixture: *Chloral Hydrate* ʒij, *Tincture of Opium* ʒiij, water ʒxij, one ounce three times a day. The medicine seemed to have a good effect, as she improved under its administration. On the morning of the 24th September, having taken the above mixture about ten days, and a double dose having been given on two or three occasions, it was noticed that she was covered with a scarlet eruption, which had come out during the previous night. The redness of the skin was almost universal, and, disappearing for a time under pressure, resembled more than anything else the eruption of

scarlatina. It was accompanied by fever and sore throat, the tonsils and upper parts of the pharynx being visibly red and congested. The pulse was 120, the tongue furred, but did not present that peculiar strawberry appearance so frequently observed in cases of scarlet fever. There was neither nasal nor conjunctival catarrh. It was considered advisable to strictly isolate the patient. The chloralic mixture was stopped and simple salines given instead. On the 29th the patient was still feverish, but the throat was not worse, and, the rash having died away, desquamation had commenced on the hands and arms. As she was restless and excited she was on October 1st ordered simple doses of *Chloral* night and morning. The febrile excitement had almost gone, desquamation had gradually spread all over the body, when, on the morning of October 7th, fourteen days after the first appearance of the eruption, she was found to have had a complete relapse, and to be again feverish and covered with a scarlet rash, which had come out during the preceding night. The *Chloral* was again stopped and salines given. The eruption was this time not so universally spread as before, and on October 15th desquamation, more considerable than heretofore, set in, and on 27th was nearly completed. On November 6th she had quite recovered from her bodily illness, and was sent back to her ward, having been isolated for six weeks. Her mental condition remained unchanged. There was no albuminuria during the whole progress of the disease.

CASE 2.—Female, æt. 20, single, an imbecile of decidedly rheumatic diathesis and predisposition, who had already been in the asylum several years. On December 2nd, 1870, being very choreic, and so much excited that it was necessary to place her in a padded room, she was ordered scruple doses of *Chloral* three times a day. This soon caused considerable amelioration in her condition, but in process of time seemed to lose some of its effect, so that the third dose of the day, that to be given at bedtime, was ordered to be doubled. Eighty grains of the drug were thus taken in twenty-four hours. On December 19th, in order that she might have a nervous tonic—consisting of a grain each of the *Sulphates of Iron, Zinc, and Quinine*—to be given three times a day, the administration of the *Chloral* was confined to a night draught of two scruple doses. On the morning of December 28th it was observed that she was covered with a scarlet eruption, which had

come out during the previous night. The general appearance of the rash was much the same as in Case 1, and it was likewise accompanied by sore throat and febrile excitement, and characterised by the absence of the strawberry tongue. Except that strict isolation was not maintained the general treatment was the same as in the previous case. On January 2nd, 1871, the eruption was fading and desquamation had commenced on face and neck, gradually spreading over the whole body, until the 16th. On the morning of the 17th, the twenty-first day after the appearance of the eruption, she was found to have had during the night a complete relapse of the rash and febrile symptoms, the rash being neither so intense in colour nor so universal as before. On the 20th desquamation again commenced, and gradually spread over the whole body. On the 6th February nothing remained but a slight peeling of the cuticle of hands and feet. On the 11th February she had quite recovered of the exanthem, but the chorea remained, and only left her after several weeks' treatment by nervous tonics and alkalies. No albuminuria was found. (*Lancet*, March 16th, 1872.)

Painful Effects of an Injury of the Knee cured by the Sting of a Wasp. Related by the patient, the Honourable Miss ANNA HIERTA: Stockholm, 25th July, 1871.

DURING the month of July, 1870, in taking a drive my carriage was upset, and in falling on the road I had the misfortune to hurt my left knee. I used cold water dressing during the night, and feeling only a slight pain I continued to walk much as usual during several weeks; but my promenades became gradually attended with more difficulty, and I was obliged to rest often. As the pain increased by degrees I mentioned it to our friend Dr. Liedbeck, when he one day accidentally called, and told him what I had used, viz. soap liniment, *Tincture of Iodine*, &c. "You should try the sting of a bee," he said, mentioning at the same time how quite by an accident the marvellous effect of the sting of bees was discovered in curing a case of paralysis, &c. I was in great fear of bees, and the idea of such a treatment appeared

to me at the time very droll; and, besides, having no bees at my disposal, I made no haste to follow his advice, and, I must confess, I soon had quite forgotten it. Tired of trying new remedies, I used only cold bathing, with the effect of, in some degree, strengthening the knee. But in the month of September, when we returned to town, and I was obliged to go up and downstairs a great deal, my knee became much weaker. I commenced to experience much pain (which located itself at the inner tuberosity of the femur, and also a little at the knee-cap) since one day I had imprudently used the sewing machine, although I only employed the healthy leg.

Some days later (the 29th September) I had an invitation to the country, and in reading aloud to the company in the evening, I felt suddenly a most violent pain in the healthy knee, at the spot where the vastus externus muscle is attached to the knee-cap, and at the lower part of the same muscle. It was felt like the pricking of sharp needles repeated twice at different spots, and the pain obliging me to retire to my bedroom, I discovered that I had been stung by a small wasp. Remembering at the moment the advice of Dr. Liedbeck, my first impression was regret that it was not the injured leg which had been stung.

I was told that hot oil was a good remedy for stings of insects; I tried it at once, but as the pain continued, I had recourse to a popular remedy—fresh mould from the garden, of which I put some on the knee, and having it changed once during the evening, it was kept on with a bandage during the night. The knee swelled only a little; in the day I felt no pain from the sting, and, what a surprise! my bad knee was almost well, and after another day completely cured. A year has nearly passed since, and though I have taken long walks, worked at the sewing machine, danced, &c., I have never felt the least pain in my knee.

Extracts of Meat from a Physiological Point of View.

P. MUELLER (*Moniteur Scientifique*, 1871, p. 611) contributes an important memoir on this subject—important not only from the valuable *résumé* given of all that is known relative to the

chemical composition of meat extracts, soups, &c., but as adding to our knowledge of the physiological effects of such extracts. The paper is divided into three chapters, the first of which treats of the fluid of muscles, soups, and extracts, stating the relative proportions of the several ingredients entering into these, and detailing the researches of Liebig and others in this field. Extracts of meat are shown to be destitute, or nearly so, of true alimentary substances (albuminoids), and to be rich in such nitrogenous substances as are incapable of acting as food. The second chapter deals with certain principles of organic origin, such as creatine, found in meat extracts; and these principles are stated from the accordant experiments of the author and Kimmerich (*Wien. Med. Wochenschrift*, 1869) not to be dynaphorics, like tea, coffee, &c. Further, the ash of extracts of meat is shown to exert a poisonous action upon animals. The concluding chapter treats of the action of potash salts upon the animal economy. Neutral phosphate of potash decomposes chloride of sodium, producing phosphate of soda and chloride of potassium; and phosphate of soda is one of the most important salts found in blood. Carbonic acid is very much more soluble in solutions of phosphate of soda than in water or in solutions of phosphate of potash; hence, this latter cannot replace the former salt in the vital processes and in the manufacture of blood. The experiments of Bernard (*Virchow's Archiv*, xxxii) have long since shown that so small a quantity of a potash salt as seven or eight grains, injected into the blood, exerts a toxic action on an animal, whilst many times that amount of a soda salt may be administered in the same manner with impunity. We cannot do better than translate the conclusions of M. Müller for the benefit of our readers:—

“1. Meat extracts are neither direct aliments, for they contain no albuminous matters, nor indirect aliments, for their azotised principles do not arrest disassimilation.

“2. In small quantities they may be useful, from the stimulant action of the potash salts which they contain, as these salts aid digestion and circulation.

“3. In larger doses, instead of being useful, they may have an injurious effect. Administered in the course of prolonged illnesses, when the powers are enfeebled by long abstinence, the salts of potash may exert an injurious action, more manifest in proportion to the quantity of chloride of sodium lost by the organism. Far

from favoring nutrition, they may impede it—(1) by the direct action of potash salts upon the blood-globules, causing a diminished absorption of oxygen; (2) by the predominance of salts in the serum, which exert no special solvent action on carbonic acid, and do not permit the exhalation of the normal quantity of this gas, and, consequently, the introduction of oxygen.

“4. The physician should always remember that to give these extracts alone is to keep the patient in a state of inanition.”

But we must add, notwithstanding all this, they are good stimulants, and useful to bring up the flavour of poor soup.—*Med. Times*.

Aconitum napellus.*

By H. N. GUERNSEY, M.D., Professor of Materia Medica.

Wolf's bane; Monk's hood. Sex. Syst. Polyandria Trigynia. Nat. Ord. Ranunculaceae.

This plant abounds in the mountain forests of France, Switzerland, and Germany. It is found with two roots; one, the elder, being of a dark brown hue, supporting the stem; the younger, of a light yellowish brown, is to furnish the stem of the following year. The root is of a finger's thickness, three or four inches in length, and sends forth long, thick, fleshy fibres. The stem is erect, smooth, leafy, and cylindrical, attaining the height of several feet. The leaves, which are divided almost to the base, are petiolate, from two to four inches in diameter, are of a light green colour below, and a dark green above. Those on the upper part of the stem have short foot-stalks with three to five divisions, and on the lower part long foot-stalks with five to seven divisions. The large and beautiful flowers, of a dark violet blue, are borne at the summit of the stem.

The medicinal properties of this plant are procured from the leaves and root.

Aconite has a specific and singularly marked action on the serous membranes and on the muscular tissues.

The pure and fully developed blood-globule, in its most perfect type, when diseased, has a great affinity for it. Hence, in typhus or any other conditions of illness, where the blood-globules are

* From the *American Jour. of Hom. Mat. Med.*, November, 1871.

disorganized, or the blood is impoverished, *Aconite* is seldom indicated—such conditions are far removed from this perfection of the blood-globule.

We think of *Aconite*, therefore, when sudden inflammation very violent in character arises, and especially if it is caused by exposure to dry, cold air, either in a dry, cold room or by a draught of air, whereby perspiration or the insensible exhalations of the body are suddenly suppressed, and a violent chill is the consequence.

In chronic cases, when the cause of the disease can be distinctly traced to such a source, even if years have intervened, *Aconite* will claim your attention. Among chronic affections arising from this cause, I may mention coughs, catarrhs, spitting of blood, pain in the chest, heart disease, &c., &c.

MENTAL SYMPTOMS.—It is always important to consider the mental symptoms. Great and uncontrollable anguish, and great fear, are characteristic of the *Aconite* disease.

In nervous states with much fear, accompanied by weakness and want of appetite; great *fear*; afraid to go out of the house; fear of a crowd; fear that he will not recover, and predicts the expected day of his death,—it is surely indicated.

It has much sensitive irritability, and sadness with fear. Fitful moods; now very cheerful and happy, singing, laughing, and talking in great glee; then sadness and fear, despondency and gloom.

The delirium is of an unhappy and fearful character, with expression of fear upon the countenance; but there is rarely unconsciousness.

HEAD.—Vertigo on assuming an upright position, whether rising from the bed or a chair. (*Opium* has this symptom, and *Nux vomica* has it on rising from a chair; but neither of these have the mental symptoms.) Headache as though the brain was moved by boiling water. Terrible pain at the root of the nose, with much disturbance of the mind; he is afraid to go out of the house; is afraid something is going to happen. Sensation as if the hair was standing on end all over the head. Vertigo increased by shaking the head, with inclination to fall to the right side.

EYES.—Great aversion to light, or a strong desire for it. Where there is a great deal of pain in the eyes, resulting from a foreign body or speck of dust; the eye feels very sore, is painful and inflamed.

Red and hard swelling of the eyelids, the edges looking red and sore; are very sensitive and painful. This state of his eyes worries and troubles him exceedingly; cannot attend to his business because of it.

Attention must be paid to these mental symptoms, for they are of great service.

Cannot bear the reflection of the sun from the snow; on going out after a fresh fall of snow, the reflection from the sun shining thereon causes specks, sparks, and scintillations to dance before the eyes.

Eyes very dry, and the pressure of the lids hurts them.

Purulent ophthalmia if there is redness, inflammation, and great sensitiveness.

EARS.—Hearing *very* sensitive, and here again the mental symptoms are prominent; the noise troubles and worries the patient.

NOSE.—Bleeding of the nose, especially in young, plethoric persons, where the flow is very abundant, and the patient is afraid of bleeding to death.

FACE very red, and feels as if it had grown much larger; red while lying down, but after rising up, pale; redness of one cheek, paleness of the other; red and pale cheeks alternately. Tingling sensation of the face, it is so red it tingles. Tingling sensations are extremely characteristic.

TEETH.—Toothache of a throbbing character, more especially in persons of a full and plethoric habit, particularly if it results from an exposure to dry, cold air, and if it causes the patient to be very restless and uneasy.

MOUTH dry; tongue and fauces dry, with a peculiar tingling on the tip of the tongue and edges of the lips. Tingling of the œsophagus and fauces, and on looking into the throat we find it very red. Tingling when coughing and swallowing.

TASTE.—Everything tastes bitter *except water* ; and there is a desire to take a great deal of this because it tastes good ; everything else seems bitter. Burning, unquenchable thirst.

GASTRIC SYMPTOMS.—Vomiting, with nausea and thirst ; heat and profuse perspiration, often accompanied by increased micturition. Here, again, we find the disturbed condition of the mind. He drinks, vomits, and declares he cannot live ; he knows he is going to die, and is in great anguish.

Pressure in the pit of the stomach, as if a large stone was there.

Burning sensation in the stomach, extending from the pit of the stomach up to the tip of the tongue, with tingling of the tongue, lips, fingers, and along the spine, and tingling in various parts of the body. Much bitter vomiting ; vomiting of bile, with great fear ; there may be a cold sweat, which is more the result of fear than anything else. The substance that is vomited seems to pour out as from a pump, in great profusion, deluging everything.

ABDOMEN.—Inflammation of the peritoneum, accompanied by restlessness, sleeplessness, thirst, and sharp shooting pains, and the abdomen is tender to the touch. Inflammation of the bowels, with tearing and burning pains, restlessness, thirst, fever, dry, hot skin, and diarrhœa.

These conditions may arise suddenly, in which case *Aconite* will be more strongly indicated. Great fear and dread will also characterize the case.

Pure inflammatory dysentery, with the peculiar mental and physical symptoms, is rapidly relieved by *Aconite*.

STOOL.—Watery, brown, and bilious stools, accompanied by dry hot skin, thirst, restlessness, and fear.

For example : If a child is suffering from a watery diarrhœa, is crying and complaining very much, biting its fists, and is sleepless, *Aconite* will usually settle this trouble in a short time. The disturbed condition of the mind will cease, and quiet sleep will follow. The mother will now remark : “ Doctor, he is all right except his bowels, and they are as bad as ever.” Now, do not give another remedy, but wait and see if *Aconite* will not complete the cure by itself.

URINARY ORGANS.—Scanty, red, and hot urine, arising from taking cold, especially in children. The child screams and appears to be in great pain because it cannot urinate. *Aconite* will ease the pain, quiet the child, and the urine will flow some time after. In adults, incontinence of urine will sometimes be relieved by *Aconite*.

SEXUAL SYSTEM.—In males, bruised pain in the testicles, arising from exposure to dry cold air.

In females, after pains are very severe, with great fear and restlessness. In milk fever, when the milk does not flow, and the breasts are hard and swollen, accompanied by the same mental conditions.

Puerperal peritonitis, where there are darting, shooting pains, restlessness, fever, great fear and anguish of the mind. Suppressed menses, resulting from fright, fear, or vexation, particularly in young and plethoric females.

We may prescribe *Aconite* as almost a specific for suppression of the catamenia in young, active, and plethoric females, resulting from almost any cause.

LARYNX AND CHEST.—Croupy sounding cough, particularly after falling to sleep. The patient is disturbed in his sleep by the cough, which almost awakens him; he turns over, and as soon as he is fairly settled down to sleep again, the cough recommences, and so continually repeats itself. Croupy cough, resulting from an exposure to dry cold air, with restlessness and an uncomfortable state of the mind. Short dry, titillating cough, and every inspiration seems to increase the cough. The latter is a very characteristic symptom of this remedy.

Expectoration of bloody mucus with the cough. There is almost always a tingling sensation in the chest after coughing. There may be stitches in the chest and side, which are often so severe as to interfere considerably with respiration; can only get "half-inch" respirations. We sometimes find this in the worst cases of pleurisy; also the restlessness, fever, thirst, and fear. Sometimes there is an oppression of the chest without pain, which keeps one from taking a deep breath; something seems to catch the breath and stop it.

Palpitation of the heart, with great anguish.

In hæmorrhage the blood comes with great ease by hemming and hawking; it comes in great quantity, and of a pure, bright red quality; the hæmorrhage is often brought on by a little exercise, or by being in the cold dry air, or in a cold dry room; hæmorrhage is attended by a great fear of death.

Aconite cures some cases of heart disease, chiefly when the cause can be traced to an exposure to dry cold air.

Constant pressure in the left chest; oppressed breathing on the least motion; frequent stitches at the heart, and tendency to congestion of the head.

BACK AND UPPER EXTREMITIES.—Much tingling in the back and in the fingers, particularly while writing, is very characteristic.

Numbness of the left arm, so that the hand can hardly be moved, which may result from exposure to dry cold air.

FEVER.—Think of this remedy in fevers, where there is a hard, full, and frequent pulse, sometimes intermitting; sometimes slow and thread-like, with heat, restlessness, thirst for great quantities of water, &c., &c. It is sometimes useful when there is a sensation of coldness in the blood-vessels, and a peculiar shuddering sensation running from the feet to the chest in paroxysms. Sensation of great heat, with a clammy sweat; cannot bear to be covered. Great thirst, and though cannot retain fluids in the stomach, yet will always drink; then up it comes as from a pump, all up and out in a very short time, even before a basin or anything can be procured. In the heat of *Aconite* there is much agony and tossing; feels *very* hot and wants a great amount of cold drink.

SKIN.—Young, bright and active children are sometimes affected with a red fine rash, which is very thick and causes great restlessness; this rash reappears every night.

GENERAL REMARKS.—This remedy is frequently indicated where there is a great and sudden sinking of the strength, but here we must look to the state of the mind. If we find cheerfulness and content with no alarm, *Aconite* is *not* the remedy. But if we find great alarm at this sudden sinking, study *Aconite*.

Burning of the internal parts, with the concomitant symptoms.

Tingling of the fingers, œsophagus, cheeks, back, tongue, and lips.

Painful sensitiveness of any part of the body ; does not wish to be touched on account of this sensitiveness ; of course he will be irritable, and fearful of any one approaching him.

Great sleeplessness, restlessness, and constant tossing.

Sometimes a patient is suddenly attacked with great oppression of breathing, accompanied by great agony, so that he must sit straight up in bed ; his pulse thread-like, and he is very sad ; these attacks usually occur in the night. *Aconite*, then, is the medicine indicated.

Active hæmorrhage from any part of the body, uterine or any other, when accompanied with great fear of death, and nervous excitability.

Children have great fear of music ; they cannot go to church for fear of the music ; music anywhere makes them afraid.

Bad effects from dry cold air, suppressed perspiration from fright, with fear and anguish.

AGGRAVATIONS.—In the evening, and more particularly in the night ; cannot lie on the left side in affections of the chest ; worse when rising and when in a warm room.

AMELIORATION.—In the open air and sometimes when sitting still. When *Aconite* has done some good, and the effect has apparently passed off, and no more good results from repetition, think of the following remedies as acting well after *Aconite* : *Belladonna*, *Bryonia*, *Calcarea*, *Carb.*

*Therapeutics of Hæmorrhoids.**

By C. CARLTON SMITH, M.D.

Aloes.—Constant bearing down, low in the rectum, with the hæmorrhoidal tumours hanging out of the anus like a cluster

* From *Am. Jour. of Hom. Mat. Med.*, Jan., 1872.

of grapes, with bleeding; large volumes of wind precede each stool.

Nitric acid.—For persons of dark complexion; sharp stitching pains after each evacuation; constant weight and pressure, aggravated by exercise; in women, a throbbing in the small of the back and in the nape of the neck, just preceding the catamenia.

Mur. acid.—When the same train of symptoms show themselves in light-complexioned persons; prolapsus ani when urinating.

Calo. carb.—The tumour bleeds profusely, and protrude in a bunch on evacuating the bowels: very painful in walking; relieved by sitting down. When the bleeding is checked from any cause, the head is at once affected.

Carbo. veg.—Great burning and itching in the anus, with swelling of the tumours, and lancinating pains in the thighs. Constant bleeding at every stool.

Causticum.—Pains and soreness, aggravated by walking, standing, and by mental labour; constipation; the knobs impede the passage of the fæces. Useful for clergymen who have an attack of hæmorrhoids after every effort to preach.

Graphites.—Chronic constipation, with hardness in region of liver; prolapsus recti, without any straining, as if sphincter were paralysed; discharge of mucus and blood; moist humid eruption about the head and ears. In women, watery leucorrhœa at the time of menstruation; piles, accompanied with dizziness.

Sulphur.—Burning, tearing, itching in the rectum and anus, with feeling of fulness; cannot bear to have the tumours washed with water; patient wants to scratch the parts; the more he does this, the more they itch and burn.

Kali carb.—Sensation as if the anus were fissured; can scarcely convince the patient to the contrary; stinging, burning, tearing, screwing, itching, biting following every natural stool, setting the patient almost crazy; he walks the floor back and forth for relief, and cannot sleep at night on account of the intolerable suffering; passage of the fæces difficult, owing to their great bulk.

Ant. crud.—It stands first in the ranks for what are termed "mucous piles," pains, pricking, and burning.

Æsculus hip.—Hæmorrhoids, with severe pain across the back

and hips, as if they would break in two, with bearing down. See also *Bell.* and *Hepar.*

Nux vom.—Shocks in the small of the back, with bruising pain, so that the patient is unable to raise himself; constipation, as if the anus were closed or contracted; vertigo, with inability to think correctly; stinging, burning, and itching of the anus; discharge of blood and mucus; aggravation in the morning, and every time coffee is indulged in.

Ars.—The patient excessively restless, especially at night; the tumours and the whole of the anus seem to be on fire, and he threatens to tear them to pieces. Useful in cases of drunkards.

Alumina.—During an evacuation blood spurts out of the rectum, followed by soreness all along the rectum; stool hard and dry, shaped like laurel berries; the tumours always distend after walking; are worse in the evening, and subside after a night's rest; blood passes away from tumours when walking; the tumours always burn; the perinæum sweats, and is tender to the touch.

Ammon. mur.—Bleeding from the rectum, with lancinating pains in the perinæum, especially in the evening; stinging and itching in the rectum during and preceding a stool; the hæmorrhoids are surrounded by inflamed pustules.

Lycopod.—Narrowing of the rectum, which causes a protrusion during stool, developing hæmorrhoids; tearing pain in the rectum, arresting the breath; the hæmorrhoids are surrounded by an itching eruption, painful to the touch; great fatigue after stool; the varices are most painful when sitting; obstinate constipation.

Silicea.—The hæmorrhoids protrude during stool, and become incarcerated; intense pain, with slight protrusion; boring, cramping pain from the anus to the rectum and testicles; anus is constantly damp; violent sharp stitches in the rectum when walking; pains are chiefly burning and cutting.

Ignatia.—Sudden sharp stitches in the rectum, upwards into the body; aggravation from excessive grief.

Sulphur. acid.—The varices always feel damp, and are painful to the touch; they itch violently; pain during stool as if the rectum were torn in pieces; stool like sheep's dung. Useful for hard drinkers.

*Surgical Therapeutics.** By DR. J. C. MORGAN.

The indications here given are those given in the surgical lectures of the Hahnemann Medical College of Philadelphia, and heretofore copied by the members of the classes. Our literature being as yet rather meagre in this direction, they are offered to the profession as a nucleus to which, it is hoped, its ripe experience will be added, that we may speedily realise herein the same progress which has recently attended homœopathic therapeia in general. Experience has been largely consulted; and where this failed, the *Materia Medica* has been freely appealed to.

 SHOCK OF INJURY.

Alcohol.—(Brandy, whiskey, &c.) Empirically much used, but really benefits bad cases but little; except in persons addicted to the use of liquor. Better adapted to *inertia* from over-exertion or excitement, want of food, exposure, &c., or from depressing emotions in their first effect, than to the results of severe bodily lesion.

Camphora.—Often required early, after sudden and unexpected severe injury; the whole surface of the body is cold and clammy; face pale or bluish; lips bluish; diarrhœic tendency of the bowels; pulse feeble; nervous anxiety, mingled with stupefaction of mind. Respirations few, and sighing. Feeling of great weakness.

Capsicum.—Cold, clammy skin; pulse almost imperceptible, thready; burning sensations internally; chilly externally, especially in the back; sluggish manner, as in cold weather, is often seen in persons who have been exposed; with anxiety, as from conscious danger of death.

Chamomilla.—Mental urgency and intolerance; “unstrung” by the pain; aggravated by talk and touch; groaning; pain, burning and as if torn; pale, cold, moist skin; or, general perspiration, the forehead and extremities being cold. Pain better

* From the *Am. Jour. of Hom. Mat. Med.*, Oct. and Nov., 1871.

from hot applications. Preoccupied with lamentations; the pain seems to overcome every thought of civility. (*Cham.* is named by C. Hg., "the opiate of homœopathy.")

Coffea cruda.—Great sensibility, mental and physical; intolerance of all manipulations, which causes great agitation, interfering with treatment; rather quiet when let alone; afraid of the surgeon; sleepless, so long as any noise or light continue, at night.

Calamus (*Acorus calamus*).—Great faintness and syncope immediately after great hæmorrhage. (C. Hg. recommends it as having been used in infusion. Potencies have not yet been given.)

Cuprum.—Deathly feeling behind ensiform cartilage; sighing; rolling from one side to the other, at intervals, trying to get a good breath; frequent thready pulse; sometimes a limp prostration, preceded by spasmodic symptoms; sickness at stomach; or, delirium, will dress himself to go home; even "paralysis of the brain," with symptoms of collapse.

Gelsemium.—Overpowering fear, with fatigue; tendency to diarrhœa; exhaustion; drowsiness; unconscious muttering of anxious sort; pale and languid face; aching in back and limbs; fear of injury; memory of horror.

Hypericum.—Shuddering all over, with desire to urinate; retention of urine; mashed, punctured and torn wounds, when nervous tissues are mainly concerned; lacerations of skin; injuries of the vertebral regions; of the tissues of animal life, generally the feet, the hands, &c.

Nux moschata.—Constant sleepiness; skin cool and sensitive to exposure; oppression from pit of stomach to chest; slow, rattling breathing; apoplectiform dreaminess; the least exertion causes great weakness and sleepiness; diarrhœa.

Aconitum.—With the injury there has been a fright, followed by one fixed and anxious idea of impending death or other dire misfortune; active and obstinate restlessness; not to be pacified; excessively keen senses; intolerant of impressions and of opposition; *tense*, thready pulse; internal congestion; thirst; chilliness

when uncovered; fainting on rising; the feet are cold. (Given by some as a preventive of bad effects following surgical operations.)

Arnica.—Bruising; concussion; hæmorrhage; unconsciousness; or, dizzy, with sickness at the stomach; worse by moving and rising, better by lying still; wants the head low; slow and weak pulse; wants to be covered up warmly; the whole body is cold, except the head and face. Has been called the “panacea lapsorum.” According to Lippe it is a good sign if, after *Arn.*, vomiting follows.

China.—After continued or repeated hæmorrhage (subacute) occur prostration; nervous agitation; anxious manner; can hardly respire at all; very pale and ghastly; pulse failing; hæmorrhage of dark blood; sensation as if it flowed warm from the heart.

Strontiana.—For chronic sequelæ of hæmorrhage, &c. (C. Hg.) Great forgetfulness; bright colours appear before the vision; semi-lateral (r. s.) affections; rheumatic pains; debility; trembling; emaciation; desires to keep warm.

Chloroformum.—Respirations almost stopped, so few and feeble; unconsciousness; motionless features; livid lips; feeble pulse, as if dying. (Symptoms from poisoning. The homœopathic law demands that the same symptoms, otherwise produced, be curable by this medicine in potency.)

Digitalis.—Very slow pulse; faintness and weakness, with sweat; bluish paleness; inactivity of the pupil; optical illusions.

Nux vomica.—Cold sweat; anguish; vertigo; dreads motion and uncovering; wants to cover up and rest; sense of great fatigue, with angry despondency; faintness occurring from slight causes; cramps; flatulence; hæmorrhage of dark blood. After allopathic drugging, or in patients who, possessed of a good deal of natural force, at the same time habitually abuse their digestive organs by food and drink, leading sedentary lives, or who lose sleep.

Opium.—Empirically given, has seemed useful in severe cases; large doses being given, when there was rapid breathing—every breath being a loud moan; livid or pale face; livid lips; great

distress, oppression and anguish; cool, clammy skin. A single dose high would be preferable, if rare breathing, the throat emitting the sound of the letter "K" in inspiration; eyes fixed unequally; unconsciousness;* also after fright.

Scalæ.—Great prostration: diarrhœa, even involuntary, very watery stools; pulse small, slow; deadness of fingers and toes heavy, anxious breathing; moaning; hollow, hoarse voice; thirst for acids; wants to be uncovered, but the skin is clammy and cold; cannot bear the heat; suppression of urine.

Ammonium causticum.—If tissues of organic life be mainly concerned; skin pale; breath feeble; weakness, wants to lie down; has been useful when taken in drop-doses of *Liq. ammon.* (U. S. P.) in gunshot concussion of the stomach; also *Amm. carb.* in large doses (after failure of whiskey), in gunshot wound of the lung.

Arsenicum.—Tendency to collapse (as in cholera); dry skin, pinched, cold, livid; thready pulse; restlessness; thirst for little water and often; vomits drink instantly after swallowing; wants external heat, cannot bear a breath of cool air; hippocratic countenance.

Carbo vegetabilis.—Stupor, hardly yielding to any stimuli; want of vision and hearing; hippocratic face; colliquative, cadaverous diarrhœa; cold sweat; rattling breathing; stagnant circulation; frequent, scarcely perceptible pulse.

Mercurius.—Sinking feeling at the heart, as if dying; on awaking from a doze, trembling as if frightened, with palpitation; trembling from slight exertions; weak, slow pulse; sweat.

Lachesis.—Lying with body and limbs doubled up; nose, ears, and forehead, very cold; giddiness and blindness; skin shrivelled, livid; pulse thready, dying away; rapid yawning; incessant sighing; dark areola around the eyes; increasing stupor.

Acid, Hydrocyanic.—General coldness; long, lasting syncope; anguish and pressure on the chest; hiccough; rattling, moaning,

* In all cases of impending death by collapse, give only *one dose high and wait*—or death may be hastened. Impending from progress of inflammatory lesion, repeated doses lower.

slow breathing ; distorted features ; pupils dilated ; eyelids paralysed ; pulse nearly extinct.

Tabacum.—Cold sweat ; constant, deathly nausea ; vomiting, especially on moving (better after vomiting). The whole body is cold, especially the legs ; pulse irregular, small, feeble, slow ; great relaxation ; giddiness.

Natrum mur.—Threatening collapse, with intermitting pulse, and great thirst. Chronic effects, after an injury of the head, viz. : headache, relieved by sweating ; worse on going to bed, with ringing and roaring in the ears ; dreams of horrible things, as robbers, fire, murder, &c.

Phosphorus.—Apparently lifeless state, with occasional convulsive movements, followed by greenish vomiting ; vomits drink as soon as it gets warm in the stomach ; copious, easy, gushing ; cadaverous face. Hæmorrhage of bright blood.

Veratrum album.—Cold sweat, most on the face ; vomiting ; diarrhœa ; thirst ; extreme pain, with delirium ; terror ; or feels nervous as if he would fly ; or, despairs of life ; great weakness ; trembling ; numbness and tingling in the extremities ; *coldness* all over, most in hands and feet ; the blood feels like cold water in the vessels ; chilliness, increased by drinking ; desire for cold water intense ; face pale, livid, deathlike ; pulse, thready, weak, slow, scarcely perceptible ; yawning ; hiccough ; speechlessness ; visceral hæmorrhage ; abdomen feels cold.

Ipecac.—Prostration ; pallor ; nausea ; vomiting ; colic ; diarrhœa ; suffocative feeling in the air-passages ; hæmorrhage of bright blood ; chilliness ; cold hands and feet, which are dripping with cold sweat ; pupils dilated.

Pulsatilla.—Weeping over his bad luck ; chilly, especially during aggravations of pain, but cannot bear a warm room ; cold, sticky sweat ; no thirst ; loathes food ; nausea ; aching, shifting, inconstant pains ; indisposed to talk ; sticky mouth ; weakness and inertia.

Hepar sulph.—A little pain causes fainting, preceded by vertigo ; then, headache ; involuntary deep inspirations ; internal

shiverings from below upwards; very irritable, nervous system, readily excited to trembling; limbs feel weak and bruised.

Sulphur.—A slovenly individual who craves spirituous liquors; a “ragged philosopher;” has been much exposed. Faintness; weariness; trembling, especially on moving; vanishing of sense; talking causes much fatigue and aggravates the pain, cold extremities; bluish face; wretched expression; sunken eyes, with dark margins; disposed to dose; jerking of limbs when beginning to sleep.

[The foregoing indications may also be studied in connection with other forms of collapse; as, for instance, “pernicious,” or malignant intermittent fever. The venous congestion seen after death from shock, as well as the symptoms during life, bear a likeness to such diseases.]

Indications for Remedies in Traumatic Fevers.
(Sthenic and Asthenic.)

INFLAMMATORY FEVER.

Camphora.—After a chill of congestive appearance, flying, shooting pains all over; bluish lips and fingers; distended veins; rapid breathing; heat; trembling; stupidity.

Capsicum.—Chilliness in the back; indisposed to full reaction, or “burning,” inside or outside, with great venous blueness, and heat of skin. In some cases, great febrile reaction, with violent frontal headache and sore throat; worse on the left side.

Coffea.—Sensitiveness of mind and body; intolerance of impressions of all kinds; sleeplessness, with wakeful feeling; heat of skin, especially after bedtime; sometimes with chilliness in the back, or internally. (Pleasant excitements are often the exciting cause.)

Gelsemium.—Heat, with languor and drowsiness; aching in back and limbs; little thirst; sleep interrupted by half waking and muttering; evening (or early morning), crimson flush of whole face (sometimes preceded by cold hands and feet); distant objects look confused, as if outlines were shaded with same colours;

eyes heavy looking, suffused, sometimes oscillating; wants to keep very still; pulse full and frequent, not tense.

Acon.—Dry heat; general soreness; anxious concern; “going on!” restless; thirsty; *fixed notion* of death or other calamity. Florid face, or simply a circumscribed redness of cheeks; bright, steady eye, and constant recumbency, because he feels faint, with pale face on rising; likes to shut his eyes and keep head low; pulse *tense*. The pains seem extreme, often, but may not be a prominent feature at all; the restlessness, dry heat, and thirst predominating. (Cold feet sometimes ushers it in.)

Bell.—Red face and eyes; visions compel him to keep his eyes open; wants head high; dry throat; throbbing feeling in the arteries; hard pulse; headache, forehead and crown; light and sound not borne; very sleepy, but cannot sleep; delirium of visions; pains suddenly and sharply aggravated at times; the heat is accompanied by some moisture (said by Bæhr to distinguish *Bell.* from *Acon.*). Sometimes, if this fever be typhoid, there is involuntary diarrhœa.

Ipecac.—Dainty appetite, cloyed by everything; suffocative conditions; nausea; looseness of bowels; hands and feet damp and cold; dry heat, without thirst; sweat variable; sometimes profuse, sometimes absent. Listlessness. *Ipecac.* is as much a febrifuge as *Aconite*.

Bry.—Soreness and pain on motion, bilious and gastric symptoms; mouth and lips dry; drinks largely and rarely; chill begins in the hands, feet, back, &c. Delirium on business affairs; muttering; brown urine. Constipation, or diarrhœa, worse from motion. (Such chill and fever is often hectic; in which case, *Bry.* is very useful.)

Mercurius.—After *Acon.*, *Bell.*, &c., inflammatory fever, with sweat, which does not relieve; catarrhal or bilious symptoms; worse during the evening and earlier hours of the night; suffering appearance; phlegmonous conditions.

IRRITATIVE FEVER.

Sulphur.—Sub-acute fever; unhealthy suppurations; dejected feeling and appearance; heavy looking, pimply, scabby, discoloured

skin; red patches on cheeks here and there; or a permanent feverish look; dry, scaly, heated skin; voracity; or, loathing, with thirst; food disagrees; craves brandy or beer; inclined to be dirty, disliking to be washed; sore pains, disposed to locate in the deep-seated parts, and become chronic; disposed to relapse; unresponsive to medicine; scrofulous tendency.

Calcarea c.—Constant feeling of heat or of coldness, with or without shivers; withered skin; emaciation; constant solicitude about his condition; sweats more when mentally excited. Bony, and other hectic suppurations, &c., in people of "negative habit,"—scrofulous, fair, originally fat people, with cold, damp feet. (The "positive habit" is the complement of this; *vide Sulphur*. Also *N. Y. Trans.*, 1868.) *Hepar sulph.* stands between these two remedies; it often suits the sub-acute irritation left uncured by *Aconite*, &c.

Lycopod.—Aggravation, most from 4 to 8 p.m. Red sand in the urine; rumbling in the bowels; sebaceous eruptions, with visceral engorgement; forced respiration, with fan-like motion of the nostrils. In suppurations, warm poultices aggravate pain (the "rigors" of advancing suppuration are sometimes arrested by *Lyc.*). Hectic cases, and cases which have been carelessly treated.

Silicea.—Gangrene, with fetor of secretions; wants to be wrapped up from draughts of air; suppurations, bony, carbunculous, erysipelatos, gangrenoid. Foreign bodies lodged in the tissues. Partial sweats on head, feet, or trunk; heat agreeable, but not so restless as *Ars.*; morale, &c., resembling the well-known *Pulsatilla*-status. Circulation easily excited; day heat; night sweat.

Arsenic.—Constant thirst for a little water; restless; wants to change about, but is too weak; aggravations near midnight; livid coldness; wants to be kept warm; cannot bear a draught of cold air; dry, parchment-like skin (or clammy); anxious heat, with burning; pulse frequent, weak, small.

Graph.—Glands are affected, along with hectic; discharges gluey. Chills and fevers (P. M.); cold feet; hot, red face; pulse full; sweat absent, or else offensive.

Sepia.—Hectic reaction; weakness at epigastrium; chill, with deadness of the fingers; chills about the breast; heat, with weakened self-poise; debilitating sweat; eruptions about elbows.

Lach.—Easily choked by neckbands; wakes with choking; livid gangrenous spots in carbuncles, edges of ulcers or of wounds; chills, beginning in back and *shoulders*; heat, with constant loquacity; or sluggish or tremulous tongue; flushes of heat; coloured sweat; aggravations on waking from sleep.

China.—After long continued discharges, hæmorrhages; morning diarrhœa, containing undigested food. Chill, fever, and sweat, with thirst before or between the stages; sweat very debilitating; most on the parts next the bed; less when eating.

Nux vom.—After allopathic medication, &c., smouldering, lingering, obstinate fever; frequent, small, thumping pulse. (These two follow each other well.) *Capsicum* is preferable to *Nux vom*. after allopathic medication, if the acute febrile symptoms remain; the morale being more suitable, and the febrifuge action better.

For indications in *Typhoid Fever*, see Bæhr, or Raue's Text Book.

A short answer to Dr. Lembke's query:—Have any of our Colleagues observed really injurious consequences from the abuse of salt? By Dr. LIEDBECK, of Stockholm.

(Translated from the *Allg. Hom. Zeitung*, Nov. 20, 1871.)

I have already in an article "On the Effects of Salt-eating," in the *Zeitschrift für Hom. Klinik*, Jahrg. 1851, No. 1, related my own experience in relation to this question compared with that of others along with cogitations and abstracts belonging to the subject. I counted already then amongst the real injurious effects of the abuse of eating salt, the uneasiness and pain after eating, fœtor of breath, debility with fever and thirst *in homine sano*, soreness at the angles of the mouth, *i. e. in ægroto halophagico*, which were overcome rather by abstinence from taking salt and the use of *Spir. nitr. dulcis* than *duce natura* when the

whole system, as you might say, was oversaturated with salt. I am willing to confess that the observations of one single physician are in the question of halophagism no more sufficient than in any other medical question. I have, however, felt myself prompted to communicate my later experience in one of the English homœopathic journals. But even in that country I did not observe any trace of a further interest in a development of our salt question; thus, neither for nor against in either of the two countries. At last I may also be permitted to mention that some years ago I wrote an article "On Diseases consequent upon Salt-eating" in a small monthly periodical published by me at Stockholm under the title *Homœopathic Intelligence for the Swedish People*, which article did no more than the previous ones produce any critical remarks.

As to myself, personally, I have always been more sensitive to salt and salted food than to our dilutions or triturations of 1 to 30. I felt always, after salt food, symptoms of what I would call salt-fever with nausea and thirst. And still, in my seventieth year, I have not lost this, my hereditary idiosyncrasy. I will at last refer to one or two sentences from my English article, where it is stated—"I know, as a fact, that it is a custom in England that almost every person puts some salt on his plate and dips every morsel he eats in it. They complain afterwards of dyspepsia, &c. Though it is there referred to a fault in the general system of diet, I am convinced that all the symptoms are owing to nothing but salt-disease, which would disappear by using no salt for one month or by taking *Spir. nitr. dulcis* if the symptoms are more severe."

At last I repeat that I always myself suffer when I have eaten anything salted, viz. bloaters, &c. When salt is used as a condiment I suffer from thirst and a sensation of heat over the whole body, a kind of fever, which my family attributes to my having taken cold, though I am not at all subject to take cold. After having taken much salt I suffer from eructations; nay, even vomitings, flatulency, bad taste in the mouth, &c.

Sale of Secret Remedies by Homœopathic Chemists.

AT a meeting of the Liverpool Homœopathic Medico-Chirurgical Society held in the dispensary, March 6th, 1872, the sale of secret or quack remedies by homœopathic chemists was discussed, and it was unanimously agreed that the Secretary forward the following resolution to each of our chemists.

Resolved: "That the medical men practising homœopathy in this neighbourhood protest in the most positive manner against the sale, in connection with homœopathy, of any secret remedies such as "glykaline," "neuraline," "substitute for cod-liver oil," and the 'like, and they request the discontinuance of such practice."

(Signed)

JOHN W. HAYWARD, Pres.
P. PROCTOR, Hon. Sec.

Bromide of Potassium in Epilepsy.

THE distinguished psychologist, M. Legrand Du Saulle, of the Bicêtre, in a communication to the *Gazette des Hôpitaux* of February 20 and 23, furnishes an interesting review of the results of his employment of the *Bromide of Potassium* in 207 cases of epilepsy.

The *Bromide*, he says, does not produce any mischievous effects, provided that it is of irreproachable chemical purity, and that its operation be attentively watched by the practitioner—say, every fortnight. He has patients who have been taking from one to two drachms daily for a long period without any ill-effect upon their health. Frontal cephalalgia, stuffing of the nares, lacrymation, gastric irritation, loss of strength, torpor of movement, acne, partial abolition of general sensibility, indifference, apathy, somnolence, intellectual obtuseness, stupor, inordinate appetite, constipation, and especially emaciation, have been justly indicated as consequences of its employment; but such effects have only been produced when the *Bromide* has been of doubtful quality or has

been ill-administered. If we place ourselves under favorable conditions for carrying on the experiment, we are not long in finding out that it may become as the daily bread of the patient, and so far from inducing emaciation, it rather favours the gain of flesh. It must, however, be well borne in mind that when, even with the purest salts, the daily dose of one drachm is approached, the reflex sensibility of the pharynx, base of the tongue, and epiglottis is considerably diminished or abolished, and that the genital desire is sensibly blunted. It is at about the same dose that acne commences, and it is an error to suppose that its intensity should influence the prognosis.

If the dose be too large at first, or too rapidly increased, bromism may be easily induced. M. Legrand commences with from twenty to thirty grains a day, and, according to the nature of the case, increases this by from seven to fifteen grains every fortnight or month—"mounting only slowly the steps of the therapeutical ladder." The ultimate daily quantity which he reaches oscillates between 90 and 135 grains, but to attain this from three to six months are required. In one case only was a maximum of 210 grains reached, but for this twenty-six months of treatment were required. While at least from sixty to seventy-five grains daily will be required for males before any efficacious therapeutical effect will have been attained, in young girls and women well-marked and sufficient action may be obtained by from forty-five to sixty-five grains.

In 207 cases in which he has used the *Bromide*, the following results were obtained:—In seventeen, absolute suspension of all epileptic symptoms during from two to four years; in twenty-eight, absolute suspension from twelve to twenty-two months; in thirty-three, considerable amelioration, no epileptic attack having occurred from six to ten months; in nineteen, a relative amelioration, the remissions lasting from two to six months, and the various symptoms being much abated in severity; in 110, failure. This last item is rendered larger by the inclusion of patients that have been too short a time under observation to speak positively about, others who have been lost sight of during recent events, and others, again, for whom the medicine proved too dear to secure their perseverance with it. The proportion of cures is sensibly greater in private practice than in the Bicêtre or Salpêtrière, most of these last presenting cerebral complications. In

the unsuccessful cases, also the *Bromide* often abates much of the violence of the symptoms.

When an epileptic has passed a year without an attack, M. Legrand administers the *Bromide* only on alternate days during the first half of the month, and every day during the second half; and, after eighteen months' suspension of the attacks, he gives it every third day during the first, and every day during the second half of the month. At the end of the second year it is given every fourth day during the first fortnight, and so on. He considers a rigid perseverance in this plan essential, and believes the usual plan of administering decreasing doses as improvement occurs a deplorable error. Relapse is sure to occur if any truce be thus given to this obstinate disease, the *Bromide* being, as already said, as it were, the daily bread of the epileptic. Medical superintendence during its employment is always essential; and surreptitious augmentation of the dose, as sometimes practised by patients, may lead to aggravated symptoms. The acne which accompanies the use of the medicine is often very obstinate, and ignorance of its bromic nature has led to the useless employment of various agents. Great fetidity of breath attends the prolonged use of the *Bromide*, and this is best met by taking it only a minute or two before meals, or receiving it as an enema twenty minutes before.

During the seige, M. Legrand, having had to treat, at Bicêtre, 1427 soldiers suffering from variola, found that in sleeplessness, and various nervous and ataxic complications, the *Bromide*, given in daily quantities of from thirty to sixty grains, proved a most excellent remedy.

Intermittent Neuralgia.

By JAMES KITCHEN, M.D., Philadelphia.

GIBL, aged 11 years, nervous, excitable, very irritable; had been in Jersey during the summer; all the members of the family, and some visitors, had chill and fever, and intermittent neuralgia, in head chiefly. This child had been attacked several times for a year past with intermittent fever (no regular chill),

always accompanied with intense headache. This time she had intermittent neuralgia of the bowels. About 4 p.m. she would commence throwing up immense quantities of wind from the stomach; about 5 p.m., intense agonising neuralgia would set in, like knives cutting her bowels, chiefly affecting her left side, coming on at intervals of a few minutes, and lasting from one to two minutes, so intense that it took three or four men to hold her and prevent her from dashing out her brains, as she would scream and tumble about in all directions. The attacks lasted from 5 to 9 o'clock, and one night until 2 a.m., and would terminate by two deep sighs or gapes. She would then at once exclaim, "It's gone; I'll have no more to-night." She would beg for something to eat, go to sleep, and not awake until morning. The same course would be repeated the next day. I gave a number of remedies, with but partial or no relief, until I administered *Veratrum album*, 5 drops of the mother tincture; this relieved, and 5 drops more in fifteen minutes put a stop to the pain. This was resorted to several nights in succession with effect. I gave the 3rd dilution of the same during the day. In a few days she had a regular chill and fever, showing the convertibility of the one with the other. She then had *Quinine*, which restored her. She left the city for a short time some months after, and fell into the hands of an allopathician, who gave her *Ether*; this would arrest the pain, but, I understand, that the last time it was administered it sent her perfectly crazy. In the course of treatment, I tried *Nux*, *Ipecac.*, *Ars.*, *Coloc.*, *Iris.*, *Conium*, *Hyos.*, *Acon.*, *Natr. mur.* I may also remark that intermittent neuralgia is frequently met with in miasmatic districts, and is a marked form of intermittent, and cured more satisfactorily by *Quinine* than by any other medicine. A singular feature in this case was its termination by two sighs or gapes, which invariably took place. Her stomach was very much affected with wind during the whole attack, her bowels unaffected in any way. Once I gave an injection, which opened them without relief of the pain. The *Veratrum* was the only medicine that gave her the least relief, and yet it did not seem to be so fully indicated as some others, and especially *Ars.*, *Coloc.*, and *Conium*.
—*Am. Journ. of Hom. Mat. Med.*, September, 1871.

Silicia after Vaccination. By Dr. C. HERING.

JOHN REDMAN COXE, Professor in the University of Pennsylvania with President Jefferson, one of the principal introducers of vaccination into this country, each of his grandchildren regularly vaccinated. A little boy had not taken it, even after a repetition. Each time the small-pox returned, the old man came and revaccinated him. The last time the operation was performed it was followed by a fever, and instead of the formation of a pustule on the arm, convulsions set in. Being the physician of the family for years before and after, I was sent for at once. The usual medicines were of no avail. After a most careful study and examination of the whole *Materia Medica, Silicia*, 30th cent., one globule, was given, and the child's recovery followed. This was one of the facts which induced the father of this child to study homœopathy, and J. Redman Coxe, Jr., became a Professor at the Homœopathic Medical College of Pennsylvania.

Some years after, on being called in consultation, in a case of violent convulsions, which had suddenly befallen a boy of ten or twelve years, some similarity in the symptoms to those of the above case led to the question being asked if he had been vaccinated; to which it was answered that he had been, but that it had not taken! *Silicia* 30th, one globule, was given, to the astonishment of the homœopathic practitioners. The boy improved forthwith, and recovered very soon. Both were seen as young men in health twenty years later.

A case of dangerous abscess in the axilla, and another case with a large swelling called suppurating erysipelas, where *Silicia* did the most good, were brought to mind by this last case of convulsions, and since that time *Silicia* has been given in all evil consequences from vaccination, when the symptoms did not indicate another medicine; and very often, if such apparently better indicated remedies were not sufficient, *Silicia* had to be given as a finishing medicine.

This was published more than twenty-five years ago, but it does not seem to have met with the approval of low dilutionists. In the numerous vaccinations performed during the past months, *Silicia* has been repeatedly given against every one of the symptoms following in a few days or a week or two after vaccination.

Only cow-pox virus has been used. The red and inflamed swellings sometimes extending over the whole arm, the fever, the sickness at the stomach, headache, and backache, and, in fact, all other symptoms appearing, improved rapidly after one, rarely a second, dose of *Silicia* 3^m or 7^m.

Convulsions have not appeared. Vaccination was usually repeated but once, rarely twice.—(*Hahnemannian Monthly*, March, 1872.)

Hamamelis virginica in Varicocele.

By. J. A. B., Student of the Hahnemann Med. College of Philad.

CASE 731.—On or near the first of February, 1871, I called on Dr. J. C. Morgan, of this city, for advice concerning a varicose tumour, or enlargement of the left spermatic vein, first noticed after violent physical exercise in a gymnasium four years previous. Since that time it had constantly increased in size, soon making it necessary to support it by means of a suspensory bandage. It also gave rise to dull aching pains in the groin, sometimes extending into the back, very much aggravated by horseback riding. Having been treated unsuccessfully with *Hydrotherapy*, *Iodine*, &c., for nearly three years, I had at last determined on surgical interference, as the only means of cure, and with this object in view, I consulted Dr. Morgan, who, after hearing the particulars of the case, wished me to try internal and external applications of *Ham. virg.* faithfully for one month, when, if no better, he would operate.

I immediately procured the mother tincture of *Hamamelis*, and commenced taking drop doses, morning, noon, and night, and applying a bandage partly saturated with a weak solution of the same to the parts, each night on retiring to rest, removing it in the morning. At the end of the month I was about the same, no better and no worse, and circumstances not being convenient for operative interference at that time, I left the city and returned home.

For nearly a month after my arrival home, I did nothing except to wear a suspensory bandage as usual.

Finally, being actuated by a feeling of desperation to be doing something, I resolved to give *Ham. virg.* one more trial. So on the 1st of May I again commenced taking it, this time reduced to one half its original strength with water, in drop doses, every night on retiring, and applying externally as before. I took a moderate amount of exercise, and kept my bowels free and easy by a Graham diet. In less than two weeks the tumour had diminished perceptibly, and by the first of June I dispensed with my suspensory bandage—for the first time in three years—entirely cured, to my great surprise and astonishment. I have not as yet felt any indications of a return. (October 14th, 1871.)

I am 21 years old; light hair, eyes, and complexion; 5 feet 11½ inches high, and weigh 165 pounds; have always enjoyed good health, with exception of said varicocele.—*Am. Journ. of Hom. Mat. Med.*, Oct., 1871.

Vomiting of Pregnancy. By JAMES KITCHEN, M.D.

RAW BEEF IN THE VOMITING OF PREGNANCY.—James S. Bailey, M.D., Albany, N. Y., writes:—In October last I was called to see a female patient, aged nineteen, three months advanced in pregnancy. She stated she had been unable to retain anything she had eaten during the last three days; that she had vomited more or less every day from the time of conception. She now was so much exhausted that she was unable to sit up.

“A careful investigation of her case convinced me that the irritable condition of her stomach was entirely due to reflex action.

“The raw beef was immediately suggested to my mind as likely to be retained, as I had several times previously employed it successfully in similar cases. I ordered my patient to take teaspoonful doses of raw beef, chopped fine, at intervals of three hours, with a little Cayenne pepper and salt sprinkled upon it.

“At first the idea of eating raw meat was quite repulsive, but upon tasting it, it was not found to be so disagreeable.

"After the second teaspoonful was taken the vomiting ceased, and during the day the nausea disappeared.

"My patient not only acquired a taste for this food, but rapidly improved in flesh and appearance, without a recurrence of this troublesome symptom."—*Boston Medical and Surgical Journal*.

In reading the above there was brought to my recollection a very similar and remarkable case, which fell to my lot about twenty years ago. It was in the fall of the year that I was called to see a lady who almost from the moment of conception, had been troubled with nausea, and at intervals, with morning sickness amounting to vomiting. When I saw her for the first time, she was in the seventh month of gestation. I attended her a full month, say to the beginning of the eighth month, during the whole of which time she had constant morning sickness, and unable to retain any length of time, even the mildest food, and obliged, from weakness and great prostration, to lie on her back day and night. She had become despondent and frightfully emaciated, and I was fearful, every hour of the twenty-four, of being called to witness a premature birth or a sudden death; in fact I wished the first, and even proposed to her to bring it on by artificial means. I had tried all the known remedies, given in similar cases, and had signally failed to afford the least relief, and had become disgusted with my bad success. Every article of food or drink was at this time immediately ejected almost as soon as swallowed. I then, as the tired boatman would say, laid on my oars and studied the case; when not having discovered anything further, on one of my morning visits, she said to me in an imploring, hesitating way, "Doctor, I have been thinking I should like to eat some raw beefsteak." My answer flew out of my mouth like a flash of lightning. "Woman, you are beside yourself. An empty stomach has made you mad." Adding, in rather a slower manner, "How do you suppose you could retain such gross food, when you have constantly rejected the mildest." "True," she said, "the reasoning seems good, but somehow or other I have got a notion into my head that it would do me good, and you know doctor, when a woman gets a notion it is rather hard to drive it away, so do let me try it." "Well," said I, "try it, but I will not be responsible for the result." On my visit

next day, on entering the chamber, my first glance at her assured me that all was right. In lieu of a long desponding, downcast face, she rose and smilingly said, "Well, Doctor, I am still alive, and have made a third hearty meal of raw beefsteak well spread over with Cayenne pepper, just as you would spread butter over bread; it is delicious, it warms me, stimulates me, and has infused new life into me; it's like the sun shining on the cold and weary traveller; do let me continue with it." "Continue with it," said I, "most assuredly; why instead of a single steak, you may swallow a whole ox, if you can get it down; as a homœopathic dose has done you so much good, for the time being you may turn allopathist, and swallow ponderable quantities." She lived on nothing else until delivery, when she presented to the world a fine, well filled up child, having gained during the last month considerable flesh and colour from the three meals a day of rare beef and cayenne pepper well spread over it.

I may add, that I have, in several cases of the kind, used the same diet with benefit. It is unnecessary to say more on the above cases; facts speak for themselves. Physicians who have had such cases in charge well know the difficulties attending them, and any measures, either medicinal or dietetic, that may be of service, should be noted and remembered so that those who follow may have the experience of their predecessors. It may be that some homœopathsists may not approve of such manner of treatment, thinking that such a diet would render null the homœopathic remedies—very possibly they are right—but suppose that homœopathic medicines have been given and failed, which is frequently the case, then what are we to do? Are we to pay our daily visits and still persevere until we go through the whole *Materia Medica*, or rather, try some other mode, either medicinal or dietetic? My doctrine is, in every obstinate case, no matter whence the remedy or whence the diet, to use it. I go in for curing or relieving my patient irrespective of system. I give the homœopathic system the first trial and by far the preference; but if that fails, which it sometimes does, then I do not hesitate to try other systems, medicinal and dietetic. I may say more on this point hereafter. (*Am. Journ. of Hom. Mat. Med.*, October, 1871.)

Stannum in *Asthma*. By Dr. B. H. CHENEY.

Mrs. —, æt. 37, spare, brunette. A sufferer for many years from periodical attacks of asthma, for which she has tried all known, and some to the faculty unknown, remedies, homœopathic, allopathic, domestic and (*soi-disant*) spiritual. The attacks usually lasted from thirty-six to forty-eight hours, and were described by her friends, professional and non-professional, as very bad. Among homœopathic remedies, *Phos.* and *Ipec.* had at times given some relief, but never cut short or averted a paroxysm. The attacks were usually preceded by the symptoms of an ordinary "cold," and usually set in about 4 or 5 o'clock in the morning. Their coming did not seem to depend upon any particular condition of the weather or time of year, nor upon any special state of the system. The patient was always, as is usually the case in this disease, well and unmistakably warned of the approach of a paroxysm.

Having been several times employed in the family during the past year, I was one day called in to see the coming on of one of these attacks. Neither the patient nor her friends expected that anything could be done to avert it. I was struck at this time by the description of the *gradual increase* and *equally gradual decrease* of the paroxysms in her case. Asthma comes on in most cases gradually, but generally leaves the patient much more rapidly; or, there will be a remission and recurrent paroxysms before the cessation of the attack. Not so in this case. The symptoms had invariably increased gradually, until a maximum of intensity was reached; then, after this condition had been maintained some hours, there would be the same gradual decline, and so the attack would pass away, to leave the patient free for some weeks or months.

This *crecendo diminuendo* character of the previous attacks, led me to think of *Stannum* as perhaps the proper remedy in the present one, then just beginning. Accordingly, as this remedy covered very well the condition and other symptoms of the case, a powder of *Stan.*, 6th dec. trit., was ordered every two hours. From the hour of taking the first powder there was an improvement, and the attack went no further.

It is not probable that the *Stannum* will prove curative in this

case; that is, destroy the predisposition and prevent the recurrence of any future attacks, but it is much to possess a remedy which will ward them off when they come, and if in the future my patient can save herself thirty-six or forty-eight hours constant suffering, as she was confident she did at this time, she will be abundantly satisfied. (*Med. Investig.*, No. 98.)

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Transactions of the Fifth and Sixth Annual Sessions of the Homœopathic Medical Society of the State of Pennsylvania, 1870—71.

Directions for the Homœopathic Treatment of Smallpox. By WILLIAM FREEMAN, M.R.C.S., L.S.A. Cardiff.

Therapeutic Key; or, Practical Guide for the Homœopathic Treatment of Acute Diseases. By J. D. JOHNSON, M.D. Philadelphia: Boericke.

The Family Homœopathist. By E. B. SHULDHAM, M.D. London: Cassell and Co.

On Intermittent Fever, and other Malarious Diseases. By J. S. P. LORD. New York: Boericke, 1871.

Typhoid Fever, and its Treatment by Baptisia tinctura. By Dr. W. BAYES. London: Baillière, 1872.

Syphilis, its Nature and Treatment. By Dr. C. B. DRYSDALE. London: Baillière, 1872.

Australian Homœopathic Progress.

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The Hahnemannian Monthly.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

United States Medical and Surgical Journal.

The Western Homœopathic Observer.

The New England Medical Gazette.

The American Journal of Homœopathic Materia Medica.

El Criterio Medico.

La Reforma Medica.

La Homœopatia.

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The Calcutta Journal of Medicine.

La Revista Omeopatica.

The Food Journal.

The Chemist and Druggist.

Bolle's Populäre Homöopathische Zeitung.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EXPERIMENTAL RESEARCHES ON THE NATURE
AND CAUSES OF CATARRHUS ÆSTIVUS (HAY-
FEVER, OR HAY-ASTHMA).

By CHARLES H. BLACKLEY, M.R.C.S. Eng.

(Continued from page 274.)

CHAP. IV.—ON THE QUANTITY OF POLLEN FOUND FLOAT-
ING IN THE ATMOSPHERE DURING THE PREVALENCE OF
HAY-FEVER, AND ON ITS RELATION TO THE INTENSITY OF
THE SYMPTOMS (*continued*).

§ 19^t. In making these experiments it was not only desirable to pursue a method which would be comparatively easy and which would give results that could be depended upon, but also that this method should allow of the deposit being examined *in situ* before it had undergone any disturbance.

Whilst, on the one hand, I was satisfied that pollen was the most powerful cause of hay-fever, I was, on the other hand, not certain that other organisms might not be found floating in the atmosphere along with pollen, and that some of these might not help to intensify the symptoms set up by it in the first instance.

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§ 195. It was therefore important that the organic matter collected should be subjected to as little manipulation as possible, so that if any delicate organisms were by chance found along with pollen these should be uninjured and remain on the glass as they were first deposited. It was principally for this reason that the pollen named at § 189 was adopted.

To accomplish the objects aimed at it was, as I have said before, necessary to form some estimate of the comparative number of the pollen grains to be found in the atmosphere during each twenty-four hours of a given period. To show the exact relation there is between the intensity of the disorder and the quantity of pollen in any given case, it would, as I have before intimated, have been needful for the patient experimented upon to remain on the spot where these experiments were conducted during the whole of the time they were going on.

§ 196. The impossibility of pursuing the inquiry in this very precise manner must always render it difficult to make an exact comparison between the quantity of the *materies morbi* and the intensity of the symptoms produced. It will therefore happen that some allowance will have to be made for the difficulty to which I have just alluded, and for the disturbing influences of which I have previously spoken. Nevertheless when we make due allowance for all these difficulties I think it will be seen that the plan adopted has given results as accurate as the nature of the case admits of.

§ 197. Two sets of experiments were tried with the instruments placed at the average breathing level (four feet nine inches from the ground). The spot selected for the first set of experiments was a meadow about fifteen acres in extent, and was situated about four miles to the south-west of Manchester. This land had been used for the growth of hay-grass for more than half a century.

In the first part of the experiments the slips of glass were placed in various situations. In some cases they were sheltered by a hedge or wall, in others by the trunk of a tree or by a gate post. In many cases, however, the glasses were placed in the open field.

§ 198. The quantity of pollen obtained in these different positions was very variable. After a short time the instrument shown at figs. 3 and 4 began to be used, and although the quantity of pollen was not quite so variable, the number was never the same on all the four glasses. The glass which was placed to the windward of the central pillar invariably contained a much larger number of pollen grains than the one which was placed to the leeward, except where the wind had gone round from one side to the other whilst the experiment was going on; curiously enough, however, the glasses placed in the other two positions rarely contained the same amount of pollen. Probably this arose also from some variation in the direction of the wind.

§ 199. At first the glasses were dry when exposed, but I soon found that this plan was a very uncertain one. Occasionally one of the glasses would have little or no pollen upon it, whilst the others would have a fair quantity upon them; and whilst at the same time I myself had suffered from hay-fever to a degree which quite corresponded with the largest quantity of pollen found: the cause of this irregularity I was some time in discovering. I believe now that the pollen was occasionally consumed by insects, as it was not an uncommon occurrence for me to find the scales of some of the Lepidoptera on the slide. In some attempts also which I made to ascertain the exact weight of pollen contained in one anther, the experiment was often spoiled in consequence of the pollen being consumed by the common blowfly.

Then again I found that in the open air a high wind would clear away a considerable portion of the pollen from the dry glass after it had been deposited. To obviate these difficulties I coated the surface of the glass with a mixture of glycerine and water, but this also I found was liable to the depredations of insects, and ultimately I was led to use the fluid the formula for which is given at § 189.*

* If this fluid is intended to be used for the collection of very small and delicate organisms, it will be necessary to exercise great care in preparing it. The spirit should be placed in an ordinary chemical "wash-bottle," or in a bottle from which it can be drawn by means of a syphon. After being

After I adopted the plan of coating the surface of the cells with this fluid I found it prevented the deposits being disturbed by insects, and I also found the quantity of pollen to be rather less variable. The glasses were exposed for twenty-four hours at a time, for five days in the week, and for the whole of the forty-eight hours of the remaining two days.

§ 200. The observations were commenced in the early part of April, 1866, and were continued until the 1st of August. It will be seen that occasionally there are days on which no return of quantity of pollen is given. This was generally caused by some accident happening to the slides during the time of exposure; sometimes a high wind with drenching rain would partially wash the pollen away, so that the experiment was not to be depended upon.

For nearly a month after the observations commenced very little pollen was found. On the 30th of May the quantity increased, and was considerably beyond anything that had been collected previously. From this time up to the 1st of August pollen continued to appear on most days whilst the trial was continued

§ 201. In the first set of experiments the glasses were always placed in a horizontal position, and after being exposed the requisite time each cell—containing about seven hundred microscopic “fields”—was examined separately under the microscope, the number of pollen grains being carefully counted.*

allowed to stand some days, three fourths of the spirit should be decanted by means of the tubes in the wash-bottle or by the syphon, so as not to disturb any sediment which may have been deposited, the object being to get rid of all solid matter suspended in the fluid. After the water, glycerine, spirit and carbolic acid have been mixed together, the fluid may be treated in the manner described above, and is then ready for use. It is scarcely necessary to say that the mixture should never be allowed to remain open to the atmosphere until placed on the glass.

* For investigations where it is intended to ascertain the exact number of organic bodies deposited in a given space, it is necessary to use a microscope with a stage which traverses by screws, or by racks and pinions. A stage which only allows the slide to be moved by the fingers will be almost useless in such experiments as these.

At first sight it would seem to be rather a formidable task to examine daily four slides each having the number of fields named above. If, however, instead of regarding each cell as consisting of seven hundred separate fields we suppose it to consist of a certain number of lines, each line having the width of one field, we simplify the task very much.*

§ 202. The state of the barometer was noted and registered during the greater part of the first course of experiments, but as I did not find that barometrical variations had any direct action either in increasing or decreasing the quantity of pollen deposited, no attention was paid to this matter in the latter part of the course.

The hygrometrical condition of the air was not ascertained, so that I am not able to say much upon the effect which vapour in the atmosphere has upon the formation of pollen; but although I cannot say exactly what influence a dry or moist condition of the air has upon its formation, I am tolerably certain that a dry state of the atmosphere will cause it to be thrown off more easily when it has been formed than it will be when the air is charged with vapour.

§ 203. In order to try what effect an atmosphere highly charged with vapour would have upon the discharge of pollen the following experiment was tried. A number of ears of rye, after having their stalks inserted in wet earth, were placed under a glass shade so that the air about them might be kept still and be thoroughly charged with vapour. An equal number of plants were treated in a similar manner, but were not placed under a glass shade, and thus were freely exposed to the air of the room in which the

* When the slide is examined it should be placed in the centre of the microscope stage, so that the line described by working one of the stage screws will be parallel with the line of varnish which forms one side of the cell. By moving the stage slowly from one side of the cell to the other a line, which is one centimeter long and one field in width, will all be brought into view. By moving the stage with the other screw, just the width of a field, another line is brought into view, and may be examined in the same manner as the first. And so the operation may be continued until the whole surface of the cell has been examined. When the quantity of pollen is very great, it is sometimes necessary to use a micrometer with the lines ruled so as to form squares.

experiment was tried. In each case the anthers were quite ripe, the plants being taken from the same part of the field, and, as far as could be seen, were in a similar condition. In both cases the plants were excluded from the direct rays of the sun. The temperature of the room ranged from 65° to 70° Fahr.

In the ears which were exposed to the air the anthers began to throw off their pollen freely in the course of a few hours; but in those placed under the shade not a single anther discharged its pollen, although the experiment was continued for some days.

§ 204. The test here was rather severe. In no state of the atmosphere, during the daytime in England, will there be as much vapour present in the air as we had in this case; but, nevertheless, from the result of this experiment and from other observations I have made, I am satisfied that a humid state of the atmosphere will not permit pollen to be thrown off freely, although it is a condition in which growth may go on rapidly if the temperature is high enough.

§ 205. Temperature, as I have previously intimated, had an important though not a direct action in determining the amount of pollen formed and discharged. A small variation did not, *cæteris paribus*, produce a very marked alteration in the quantity deposited; nor did it seem to signify how often the changes occurred, providing these kept within certain limits.

§ 206. The amount of rain had a more important influence than any other single circumstance. It was not, however, necessary that the aggregate amount should be very great. The time over which the fall was distributed was as important as the quantity. Gentle rain, for a few hours at a time, followed by a day or two of sunny weather, was, if the temperature kept moderately high, more favorable to the formation and discharge of a large quantity of pollen than were days of heavy rain followed by a long period of very hot and dry weather.

It is, however, to be remarked that the quantity of pollen is usually very large for some days after the change

from wet to dry weather has taken place, but if the heat keeps up very high the supply after a time suddenly lessens, and does not increase again very rapidly unless rain falls within ten or twelve days.

§ 207. For some days after pollen began to appear in appreciable quantity the amount was very small, and if the number had remained at this point—if I may judge from the absence of any very perceptible effect in my own case—it is probable that, in the majority of instances, no symptoms which would particularly attract the attention of the patient would be produced. And this leads me to observe that in some parts of the country a similar state of things will be almost a constant condition in the summer time. Lands which are used for pastures and which are kept moderately well cropped scarcely ever give rise to hay-fever, for the reason that the greater part of the grass never arrives at that degree of maturity to permit the formation of pollen. In lands also which are considerably above the sea-level, and where the average temperature may be comparatively low, the growth of grass may go on, but the flowering may be so imperfect that the quantity of pollen which is thrown off will be but small. In such a case hay-fever, if developed at all, will be very mild in character.

§ 208. In the series of curves shown at Table I we see the general rate of increase and decrease, the variations, and the dates on which these occurred. In these it will be seen that at times the number of pollen grains collected suddenly went down from a high point to a very low one. Until I found that such variations did occur I was never fully able to account for the alteration in the intensity of the symptoms which I often noticed during the hay season in my own case. In the earlier years of my attacks I was inclined to attribute the amelioration to the action of the remedy I happened to be using at the time. I am now satisfied that the remedies used had little or nothing to do with these alterations in the intensity of the symptoms.

§ 209. These sudden diminutions in the quantity of pollen, when they occurred in the ascending scale—or on

any date between the 28th of May and the 28th of June—, were invariably due to a fall of rain, or to this latter and a fall in the temperature. This remark also holds good with regard to the descending scale, but perhaps not quite to the same extent.

A good example of this is seen in the changes which occurred between the 10th and 12th of June. On the first of these days the temperature was 74° Fahr.* On the 11th the temperature was 66° Fahr., and on the 12th the number of pollen grains had gone down from 285 to 12; but in the time which had elapsed whilst these changes had taken place rain had been falling for twelve hours; chiefly, however, between the 11th and 12th.

Another notable example of the effect produced by a fall of rain and a decrease of temperature is seen in the descending scale. On the 30th of June the temperature was 90° Fahr., and the number of pollen grains collected was 650. On the 4th of July the temperature had fallen to 63°, and the number of pollen grains to 10. Rain had fallen during each day, and in the early part of the time it was very heavy.

§ 210. On taking an average for twenty of the days on which the greatest number of pollen grains were deposited we find that whilst the mean quantity for each day was 364·8, the mean temperature for each day was 79·2°.† On twenty days in which there was the smallest deposit the average was 75·75, whilst the average temperature for these days was 71·5° Fahr.

These results would seem to favour the idea that temperature has a direct and independent influence upon the quantity of pollen formed. When we examine more closely, however, we find that this is more apparent than real. As I have before observed, temperature has a very important action in determining the quantity of pollen formed, but there is no fixed relation between the two. In the early part of the course of experiments three of the warmest days, with an average temperature of 74° Fahr.,

* In all cases the temperature in the sun is indicated.

† Taken between the hours of 10 and 12; generally about 11 a.m.

gave a total of fifty pollen grains for the three days. On three of the coolest days the average temperature was 65.8° Fahr., and the entire number of pollen grains collected was eight hundred and fifty-eight—more than seventeen times the number obtained in the warmer days.

§ 211. One fact was particularly noticeable, namely, that the average temperature of the days which comprise the ascending scale was not so high as that of the descending scale. In the first case we have an average of 76° Fahr. for each day. In the second case the mean is 76.5° . The lowest temperature on any day on which pollen was deposited in appreciable quantity was 60 , and as far as the observations altogether seemed to show it would appear that the pollen of many of the meadow-grasses is not readily thrown off at any temperature below this.

§ 212. Although the amount of pollen gathered was always lessened by a fall of rain, this decrease, as might naturally be expected, was generally compensated for soon after the cessation of rain; and this was always the more marked if with the cessation of rain there had been a rise in the temperature.

As a rule the effect of a fall of rain manifested itself at once, and so rapidly was the effect produced that often a fall of five or ten minutes' duration would, for a time, completely clear the air of pollen as well as of every other kind of solid matter. The effect of a change of temperature was, however, generally not seen for some hours after it had occurred, and this was perhaps a little more noticeable in a rise than it was in a fall of temperature.

§ 213. The maximum quantity of pollen—880—as the table of curves shows, was obtained on June 28th. The maximum temperature occurred on June 27th, and was 96° Fahr. The quantity of pollen given above is, however, only the mean of the four slides exposed. The highest number was 1260.* The average temperature of three of the days in the earliest part of the course, when the pollen began to manifest its power, was 71.3° Fahr. The average of three

* Equal to 7870 to the square inch.

of the days at the termination of the course, and when the symptoms of hay-fever had all but disappeared, was 73·3° Fahr.

The facts given above on the relation of the temperature to the quantity of pollen collected point to the conclusion that, whilst there is a tolerably close connection between the two, quantity is not entirely dependent upon any given temperature. It is in fact probable that whilst there is a certain temperature which may be considered the normal point for the generation of pollen, a certain amount of variation above or below this may occur without perceptibly retarding this process.

§ 214. To a hay-fever patient it signifies little which pollen it is that produces an attack of the disorder so long as it is produced; but it is a matter of some importance to him to know that if he can so regulate his movements as to avoid certain districts during the flowering period of any plant which may be grown in quantity in those districts, he has a chance of escaping the attacks. And it is still more important for a patient to know that his chance of escape will be much increased if it is shown that the pollen of one order of plants is the principal cause of his suffering.

Before the experiments were tried I, in common with some other authors, had an idea that a fair per-centage of the pollen found in the atmosphere would not be derived from the Graminaceæ. I have found it very difficult to determine the exact proportion. Of the pollens of other orders a large number are easily distinguished from those of the Graminaceæ, but there are some that even when fresh and when placed side by side with grass pollen are not easily distinguished from it. This difficulty is also increased after the pollen grains have been more or less distorted by being soaked in fluid.

§ 215. So far as I could judge from observation fully ninety-five per cent. of all that was collected belonged to the Graminaceæ. It would, however, not be right to assume that because in this district I found so large a proportion of the pollen to come from plants belonging to the last-named order it would be the same in every other district.

It is probable that a very different result would be obtained in parts of the country where plants belonging to other orders are largely cultivated.

§ 216. In attempting to place a mathematical value upon the intensity of the symptoms in any disorder we encounter one of the greatest difficulties with which we can have to deal in the study of disease. There is no known method of constructing a scale by which the severity of a malady can be estimated in the same ratio by all physicians.

Then, again, the susceptibility to the action of certain morbid agents is probably not often exactly the same in any two individuals, nor yet in the same individual at different times.

In hay-fever, also, as in many other diseases, there are many other factors which go to make up the sum total of those influences which modify the severity of an attack, and unless we know the degree of susceptibility in any case, and are acquainted with the nature and mode of action of these factors, it is impossible to fix an exact value upon a given dose of the morbid agent. The knowledge of the amount of the dose furnishes only part of the data required. The other portion is an unknown quantity.

§ 217. There is, also, another point to which I think it necessary to refer before I pass from this part of the subject. I have, at times, thought that the continued contact with pollen had a tendency to create a certain degree of tolerance for it. Towards the end of a season I have occasionally found that when the quantity of pollen has been moderately large the symptoms of hay-fever have not been correspondingly severe. Of this, however, I cannot feel very certain. At the end of a season I have always been too glad to get quit of the trouble to permit me to think of lengthening my sufferings by trying if I could exhaust the susceptibility by the repeated application of pollen. I can only, therefore, give the above as an impression which has occasionally arisen—not as an ascertained fact.

§ 218. The study of hay-fever is as much affected by the difficulties of which I have spoken as that of any other disease, and in judging of the action of the varying amount of pollen found in the air we shall have to take these, and

also other disturbing causes to which I have before alluded, into account.

In all the experiments I have tried one fact stands prominently out, namely, that a certain amount of pollen may be present in the air without producing, in me, any appreciable symptoms. Whether other hay-fever patients would, under the same circumstances, be free from the disorder I cannot say, but I am inclined to think that in this respect the degree of susceptibility will vary in different individuals.

§ 219. After the grasses begin to flower—which in this part of the country is generally early in May—pollen may be found in the air up to the end of September, or even later, if the season is mild; and occasionally, when the second crop of grass flowers vigorously, it may for a short time be found in considerable quantity. Under such circumstances I have sometimes had a return of the malady for a short time in the autumn.

If along with a large quantity of hay-grass there be also a large growth of several of the cereals in any district, with patients who are very susceptible to the action of pollen, the symptoms of hay-fever may be felt more or less from May to September. These facts I have no doubt will in many cases reconcile the discrepancies there are in the statements which are made with regard to the duration of the disease.

§ 220. In my own case very slight symptoms have been felt so early as the middle or latter end of May, but these have generally been too slight to attract attention if I had not by experience known that they were the forerunners of. In the year in which the first continuous experiments were made the attack commenced in good earnest on the 8th of June, but in the table of curves pollen is shown to be present from the 28th of May.

In estimating the correspondence there was between the quantity of pollen and the severity of the symptoms, the plan pursued was first to note the number of pollen grains deposited when the disorder began to appear, and then to make the quantity of pollen and the intensity of the symp-

toms a standard for estimating the probable rise or fall of those of the following day. Thus, in this way each day was made to do duty as a standard for the next. In all cases the day's symptoms were registered before any attempts were made to ascertain the quantity of pollen deposited.

§ 221. In pursuing this plan no exact estimate of the quantity could be formed from the symptoms merely. Nevertheless, a tolerably correct opinion could generally be formed as to whether there had been an increase or diminution in the quantity, and in most cases it was not difficult to say whether the rise or fall had been very marked.

The time spent in the district in which the experiments were made varied. Generally not less than four hours were spent in this district. Sometimes six hours would be passed in the neighbourhood; but as I found that it made very little difference in the severity of the symptoms whichever side of the city I happened to be on—providing I was an equal distance from town—it mattered very little where I passed the time* if this was passed in the open air.

§ 222. A few experiments were tried for the purpose of ascertaining what amount of pollen there is in the air of a dwelling house. I found that as a rule there was very little in this situation even when a large quantity was collected in the open air.

In a room which was seldom entered no pollen at all was deposited on a glass which was exposed the usual length of time—twenty-four hours. In other rooms in which the experiment was several times tried, and which were in constant use, the highest number obtained was six. In a room where I purposely kept a quantity of grass in full flower so that it might throw off its pollen, only eight grains were found on the cell after this had been exposed forty-eight hours; and although I was in the room frequently for an hour at a time whilst the pollen was being thrown off, I had no symptoms which could be fairly attributed to its presence. This result I attribute to the fact that in an

* Except under the circumstances named at § 191.

atmosphere in which the air is perfectly still, and where the direct rays of the sun do not penetrate, the pollen falls to the ground as soon as it escapes from the anther. In the open air, as I shall have to show farther on, a very different state of things exists.

§ 223. The result of these experiments has led me to conclude that the time spent in a house, unless this is situated in the midst of grass lands in the open country is, as a rule, free from the influence of pollen; or at any rate, that this is rarely present in city houses in such quantity as to give rise to a troublesome degree of hay-fever. Except in very rare cases I also doubt the necessity for shutting up patients in a darkened room at any period of the attack; but of this I shall speak farther on.

§ 224. The highest points in the table of curves corresponded tolerably well with the periods of the greatest intensity of the disease. On June 8th, when the symptoms began to be troublesome, the number of pollen grains obtained was sixty-seven. The entry for this day in my note-book states that "I had been in the field only a quarter of an hour when a smart attack of sneezing came on. This was followed by one or two others during the day. There was copious discharge of serum from the nostrils, with itching of the eyelids and hard palate for some time after leaving the district." Again, on June 23rd—the highest point but one on the table of curves—I find the following entry:—"The nostrils have been much inflamed all day, and have discharged a large quantity of thin watery serum mixed with puriform mucus. I have also had several violent attacks of sneezing with watering and burning of the eyes during the day; but the heat in the eyes and nostrils with the constant discharge of fluid from the latter are the most distressing symptoms. The Schneiderian membrane has also been much swollen, but not so as to lead to complete occlusion of the nasal passages."

§ 225. On the day on which the highest number of pollen grains was collected the symptoms were in some respects not so severe as might have been expected. This might in part be accounted for by the circumstance that

the constant irritation of the mucous membrane of the nares had caused the nasal passages to become completely occluded for the greater part of the day. In this way less pollen was drawn into the nostrils, and, of course, less irritation arose, and as I have found that the mucous membrane of the buccal cavity is much less sensitive to the action of pollen than that of the nares, even when respiration is entirely performed through the oral aperture, less irritation must arise than when the air passes through the nasal apertures. It is not at all improbable that the slight amelioration of the symptoms, which sometimes occurred during the days which comprise the descending scale, may have been due to the same cause.

What the disorder lacked in intensity in one way, however, it quite gained in another. On the day in question the ophthalmic suffering was very severe. The eyelids and conjunctivæ were much swollen. There was a constant discharge of fluid from the eyes, with intense itching and slight burning. The tumid state of the conjunctivæ also gave rise to a slight appearance of chemosis. The nasal apertures remained occluded nearly the whole of the day, and the symptoms taken as a whole gave rise to an amount of discomfort which only those who suffer from hay-fever can fully understand.

§ 226. The lowest points in the scale were not always marked by a decrease in the severity of the suffering which corresponded to the quantity of pollen gathered. If the interval between two high points was not more than two days it seemed not to give the mucous membrane sufficient time to recover from the effect of one before the other was reached. If, however, the interval was longer than two days the effect was very marked. Such an interval occurred between June 14th and June 21st. On June 18th, five days after a high point had been reached, the symptoms were very mild. There was no sneezing nor any irritation of the nostrils or eyes whilst I was on the ground where the instruments were placed, and on the whole I felt as I do when I am becoming convalescent. On the 19th I find the following entry in my note-book :—“ Have been

more free from symptoms during the last twenty-four hours than at any time since the attack commenced." On the 20th the number of pollen grains, which on the previous day had gone down to seven, rose to one hundred and fifty. With this rise the symptoms began again to be severe, and continued to be so until the highest point was reached.

§ 227. The remarks made above to a large extent hold good with regard to the changes which occurred in the descending scale, but with this difference that after a sudden decline in the severity of the symptoms and the quantity of pollen these never rose again to the same point they had been at before the alteration occurred; and this was always the case notwithstanding that under such circumstances the temperature remained very high at times. On July 11th and 12th, for instance, the temperature was 90° and 94° Fahr., but the number of pollen grains had gone down from the highest point, 880, to 275 and 260 respectively, and the symptoms had correspondingly declined in severity.

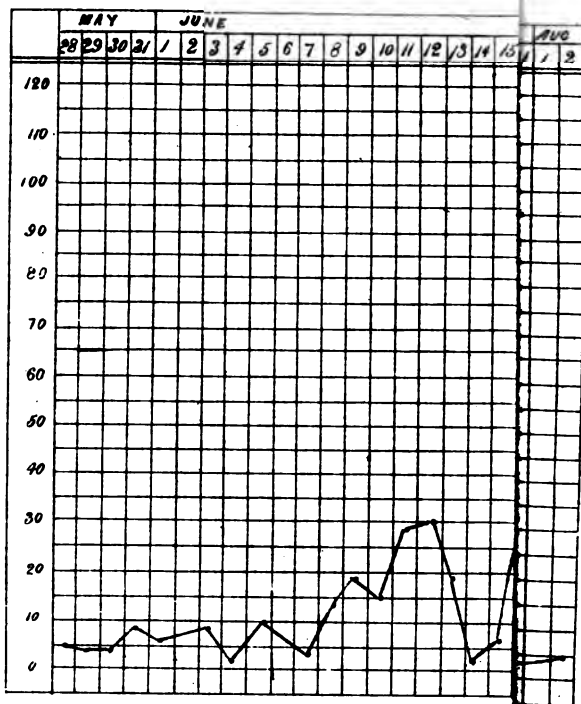
The facts I have given above show conclusively that hay-fever is, in my case, due to the presence of pollen in the air and not to heat.

§ 228. In the year 1867 a second set of experiments was tried near to town. This was done in order to ascertain the number of pollen grains that would be deposited on glasses placed in the outskirts of the city, but still within the boundary of one of the most densely populated parts.

The spot in which the instruments were placed was an open space to the south-west of Manchester, about eighty yards long by about eighteen yards wide. This quadrangle was bounded on three sides by buildings three stories high, and on the other side by buildings two stories high.

When the wind came in a north-easterly direction it would have to pass over a dense mass of buildings quite three miles in extent without coming in contact with a single yard of grass land in which pollen could be formed. In the two directions at right angles to this the distance to the open country would be from half a mile to a mile. In the other or south-westerly direction the distance would be about a third of a mile.

Table of Curves showing the number of Poll



§ 229. Though not in the centre of the city the place selected for the experiments was a good example of an average city residence. I have no doubt, however, that if these could have been made nearer the centre of the city the results would have been slightly different, and would have tended to show still more forcibly than they did the great difference there is to a hay-fever patient between a residence in the town and in the country during the hay-season.

In the first set of experiments four glasses were exposed, and the mean of the four taken. In this series only one glass was exposed, and as this was equally open to the air on all sides, the quantity of pollen obtained may be taken to be nearly what was the maximum in the first course. As in the other case, the symptoms were always registered before the slide was examined, and the point at which these first showed themselves was noted; and, as in the former year's experiments, each day was made a standard for that which was to follow.

§ 230. The table of curves (Table II) shows the time at which pollen first began to appear continuously, and it is curious to observe that the day on which the first important rise occurs in the quantity is exactly the same as is shown in Table I. In like manner, too, there is at the beginning a period of twelve days, during which the quantity is very small. The highest point in the scale was, as will be seen by the table, reached on June 23rd, five days earlier than in the year before. On this day I find an entry in my note-book to the following effect:—"I am much more severely affected than I have been on any day since the attack commenced. The eyes are very hot, and itch intensely, and have a slight burning sensation in the anterior part of the eyeballs, as if hot fluid of some kind had been dropped into them. The nostrils have discharged freely, and I have had several violent attacks of sneezing."

The changes which occurred in this season (1867) were not, as a whole, so sudden, nor yet so great, as those of 1866. In the ascending part of the scale they were very similar in character—making allowance, of course, for the

difference in quantity*—but in the descending part of the scale the fall was much more gradual. The character of the symptoms corresponded very closely with these changes. We had first an absence of symptoms up to the point named above; then an increase in the intensity at each rise up to the highest point; then, a continued lessening in severity until all symptoms disappeared at the end of July.

§ 231. If we take ten of the days on which the highest number of pollen grains was obtained in 1867, we find the average for each day to be 46·8. If in the same way we take ten of the highest numbers for 1866, we find the average to be 472·5 per day; thus showing that a patient who resides in a large city during the hay season will not need to come in contact with more than one tenth of the quantity of pollen he will have to meet with in the country.

These proportions will of course differ according to the size of the town and the character of the country around it, but the experiments given above prove in a very conclusive manner that hay-fever is less severe in a town because pollen is much less abundant.

§ 232. A number of experiments were again tried in 1869 behind my own residence. This is just outside the periphery of the city, and is half a mile nearer to the open country (where the first observations were made) than the place selected for the second course. Practically it was a sort of midway between the two. Grass was grown and made into hay within a hundred yards; and as I could be on the spot quite fourteen hours out of the twenty-four, it seemed to be an excellent opportunity for trying the experiments under conditions which were slightly more favorable for getting exact results than they had been in the former instances.

In the experiments previously tried the slips of glass were placed horizontally, but in these the slide was placed perpendicularly, in the manner shown at figs. 8 and 9.†

* In a few experiments tried this year in the country, the quantity gathered was generally ten times as much as what we had in the city, and it will be seen that the proportion I give afterwards will be about the same.

† Drawn to a scale of $\frac{1}{4}$ th.

§ 238. In these experiments the same rule was observed as in the first course, so far as regards the registering of the symptoms each day before the slide was examined. The results were quite as conclusive as in the first and second course.

FIG. 8.



FIG. 9.



Fig. 8.—A side view of the instrument represented: *a*, the roof or cover; *b*, an ordinary microscopic slide; *c, c*, sockets through which the central shaft, *i*, passes, and which are soldered to the back of the plate, *e*; *f*, of the side pillars, which, with its fellow of the opposite side, supports the roof *a*; *g*, a socket which fits on to the upper part of a pillar of wood, which, by its lower extremity, is attached to a hinged tripod. By this latter the whole apparatus can be so regulated that the vane, *h*, will have no bias in any one direction, and the slide, *b*, will be exactly perpendicular.

Fig. 9.—A front view of the instrument: *a*, the roof or cover; *b*, a microscopic glass slide, with a cell of one square centimetre formed in the centre with black varnish; *d*, a square hollow pedestal; *e, e*, clips which turn over the edges of the glass slide and keep this in position. These are attached to the back plate to which the sockets, *c, c* (shown in fig. 8), are soldered; *g*, a socket which fits on the upper end of a pillar of wood attached to a hinged tripod; *j*, a spring which is bent forward at right angles to keep the glass slide in position.

I had here an opportunity of being more constantly in the open air, and in close proximity to the instruments, than I had in the first course. This, I think, helped to make the symptoms accord more closely with the quantity

of pollen collected than they had done in the first observations. I also found that it enabled me to predicate with more confidence the probable rise or fall in the number of pollen grains on each day.

As I have given the results of the first course of experiments quite fully enough to enable us to see the connection there is between the quantity of pollen and the intensity of the symptoms of hay-fever, it would serve no purpose to enter into the details of this course, and the more especially so as they would not throw much fresh light upon the facts already given. Nevertheless, I must mention one or two matters here to which I have not specially referred before.

§ 234. In addition to those influences which make pollen more or less capable of fulfilling its own proper function in the vegetable world, there also seems to be some influence at work which, independent of quantity and of the condition of the patient, alters its power of producing hay-fever. Whether these alterations are due to one and the same cause I am not at present able to say, but there is no doubt in my own mind that such a cause exists, and that this occasionally alters—so far as hay-fever is concerned—the properties of pollen.

It has also two or three times happened that the slide, instead of having the usual deposit of pollen upon it, has had a quantity of the granular matter spread evenly over the cell; and this has been distributed in such a manner as to preclude the idea that it could have been discharged from the pollen grain after this had been deposited upon the cell. What had been the cause of this mode of distributing the granular matter I was not able to ascertain, but I was certain that it must have floated in the air as free granular matter.

B. *Experiments at high altitudes.*

§ 235. During the second course of experiments my attention was drawn to the circumstance that sometimes when the wind had been blowing right over the city for nearly the whole of the twenty-four hours, during which a

slide was exposed, there was nevertheless a deposit of pollen. When the wind blew in this direction the nearest point of land where pollen could be formed would be nearly three miles distant; and whatever quantity was deposited at the spot where the instrument was placed, it would have to rise to a considerable altitude and cross the dense mass of buildings which form part of the city and two of the out-lying townships of Manchester.

§ 236. Darwin and other observers have shown that dust can be carried very long distances by atmospheric currents,* but this has generally been understood to have occurred when strong winds have carried the dust into the upper atmosphere.† I had at one time the impression that in a quiet state of the atmosphere a very small quantity of solid matter of any kind would be found very high up in the air.

* In referring to this subject Mr. Darwin says, "I have found no less than fifteen different accounts of dust having fallen on vessels when far out on the Atlantic. From the direction of the wind, whenever it has fallen, and from its always having fallen during those months when the *harmattan* is known to raise clouds of dust high into the atmosphere, we may feel very sure that it all comes from Africa. It is, however, a very singular fact that, although Prof. Ehrenberg knows many species of infusoria peculiar to Africa, he finds none of these in the dust which I sent him: on the other hand, he finds in it two species which hitherto he knows as living only in South America. The dust falls in such quantity as to dirty everything on board, and to hurt people's eyes; vessels have even run on shore owing to the obscurity of the atmosphere. It has often fallen on ships when several hundred, and even more than a thousand miles from the coast of Africa, and at points sixteen hundred miles distant in a north and south direction."—*Journal of Researches in a Voyage Round the World*, by Charles Darwin, F.R.S. London: Murray, 1845. 2nd edit.

† In speaking of the cause of whirlwinds, Colonel Reid says:—"It is now a well ascertained fact that whirl pillars are developed in the midst of storms; and being small whirlwinds turning in either direction, they may cause unexpected shifts of wind dangerous to ships." "I believe it to be the whirlpillar which carries up volcanic ashes into the upper atmospheric currents in which they are sometimes carried along to great distances." In quoting Redfield on *Aerial Currents*, Colonel Reid says, further:—"We learn from Humboldt that in the great eruption of Jorullo, a volcano of Southern Mexico, which is 2100 feet above the sea, in lat. 18° 45', long. 161° 30', the roofs of the houses in Queretaro, more than 150 miles from the volcano, were covered with the volcanic dust. In January, 1835, an eruption took place in the volcano of Cosiguina, on the Pacific Coast of Central America, in lat. 13° N.

It had consequently been a favorite idea with me that if a patient could, during the hay season, go into a district which lay considerably above the sea-level, he would have a good chance of escaping severe attacks of hay-fever—partly for the reasons given above, and partly because pollen would not be generated so plentifully at high altitudes as at places near the sea-level. Various circumstances, however, subsequently led me to believe that there must be a pretty constant current of air going from the earth's surface to the upper part of the atmosphere, and that this current carried with it a large number of the lighter particles of matter which came within its influence. I was also convinced that this upward current was to a large extent independent of those influences which produced movement of the air in a horizontal direction, for the reason that its effects were most observable when little or no wind was blowing.

§ 237. But beyond the interest which attached to the question in its connection with hay-fever, it had a still further interest in the possibility there was of the investigation throwing some little fresh light upon one possible mode of spreading epidemic and contagious diseases. I, therefore, determined to investigate the subject as fully as opportunity would permit.

The problems to be solved were—1st. How high can pollen rise in the atmosphere, and to what distance can it travel? 2nd. What quantity is to be met with in the upper strata of the atmosphere as compared with the lower? 3rd. Supposing pollen to be capable of rising to high altitudes, and of being transported long distances, under what circumstances or by what causes is it made to deposit on the earth's surface? Some of these problems I have partially solved; others there are towards the solution of which I have made little or no approach.

and having an elevation of 3800 feet, the ashes from which fell on the Island of Jamaica, distant 730 miles N., 60° E., from the volcano. . . . Few facts in meteorology are more worthy of our attention than the stratiform character of the vast horizontal extension of the aerial currents in different portions of the globe."—*Law of Storms and Variable Winds*. By Lieut.-Col. Wm. Reid, C.B., F.R.S. London: 1849.

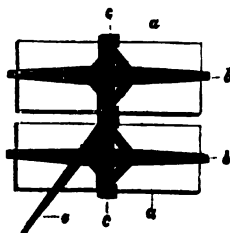
§ 238. Familiarity with the appearance of pollen and its known presence in the atmosphere at certain seasons furnished the means of making comparisons such as do not exist in any other disease. These comparisons had hitherto, however, only been made on the deposits got in the lower strata of air. The question was, by what means should the upper atmosphere be reached by instruments? Two modes presented themselves. One was for the observer to go to some high mountain range, and there to expose the slips of glass in the same manner these had been exposed in the experiments already described. Another method was to send up an instrument by kite or balloon in the same district in which the other observations had been made.

§ 239. Against the first plan there were several objections. In the first place, the air on high mountain ranges, such as are accessible to observers in England, might be at best only a mixture of the upper and lower strata. If we suppose a current of air at the earth's surface to pass over a level country and then to meet with a high mountain range, a large portion of the air in this lower current must, in passing, be upraised, and thus we should have a mingling of the upper and lower strata. Then another important objection is that no comparative experiments could be tried at the same spot at a lower level. In most cases there must be a difference of some miles between the base of a mountain range and the apex. And, further, it would in most instances be found that the means of making a comparison—the pollen—would be very scanty in such situations. The only thing that could be done to give any satisfactory results would be to make a course of experiments, on the plan I have followed at the lower levels, for two or three seasons, and thus to see if a patient would escape the disorder in such situations. This I have not been able to do, and consequently cannot say positively that a patient would to any extent escape the malady by going into districts considerably above the sea-level. I think it is, however, highly probable that in most instances he would do so, and that in some particular situations the immunity

would be almost complete. To the consideration of this I shall return in another chapter.

§ 240. The objections above named induced me to look for some means of accomplishing the object in view which would be free from them, and which would at the same time be easily worked. Partly because of the simplicity of the plan, and partly because the experiments could be conducted in any district, I determined to try if a kite could be made to carry the apparatus required for the observations. For this purpose I had a kite constructed to carry the instrument shown at fig. 10.* For the observations made at low levels, to

FIG. 10.



a, a, Microscopic glass slides with cells one centimètre square (as shown at *d*), formed with black varnish; *b, b*, springs of thin brass attached to the back of the frame, *c, c*; the ends of these springs are turned up at right angles, so as to keep the slides in position; *c, c*, a frame of brass which, at each end, is made to turn over the outside edges of the glass slides in the form of a hook. Another piece which has a similar construction is attached to the centre of the frame and secures the other edges of the slides; *e*, a tapering brass rod attached to the back of the frame, *c, c*. When the instrument is in use this rod is placed in a socket, which is fastened to the back of the apex of the kite standard, so that the glasses project a little above the kite.

compare with those above, I used the instrument shown at figs. 8 and 9.

A kite would seem, at first sight, to be a very simple instrument, and capable of being very easily worked; in practice, however, I found it was by no means so easily managed as was first expected, and I found that in order to ensure success it was needful to take every possible precaution. Even when this had been done I had

* Drawn to a scale of $\frac{1}{4}$ rd.

many failures and disappointments. The kite has, however, some advantages over a more cumbersome and costly instrument in the shape of a balloon. It can be used in almost any locality, and with less expenditure of time and money, than would be the case if a balloon was used. In case of accident also it can be replaced at a comparatively trifling cost.*

§ 241. The first experiment at a high altitude was tried on June 17th, 1868. The cells were charged in the usual way with a drop of the prepared fluid. A slide prepared in the same manner was fixed in the instrument shown at figs. 8 and 9, and was placed at the ordinary breathing level. The altitude attained in this first experiment varied from 800 to 500 feet. The day was very hot, and there was during the whole of it scarcely a cloud in the sky. The wind was W.N.W.W., and came from the open country where a large quantity of hay-grass was growing.

I fully expected that pollen would be found in the upper atmosphere, but that it would be in smaller quantity than in the lower. I found, however, in this instance, that the pollen in the upper strata was very largely in excess of that of the lower strata. The number of pollen grains obtained with the lower slide was ten. On the upper slide the number was one hundred and four. I was considerably surprised at this result, and felt sure the slides must have been changed in some accidental way after being taken out of the instruments to be examined under the microscope.

As I had no opportunity of repeating the experiment

* The first kite used was six feet in length by three feet in width, and was made of the usual form, namely, with a central shaft or "standard," and a semicircular top or "bender." In constructing a kite for such experiments as these, the great object should be to attain as high an altitude as possible with as little expenditure of labour and material as may be. In order to accomplish this, lightness, with great strength, are the two principal things to be aimed at. Thin tissue paper was used for covering the kite, but it was found necessary to waterproof this by varnishing it with a mixture of boiled linseed oil and copal varnish. The cord used for raising the kite was also made waterproof by being soaked in a varnish made with paraffin dissolved in paraffin oil.

during the hay-season of 1868 the matter had to stand over until the following year, the impression remaining on my mind that the numbers would be reversed when further trials were made.

§ 242. In 1869 two other experiments were tried, the first of these on July 10th. The altitude attained varied, according to the force of the wind, from 600 to 800 feet. The experiment occupied six hours. The wind blew all the time from the east, and consequently would pass over a large portion of the southern side of the city before it came in contact with the instrument. The nearest grass land would be from two and a half to three miles distant. Five hundred and eighty-four pollen grains were deposited on the upper slide in the six hours. Unfortunately the slide, placed on the instrument at the lower level was accidentally damaged before it had been examined, so that I could not make any comparison between the two quantities. A slide exposed, however, for twenty-four hours on the previous day gave only sixteen pollen grains, whilst the one exposed on the following day had sixty-four on it.

The second experiment was tried on July 14th. The weather had been fine for a portion of the day. A tolerably strong wind was blowing from the north-west, consequently this did not come much over the town. No rain had fallen for three or four days. An ascent of four hours—from 3 p.m. to 7 p.m.—gave a deposit on the upper slide of twelve hundred and twenty-seven pollen grains (= 7663 to the square inch), whilst the number obtained at the ordinary level during the same period of time was only eighty.

§ 243. In 1870 nine other experiments at high altitudes were tried, but five of these only were successful. On April 27th a very small quantity of pollen was found at an elevation of 400 feet, but none at the ordinary level. On May 27th, at an altitude of 1000 feet, forty-six pollen grains were deposited in four hours, whilst the slide at the lower level contained only four. On June 20th an ascent of two hours with an elevation of 600 feet gave four hundred and forty-six pollen grains, but the slide at the lower level, exposed for the same period, gave only thirty. On July 6th,

at an altitude of 500 feet, four hundred and thirty-five pollen grains were collected in four and a half hours, whilst the lower slide had only thirty-six deposited upon it.

In an ascent made on August 11th, 1871, the altitude attained was about 1500 feet.* The wind came in a south-westerly direction, and consequently would come right over the centre of the county of Cheshire. The number of pollen grains obtained on the upper slide was fifty-eight, on the lower slide four only.

§ 243. Other observations by means of the kite were made at Filey Bay in 1870. Only one of these was successful. In the former experiments at high altitudes my object was to see what the difference was between the pollen floating in the upper and lower strata of the atmosphere. Here, however, I had a slightly different object in view; I was wishful in this case to ascertain if the upper part of the atmosphere contained any pollen, or any other form of organic matter after passing over about four hundred miles of ocean, and also, if possible, I was wishful to get to know at what altitude it ceased to be present.

It was not entirely on account of the important connection this phase of the subject had with the study of hay-fever that I was wishful to throw a little more light upon it; but partly for the explanation it might help to

* The highest altitude that can be attained with a single kite is about 1000 feet; but this will depend upon the character of the wind. At the suggestion of a friend who assisted me in nearly all the experiments at high altitudes, I tried if one kite could be attached to another after the first had attained a moderate elevation. With a little management and care it was found that the plan was quite practicable. It was by this arrangement that the above altitude was obtained. There is, in fact, no limit to the elevation that may be attained by this method; more than two kites cannot, however, be manipulated very well by the hands alone. If more are sent up a small reel or windlass must be used.

Several other experiments with the two kites were tried, but were unsuccessful. In some of these it was curious to observe the difference there was in the direction of the upper and lower currents of air. In some cases the upper kite would be 15° or 18° (taken horizontally) out of the line formed by the cord of the lower one. The difference in the direction of the two currents must have been considerably more than this, since each kite had a tendency to keep the other in its own line.

give of the way in which the causes of disease may be conveyed from one continent to another. Nevertheless, it was not without interest in its connection with hay-fever only. It has already been shown* that dust and volcanic ashes may be deposited in mid-ocean after travelling many hundreds of miles in the upper regions of the atmosphere. There are cases on record in which the attacks of hay-fever have come on whilst the patients have been out at sea, and if it can be shown that pollen will cross large tracts of ocean it is not at all difficult to believe that at times it will descend to the lower part of the atmosphere and be deposited on board any ship that comes in its way. In this manner some of those anomalous cases of hay-fever which have occurred out at sea may be reasonably accounted for.†

§ 244. The instrument shown at figs. 11 and 12‡ was devised specially to assist this form of the investigation, and is so constructed that it can be got up to any required altitude before pollen is allowed to come in contact with the squares of thin glass which it is made to carry. It consists of a thin brass case which contains an arrangement of wheel-work, much like that of an ordinary watch, and driven by a spring in a similar manner.

In the former case the instrument (Fig. 10) was placed at the head of the kite. In this case it was attached to the cord about one hundred feet below the kite. The pivot which carries the arm *b* was made to revolve once in twelve hours, so that the glass *d* would be three hours in passing the opening shown in the cap *f* at fig. 12. By varying the size of this opening the time during which the square of thin glass would be exposed to the wind would vary accordingly. Whatever length of time is necessary to get the kite up to the required altitude before the glass becomes exposed, it is necessary to place the cap *f* in such

* (§ 236).

† Cattle and sheep are sometimes taken on board ship for use in long voyages, and of course require to be fed. In most cases the food must largely consist of dry hay. In this way a patient may be thrown in contact with the pollen and thus may have hay-fever developed.

‡ Drawn to a scale of $\frac{1}{4}$ rd.

a position that the arm will travel that length of time before the glass emerges from under it.

§ 245. The only successful experiment with this instrument was tried at Filey in July, 1870. The wind was blowing from the sea in an easterly direction, and had been blowing, more or less, from the same quarter for twelve or fifteen hours. The altitude attained was nearly one thousand feet. The place selected for the experiment was the narrow

FIG. 11.

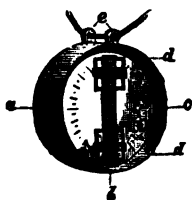


FIG. 12.

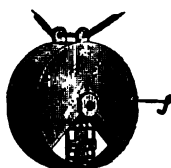


Fig. 11.—A view of the instrument with the cap *f* (shown in Fig. 12) removed; *a*, a case of thin brass in which the wheelwork is placed; *b*, an arm of thin steel or brass, which is made to fasten on to the pivot shown at its centre. The pieces which project beyond the cross bars at each end are small steel springs, which are turned up at right angles at the ends, so as to keep the squares of thin glass in position. At each end the cross bars are turned over the glass in the form of hooks; *c*, the dial plate, marked so that each division represents a period of fifteen minutes when the central arm is moving; *d, d*, squares of thin microscopic glass bordered with black, so that a cell one centimetre square is formed upon them. These cells are charged with the prepared fluid, as in the other experiments; *e*, small rings attached to the case: through these the piece of cord passes which is attached to the cord used to raise the kite.

Fig. 12.—A view of the instrument with the cap *f* in the position it is when in use. This latter should be so constructed that it will not sink below the anterior margin of the case, *a*, as shown by the termination of the dotted line at *a*.

slip of land on the cliffs* close to the reef rocks,† and was as near to the sea as it was possible to get and allow room to work. Grass was growing on the land, but as this was used for pasture and was kept closely cropped by sheep and cattle little or no pollen was formed. The experiment was continued for three hours, and during this time a

* The Car Nase.

† The brig.

stiffish sea-breeze was blowing. A glass exposed at the margin of the water showed no pollen or any form of organic matter.* The glass exposed in the instrument at the altitude named above had a deposit of eighty pollen grains upon it.

It would, however, not be right to conclude that pollen or any other form of organic matter would, at certain seasons, always be found at high altitudes in the air which has crossed long stretches of ocean, but this experiment has shown that living germs may be carried by the upper atmospheric currents long distances across the sea, whilst the lower strata of air may be perfectly free from them. Thus, one question I had proposed was answered.

If we take an average of the quantities where pollen was present at both levels, we find that whilst the average for the ordinary level was 24 only, for each experiment, that for the high altitudes was 472·33; or, in other words, more than nineteen times the quantity was present in the upper strata of air as compared with the lower. Some allowance, however, must be made for the difference there is in the velocity of the air at various altitudes. According to some authorities, this is as *two* for the lower strata to *seven* in the upper,† but even after we have made due allowance for this difference there still remains a great preponderance in favour of the upper strata of air, and it leaves the fact that organic matter is present in such large quantity in the upper regions still unexplained.

§ 246. In some of the experiments slips of ozone test-paper were sent up with the kite. In most cases ozone was altogether absent; in others it was present in small quantity, but never to a higher degree than 2° of Schönbein's scale.

In the earlier part of my observations I have entered somewhat extensively into the consideration of the sources

* Or any solid matter whatever.

† In some balloon experiments tried by M. Duprey de Lome during the Franco-German war, the wind in the upper atmosphere blew at the rate of forty-two miles per hour, whilst the anemometer at the Montsourin Observatory showed a rate of only twelve miles per hour.

Mr. Glaisher had also previously ascertained that ground anemometers do not give nearly the full value of aerial currents.

from which ozone is derived, and I have there shown that it is present in many situations where hay-fever patients are free from the attacks of the disorder. I had at one time an idea that, possibly, ozone might have the power of altering or controlling the action of pollen in producing hay-fever, especially if this was long subjected to the influence of currents of air which contained a full quantity of ozone. I have, as I have shown, had many opportunities of testing the action of both substances. Pollen has often been tested after it has been for some time subjected to the influence of a sea-breeze which contained a large amount of ozone, but never in any instance have I found this substance to have any tendency to alter the action of pollen.*

§ 247. I have hitherto in these atmospheric experiments confined my attention solely to the consideration of the amount of pollen in the air; it might therefore be imagined by some that this was the only organic matter met with. This, however, would be a great mistake; in no instance in which pollen was present could I say that there were not also germs or spores of some other kind to be found. Generally these were present in much larger quantity than pollen. In many cases the number of spores seemed to be governed by the quantity of pollen, but in other cases there seemed to be no very close connection between the two.

With the form of some of the spores I was tolerably familiar, but there were others which were quite strange to me. It would be foreign to my object to enter here into a description of all that I met with in addition to pollen, and it must suffice, at present, to say that the species were very numerous. The number of spores and germs of all kinds combined was often so great that it was very difficult to form a correct estimate of the quantity.

§ 248. If the advocates of spontaneous generation, who call so persistently for proofs of the existence of large

* From other experiments I have made with the spores of some of the cryptogams I do not think that, in the quantity usually present in the atmosphere, it can lessen the vitality of living germs of any kind.

numbers of germs in the air,* will adopt the plan followed in these observations, they will have no lack of evidence that they are at times present in very large quantities. In one experiment which lasted about four hours, and in which the number of pollen grains collected at an altitude of 1000 feet, was over twelve hundred, the spores of one of the cryptogams † were so numerous that I could not count them. At a rough estimate, however, there could not have been fewer than six to seven thousand on the slide (= 30,000 to 40,000 to the square inch).

§ 249. There is also another phase of the question which, although it does not strictly belong to the subject, I must not neglect to touch upon before I pass on to other matters. I have shown that, at times, the granular matter of the pollen grain has escaped from the sac before this has been deposited on the slide, thus showing that the former must have floated in the air as free granular matter.

Many of the multitudinous forms of germs and spores which float in the atmosphere have, like pollen, a cellular form, and also—like pollen—have granular contents. If many of these should resemble pollen in its capacity for absorbing water and discharging its granular matter under the influence of moisture, we may have a form of finely

* M. Pouchet, who is one of the chief advocates of spontaneous generation, said many years ago:—"The imagination is affrighted at the number of eggs and spores which would have to cumber the air to suffice for the universal dissemination assigned to it, but which experience in every way denies."

A later writer (Mr. J. A. Wanklyn), in a letter to the editor of *Nature*, says:—"Great difficulties are involved in the assumption that the atmosphere constitutes a storehouse of germs of all kinds ready to burst out into life on the occurrence of suitable conditions. However small these germs may be, still they must weigh something; and there must be very many of them, seeing that there must be an immense number of kinds of germs, if a volume of air is to supply to any given infusion precisely the right kinds of germs suitable to the conditions provided by the infusion. Now, chemists are in possession of data showing that the possible amount of organic nitrogenous matter in common clear water and common good air is remarkably small—so small, indeed, that the question may fairly be asked, Is it large enough to admit of the requisite number of germs the existence of which the vitalists assume in water and air?" Vide *Nature*, July 21st, 1870.

† Probably they were the spores of the *Ustilago segetum*, or of several species closely resembling these.

divided vegetable and animal matter thrown into the air, which the best modern instruments would fail to discover the origin and nature of, but which might, nevertheless, be a powerful cause of disease. That the granular matter of pollen can and does so act at times I am well satisfied. Such, perhaps, is the state of the active cause of cholera. Of the nature and origin of this latter I do not presume at present to offer an opinion.

§ 250. I must now bring the experimental part of the inquiry into the causes of hay-fever to a close. During its course I have shown that pollen of all kinds will give rise to some of the symptoms of hay-fever, and that all the other so-called causes have little or nothing to do with generating the disease. I have also shown that the actual attacks of the disorder, as they occur in the summer, are caused by the pollen which floats in the atmosphere at this time. We have also seen that pollen rises to high altitudes, and is carried very long distances by atmospheric currents; but the most remarkable part of the phenomena exhibited by this course of investigation is the circumstance that there seems to be a zone of atmosphere, commencing some distance above the earth, which contains a much larger number of germs and spores than is found in the lower portion of the atmosphere. How high does this zone extend? How far can germs be carried by the currents which prevail in the upper regions? What is the nature of the force which carries the germs up and keeps them in the higher regions? Under what circumstances do they descend again? Can atmospheric currents convey the active causes of disease from one continent to another? These and many other questions are suggested by the results brought out by these experiments. Future investigations only can answer them. At present it is almost an unknown region.

(To be continued.)

REMINISCENCES.

By DR. RANSFORD.

I RECENTLY discovered in my possession some letters from two of the pioneers and defenders of homœopathy lately deceased, both well known to the practitioners of homœopathy. I thought the publication of these letters would interest, inasmuch as they indicate opinions and mental conditions which can be more correctly estimated from the distance of time since they were written. Remarks about myself are necessarily interwoven by way of connection and illustration; for this apparent egotism I trust to be forgiven.

I was introduced to Dr. Henderson in 1832. We both attended cholera patients in the Castle Hill Hospital, Edinburgh, in which institute he acted for some time as resident house-surgeon, a post which I had previously declined because, being only a student of medicine, it would have seriously interfered with my general studies, and also because I was thoroughly disheartened by the failure of all attempts to cure. The small minority of those patients who survived bleeding, blistering, hot and cold bathing, calomel, mustard, emetics, *et illud genus omne*, appeared to me to get well simply in spite of the well-meant efforts to do them good.

Some of the *élite* of the Edinburgh faculty were physicians and surgeons to the institution. Henderson and I were always intimate until he avowed his belief in homœopathy; then, in my liberality and wisdom, I thought proper to cut him. After my graduation at the University of Edinburgh Dr. Rutherford Russell, then a student, assisted me at one of the public dispensaries. He was a diligent and valuable co-worker. In a paper published by myself in the *Edinburgh Medical and Surgical Journal* a year or two afterwards, "On the Presence of Carbonate of Ammonia in the Urine" (the effect of an injury to the spine in an aged man), I acknowledged his valuable aid in conducting the analysis of

the urine. Russell graduated in 1838 and went to Germany, on his return from which country he settled in practice in Edinburgh (where his father was professor of surgery), and, in conjunction with Dr. Black, opened the first homœopathic dispensary in the modern Athens in 1841. These doctrines were ably and courageously advocated by both of these gentlemen, and, supported by our well-known colleague Dr. Drysdale, they also commenced in 1843 and carried on *The British Homœopathic Journal*, the character of which is too well recognised in the present day to be further enlarged upon.

Homœopathy then merely raised a laugh amongst the medicos at first, and Drs. Black and Russell were not interfered with (as, indeed, they could not be); but when Professor Henderson avowed his belief in it, it could no longer be pooh-pooh'd. He had been warmly supported by the professors before this avowal on his candidature for the chair of pathology, not very long before, and his election to it met with the almost unanimous approbation of the professors. As the new doctrine was successfully and extensively practised persecution was resorted to, as it had been in years gone by in the cases of Drs. Harvey and Jenner. The managers of the Royal Infirmary of Edinburgh (among whom were the Presidents of the Royal Colleges of Physicians and Surgeons) compelled Professor Henderson to resign his chair of clinical medicine, and he would have been deprived of the professorship of pathology in the university had not the patrons successfully resisted the attempts of his colleagues to turn him out; so that his opponents were fain to content themselves with a howl, *vox et præterea nihil*. Our malice (I regret to include myself amongst his detractors) was also gratified by excluding him from professional and social intercourse.

Dr. Black was denied the fellowship of the Royal College of Physicians.

Henderson's first publication on homœopathy in 1845 drew forth from Dr. John Forbes, editor of the *British and Foreign Quarterly Review*, the well-known article, "Homœopathy, Allopathy, and Young Physic," an article too plain spoken

for the medical profession, and which, there can be no doubt, was the cause of Dr. Forbes ceasing to edit the periodical. Henderson's masterly letter to Dr. Forbes* could not fail to raise him in public estimation, although it did not mitigate the opposition of his former friends and supporters.

It was some years after these events that my attention was drawn to the subject. Having been invited to Alnwick, and being thus removed from the influence of my old associates and college intimates, I resolved to write to my former pupil, Dr. Rutherford Russell, asking him to direct me to some reliable work on the principles of homœopathy. He promptly sent me the following reply :

[Letter No. 1.]

“ 9, RUTLAND SQUARE ;

“ Dec. 25th, 1849.

“ MY DEAR SIR,

“ I am very glad to hear from you of your opening interest in homœopathy, and I shall be most happy to facilitate your studies in any way I can. I am sorry I cannot lend you any books which would be of use to you, for the only books which would enable you to practise are manuals. Now, those I have I require to consult constantly, and cannot spare them even for a short time. The simplest way for you to do is to write to Headland, Princes Street, Hanover Square, London, or to Turner, 11, Piccadilly, Manchester, and desire one of them to send you a copy of Jahr's *Manual* and a box containing fifty or sixty bottles, also a case of tinctures for acute cases. I would advise you to apply to Turner. You will find at the first outset of your practice plenty of cases where the medicines are well indicated, and from the result you will, I have no doubt, find little difficulty in convincing yourself that the minute doses are serviceable, and that, when applied according to the homœopathic laws, they effect a cure. The first thing is to be thoroughly convinced ; after that your way is clear enough. It may be a question then *when* you are to practise, but it cannot be a question *how* you are to

* See *British Journal of Homœopathy*, 1846.

practise. It may be advisable for you to spend a month or two in some place where you could see acute cases treated ; and as a knowledge of German is of great value to a homœopathic practitioner, you might, perhaps, think of spending some months in Germany. Of your ultimate success, if you master at all the homœopathic materia medica, I have not a shadow of doubt, and the harvest in England is crying aloud for reapers.

"I remain, Yours very truly,

"J. RUTHERFURD RUSSELL."

After pushing my inquires for some months I again wrote to him about "dilutions," which then embarrassed me, as it did, and still does, many practitioners. The second letter was sent without delay.

[Letter No. 2.]

"9, RUTLAND SQUARE ;

" March 21st, 1850.

" MY DEAR SIR,

" Your puzzle about the proper dilution is one which will not be solved till you have been years in practice, as there is no definite law yet discovered, and I might say *quot homines tot sententiæ*. As a general rule, we give the tinctures in acute cases, and you will not be at all apprehensive of aggravation from their use. Even the 1st dilution of *Aconite* may be given in repeated doses without any risk, or even the mother-tincture, in the proportion of a drop to say half a tumbler of water. However, although innocuous, I do not consider that these strong doses are at all necessary, and the 2nd or 3rd dilution generally is quite as good. With regard to the mark B, that indicates the 2nd *decimal* dilution, A being the first ; 1, 2, 3, refer to the *centesimal* scale. If you have only the 6th dilution in globules, you need not mind the different dilutions recommended in the books you consult. The great thing is to get the right remedy, knowing that it is a matter of comparative indifference the right dose, as most ordinary cases are curable by a great variety of doses.

" The best manual is the American Translation of *Jahr*,

including Noack and Trinks's work ; you can get it through Turner. Hahnemann, either in the French or American translation, you must have. The one you mention of Hempel is a very faulty one. You will find both Jahr and Hahnemann absolutely necessary. We seldom use tinctures externally at least, with the exception of *Arnica* and *Rhus*, but perhaps we err in this, for there is no reason we should not ; but I trust you will prosper in your trial, as, indeed, I am sure you will, and I shall be too happy if it is in my power to give you any aid.

“Yours, very truly,

“J. RUTHERFORD RUSSELL.”

Some short time after the receipt of Dr. Russell's second letter, I was urged by my friend the late Dr. Ramsbotham to occupy York. He accompanied me thither. So desirous were the friends of homœopathy in that city that I should remain that I took up my abode amongst them, when I no longer concealed my conversion to homœopathy. I again wrote to my friend Russell, informing him of my movements. I received from him Letter No. 3.

[Letter No. 3.]

“75, QUEEN STREET ;

“MY DEAR RANSFORD,

“May 6th, 1851.

“I congratulate you on your emancipation and the brightness of your prospects, but my experience bids me add a word of caution, not to damp your hopes, which will be realised probably beyond your utmost expectation, but to warn you of trials and vexations you will have to encounter, requiring much moral courage to bear without shrinking. All I would say, be bold and don't give in, and rather send for a homœopathic physician any distance than compromise the cause. We have suffered much from compromising here, and it has placed me in a very difficult position, so I am keenly alive to it. I have no hesitation in recommending you to publish your reasons for changing. The paper might do for the Journal, perhaps, in which case it would appear in July probably, and you might have as many extra copies struck off at a trifling expense as you pleased.

Ironic objection is futile ; you are too well known to slip out of one system into another unnoticed, and it is better to take the bull by the horns. It will excite a good deal of sensation here—your change. I am glad you have got a berth ready made ; it is seldom one finds a warm berth. I propose going by way of York, and if either Atkin, Trome, Ramsbotham, and any others you thought worth having, were to meet there upon the 20th of July we might have a preliminary meeting before I went to London, as there is much I have to propose before I bring it out amongst the southern strangers. Send me the MSS. ; pray let them be more distinctly written, for although from practice I can decipher my own hieroglyphics, yet I am not an adept at reading Babylonish cuneiform-like characters.

“ Yours, very truly,

“ J. RUTHERFURD RUSSELL.”

Our meeting took place in York, as arranged, on the 21st of July, 1851. An account of our sayings and doings at it may be seen in the *Homœopathic Times* of July 26th, 1851.

My change of medical practice, as Russell had predicted, caused a sensation in Edinburgh. My former friends and associates, especially those in the University and Royal College of Physicians, seemed to go mad ; the only comparison one could make were the capers of a wild bull in a china shop, or the same animal in the arena at Madrid, when the attendants display the red flag to the infuriated animal. The first corporate body that endeavoured to crush us was the Edinburgh College of Physicians, which proposed a series of resolutions as senseless and intemperate as were ever put forth by a so-called learned body. I was privately informed by a friend, a Fellow of the College, that Dr. Henderson and myself were expected to resign our seats, which we did not do, however.

The only notice which I took of these resolutions was to send instructions to my lawyers in Edinburgh to commence legal proceedings against the august bodies should they venture to erase my name from the list of Fellows. Discretion proved the better part of valour, for

the exercise of which they are to be recommended, as being acutely alive to their own interests; but this decision was due to the opinion given by counsel whom they had employed to ascertain whether or not the College possesses the power to expel us for such an error—so, at least, I was informed by one of the *Senatus Academicus*.

In October of the same year the Medico-Chirurgical Society of Edinburgh thought it necessary to distinguish itself. Accordingly it sent a circular to Drs. Henderson, Russell, and myself, and to others, who had avowed their belief in homœopathy, that on a certain evening the following resolution would be proposed :—

“That the public profession of homœopathy shall be held to disqualify for being admitted or remaining a member of the Medico-Chirurgical Society of Edinburgh.”

My own decision upon receipt of this missive was to treat it with contempt, as I had done the resolution of the College of Physicians. Still, I was desirous of co-operating with Dr. Henderson, had he resolved upon a different course. I wrote to him upon the subject, and received the following reply :—

[Letter No. 4.]

“61, NORTHUMBERLAND STREET,

“EDINBURGH ;

“9th December, 1851.

“MY DEAR DR. RANSFORD,

“I have no intention of meddling with the Medico-Chirurgical Society. I think that it would detract from our position as persecuted men if we appealed on every trivial occasion to the protection of the law, and therefore I have never inquired whether the proceedings of the society are legal or not; the accompanying letter to their President* some of them will find it difficult to digest. We have got the presidents of the two Colleges here fairly in a corner—there we must keep them. Lying is brought home to their door, and we must teach

* Published in the *Homœopathic Times*, and in a very interesting volume entitled *Homœopathy in 1851*.

them to be more chary hereafter of their accusations against us. Anything more helpless or more deplorable than the position of Syme or Simpson can hardly be conceived, and that the whole profession seem to understand, while they feel that they are all more or less implicated in the disgrace of their leaders. We get on swimmingly here amidst all the opposition, and perhaps in consequence of it.

“There is that in homœopathy that will survive and overcome a thousand times more persecution than we have yet met with; and, if you feel as I do, you will thank God every day of your life for the great boon with all its attendant trials.

“I shall endeavour to send you a copy of my letter to the patrons.

“I am, Yours very truly,

“WM. HENDERSON.

“DR. RANSFORD.”

Dr. Russell thought proper to resign his seat in the society before the resolution was passed, as it was of course. I feel proud at this moment that I was for such a reason expelled from the Medico-Chirurgical Society of Edinburgh in company with such a man as Professor Henderson. All these matters, together with the frantic efforts of the British Medical Association (led on by Dr. Horner, afterwards converted to homœopathy) and other small bodies are matters of history. We have since, each and all, preserved the even tenour of our way. Homœopathy is not yet stamped out, nor are its advocates and adherents ruined. Syme, Simpson, and Henderson have ceased to live; the controversy in which they were engaged, was conducted by Henderson with the ability and dignity worthy of the man.

It is gratifying to read the account of him given in the *Lancet* :—

“A thinker of rare acuteness and force, a physician of varied and profound accomplishments, and a highly popular expounder of the theory as well as practitioner of the art of medicine, has just passed away in Dr. William Henderson,

for twenty-seven years Professor of General Pathology in the University of Edinburgh. Born in 1810, of respectable parentage, Dr. Henderson passed with much distinction through the literary, before entering upon the medical, curriculum of the University of Edinburgh. He graduated in 1831, having previously, we are informed, supplemented his studies by visiting the Medical Schools of Berlin and Vienna. At an unusually early age he was appointed Physician to the Fever Hospital, and thereafter to the Royal Infirmary, and very soon attracted attention by the acuteness and soundness of his observations on disease. To the *Edinburgh Medical and Surgical Journal* he contributed, between the years 1835 and 1837, a series of clinical studies on the heart and larger blood-vessels, in which, according to his successor, Professor Sanders, occurs the first notice of the murmur of efflux in a case of sacculated aortic aneurism, while he was also the first to demonstrate as a diagnostic sign of aortic regurgitation that 'the radial pulse followed that of the heart by a longer interval than usual.' Dr. Henderson allowed no improvement in the science or the practical apparatus of medicine to escape, and as early as 1841 employed the microscope in the anatomy of the lung in pneumonia, in molluscum contagiosum, and other pathological studies. In 1842 he was appointed to the chair of General Pathology in the University of Edinburgh, previously held by Dr. John Thomson; and in the following year, during the epidemic of typhus and relapsing fever, he reached conclusions on those two types of febrile disorder, which subsequent experience has not only not invalidated, but tended to confirm. He was the first to show, on irrefutable grounds, that these two fevers, usually confounded, were in reality distinct, and were due to different causes. Rather more than three years ago symptoms of that disease in which he had made his first researches declared themselves, and he had to resign his chair, and all but a little consulting practice at his own house, to treat himself for aneurism. His health rallied, mainly, it is said, to the salutary effects of iodide of potassium, and he was able to go about in-doors; but in about a fortnight he relapsed,

and suffered great distress. On Sunday, the 24th ult., the symptoms became aggravated till the 1st inst., when he died. The profession at large may say of him in the words of Tacitus :—‘*Consensu omnium dignus imperii, nisi imperasset.*’”

Much more might have been added, but this testimony from an inveterate opponent is valuable. Others of our departed supporters—Atkin, Ramsbotham—shared the persecution, but did not give in; their memories must be kept green. Let us endeavour to preserve unity amongst ourselves, and not compromise our principles, even to conciliate our adversaries.

HYSTERIA.

By Dr. GUTTERIDGE.

- PART I.—*The hysterical patient.*
,, II.—*The hysterical attack.*
,, III.—*Individual hysterical affections.*
,, IV.—*Classification of remedies.*

I.—*The hysterical patient.*

It is probably no exaggeration to state that the treatment of hysteria includes that of a very considerable majority of the ailments of the female sex; sometimes it is the disease, and still more often it so modifies or masks other affections that we must control it before we can hope to make any progress with the rest.

The hysterical patient taxes not unfrequently every resource, medicinal, hygienic, and moral, that we can possibly bring to bear; occasionally, from force of circumstances, we have to retire vanquished before the protean forms which the malady assumes. These considerations must constitute my excuse for reverting briefly to this subject. At the outset, it may be remarked, it is most difficult to give in any convenient compass a definition of

hysteria; its essence appears to be a perversion and exaggeration of emotion and sensation, leading often to eccentric displays of voluntary motion, or to its apparently total loss; the intellectual faculties are never held in abeyance, they are practically unaffected, whilst the moral powers, on the other hand, are often warped to a considerable extent. The prevailing condition of the nervous system is unnatural, either one of extreme tension or marked want of tonicity; it either vibrates far too easily and the vibration is too long continued, or it is utterly unfitted to respond to the least unusual call that is made upon it, or even to the most ordinary. Every feeling and want is magnified and brooded over, and that others do not regard them in the like manner the patient puts down to want of sympathy and elevates into the importance of a wrong,—of a positive injustice. There is room for a considerable variety both in the nature and extent of the substratum of reality; there may be underlying all some passing and trifling derangement, perpetuated and intensified;—some fancied slight;—some overmastering or smothered sorrow;—or the contemporaneous existence of real disease, and a more clamorous and persistent affection elsewhere,—the product of pure fancy. Though far more often seen in young unmarried ladies, hysteria is by no means confined to the young or the single amongst these, and it is frequently met with in boys and men of all ages. In ladies disarrangement of the menstrual function coexists sufficiently often to excuse the continuation of the term to which custom has habituated us, though it would be a mistake for us to take such derangement always for granted and to proceed on the supposition of its existence.

We cannot possibly make too broad a distinction between the hysterical condition and the hysterical attack. Hysterical fits are far more easily controlled and warded off than the condition of hysteria is made to yield to that healthy state where all the faculties are exercised harmoniously and kept subservient to a properly regulated will.

If in any affection there is room for the employment of

our numerous remedies it is in the medicinal treatment of hysteria, or rather the hysterical condition. If, for instance, we take the key-note which shall determine our selection from—

(a) *The nervous condition,—the mental and moral state, we shall find—*

General increased sensibility points to *Ignatia, Stramonium, Cypripedium, Sepia*.

Heightened sensitiveness to *Cocculus, Stramonium, Platina, Pulsatilla, Nux vomica, Aconite, Staphysagria*.

Irritability and impatience to *Gelseminum, Pulsatilla, Sepia, Nux vomica, Hyoscyamus, Cocculus, Cypripedium, Senecio*.

Variable disposition to *Ignatia, Pulsatilla, Stramonium, Moschus, Platina, Sepia*.

Great nervous debility to *Platina, Acid. phosphoric., Aletris, Sepia, Senecio*.

Constant brooding to *Nux vomica, Ignatia, Sepia*.

Constant or excessive dread to *Aconite, Pulsatilla, Platina*.

Great anxiety to *Platina, Pulsatilla, Nux vomica*.

Fidgety expectation to *Valerian*.

Illusions to *Cimicifuga, Valerian*.

Melancholy to *Pulsatilla, Aurum, Staphysagria*.

Persistent or habitual silence to *Nux vomica*.

Constant moaning and lamentation to *Nux vomica*.

(b) Or, if we notice *the most marked or prevalent bodily condition or symptom*, we have—

Constant troublesome sinking at the stomach to *Gelseminum, Cimicifuga, Hydrastis, Ignatia*.

Coldness of the hands and feet to *Belladonna, Hedeoma*.

Shortness of breath to *Hedeoma, Calcarea*.

Oppression at the chest to *Moschus, Ignatia*.

Sleepiness to *Caulophyllum, Moschus, Gelseminum*.

Stupid intoxicated feeling to *Gelseminum*.

Sleeplessness to *Cypripedium, Gelseminum, Senecio, Ignatia, Nux vomica*.

Twitchings of limbs and tremors to *Hedeoma, Platina, Cimicifuga, Ignatia, Cypripedium, Caulophyllum, Moschus*.

(c) Next, if we consider *the cause* of the condition as far as ascertainable—

Fright indicates *Aconite*.

Disappointment, *Ignatia*.

Grief, *Ignatia*.

Prolonged watching and nursing, *Nux vomica*, *Ignatia*, *Cypripedium*.

Intense or continued mental strain, *Cypripedium*, *Aletris*, *Phosphoric acid*.

Shattered nervous system, *Cypripedium*.

Intestinal irritation, *Hedeoma*.

Ovarian or uterine irritation, *Caulophyllum*.

Profuse or too frequent menstruation, *Moschus*, *Calcarea carb.*, *Platina*.

The state of the general health must be sedulously regarded, and any deviation attended to and regulated, not simply by medicine perseveringly administered and judiciously varied, but by the removal of everything the least likely to prove detrimental, and as far as possible surrounding the patient with everything likely to conduce to her progress.

The most important thing of all at the commencement and throughout the conduct of a case, without which it is utterly useless to expect amendment, is for the physician to get and to maintain the entire confidence of his patient and to exercise thorough control. This is often no easy task; it is not always possible to attain the happy medium of neither treating too lightly nor making too much of the detailed sufferings of the patient; the least incredulity is fatal, and harshness only begets an obstinate determination to profit neither by the physician nor his medicine. Sympathetic mastery must be gained over the patient and maintained by every possible device. Every minutiae of home, of living, sleeping, hours and times for repose; situation, condition, and ventilation of the bedroom, the use of beds or mattresses, curtains, and coverings; ablutions, their kind and frequency; meals, meats, delicacies and dishes; stimulants of all kinds; dress and daily habits, recreation, walks and exercise, companionship and employment, everything con-

nected with these must be prescribed and regulated to the greatest nicety. He who has not patience for these details had far better never undertake a case of hysteria.

The point of deviation from health being ascertained, the chance of success is considerably increased, but by no means rendered certain; everything which to the distorted vision of the patient is obnoxious must be removed, or she from it, as well as everything which exerts an influence to her detriment. The cause of offence is often difficult to discover, since it is either very frequently artfully and persistently concealed or has to be sought for in the most unlikely quarter.

The patient must be led to take a healthy interest in somebody or something, and must be induced to put herself to some trouble to advance their welfare or improvement. Both mind and body must be employed to some profit, either to herself or others, or the patient sinks into a condition of apathetic, selfish, suspicious indolence.

It is very rare for hysterical patients to recover at home or amongst near relations or friends; they can most unconcernedly monopolise the whole attention, affection, and sympathy of everybody about them, without either possessing or feeling the least gratitude. No sacrifice can be too great to be made on their account, whilst the slightest diminution in comforts supplied or attentions paid, any seeming neglect, however unintentional, is fastened on immediately and enlarged upon with the greatest bitterness, their want of regard to the susceptibilities of other persons appearing very strangely to bear an exact proportion to their own exaggerated sensitiveness.

Change of air and scene, home or foreign travel, hydro-pathic measures domestic and otherwise, medical friction and shampooing, may all be advantageously brought into requisition.

The greatest care must be exercised in the choice of any constant attendant on the hysterical. She must be a woman of strong will, but of high moral character, or every aim will be frustrated.

It is too common to speak of marriage and to recom-

mend it as a cure for hysteria; obviously in very many instances, for a variety of reasons, it is utterly impossible. It is very easy to conceive of cases in which undoubtedly it might largely conduce to recovery, but the combination of circumstances essential to even a hope of success occurs but seldom.

Throughout it is most unwise to let failure, even if repeated, give rise to discouragement. The tactics of the opposing forces are so varied, and their resources apparently so inexhaustible, that temporary defeat should be no cause for wonder. In all we must never lose faith in ourselves nor in the power of our *armamenta*, as no patients are more ready than the hysterical to discern any indication of wavering and to turn it to our disadvantage.

The next two parts, and probably the fourth, shall be comprised in a succeeding paper.

(To be continued.)

CONTRIBUTION TO THE HISTORY OF HOMŒOPATHY IN GERMANY.

[We extract from a fly-sheet published by Dr. Fischer, of Weingarten, in Wirtemberg, the following condensed history of the Central Homœopathic Society, which is at the same time a *résumé* of the public history of homœopathy in its native land from 1829 to the present day.]

The embryology of our Central Society dates from 1829. It was founded by homœopathic practitioners at Coethen on the 10th of August, the fiftieth anniversary of the doctorate of Hahnemann. In order worthily to celebrate this jubilee a sum of money was collected, and what remained after paying the expenses of the fête was voted to be laid by in order to found an hospital. At the same time it was resolved to meet every year in some part of Germany under the title of "Society for the Promotion and Development of Homœopathic Medicine," and that all medical practitioners who were favorable to and who practised homœopathy, and

non-medical persons of all ranks who took an active interest in homœopathy, should be considered as members of the Society. On that day the rules necessary to attain this end, which were calculated to be of such utility to humanity and to science, were to be considered both *viva voce* and by writing.

The next meeting was held in 1830 in Leipzig, under the presidency of Dr. Moritz Müller, and on this occasion the rules, which were so often altered, were first drawn up. The greatest harmony, affection, and good-fellowship prevailed among the assembled members, who were full of respect to the venerable master at Coethen, and disposed to listen to his counsels of wisdom. The subject of freedom of inquiry lay, as yet, as a mist on the waters. It was still enjoyed at the third meeting held in 1831 at Naumburg-o.-S., under the presidency of Dr. Stapf.

In 1832 the Society met at Leipzig. Dr. Schweikert was president, and at his request thoughts became deeds. He had urged Hahnemann to give his consent to the establishment of a hospital at Leipzig. The unutilised capital, which by munificent contributions now reached the sum of about 4000 thalers, ought to be employed for the benefit of sick humanity. This was unanimously agreed to. It was hoped with the amount in hand to be able to keep up the hospital for at least three years, and that after that period the state would undertake its support. The simple "Society" was altered into a homœopathic "Central Society," and new laws were made embodying a number of excellent maxims, which were, alas! but imperfectly followed. But the Society had reckoned without their host. The tendency to think for themselves, which was prominently displayed at this meeting, excited the displeasure of Hahnemann, who, moreover, fancied he saw a dangerous rival in Moritz Müller, the director chosen for next year.

Müller was a man of action. In a short space of time he had completed all the preparations for the opening of the hospital. Hahnemann, backed by his immediate followers, now declared open war against this new creation of the Society, and he soon succeeded in splitting up the Society

into two parties, who agreed in nothing but that the hospital must be kept up, but in all else they withdrew from Müller and his associates. By this conduct he gave the death-blow to the hospital. The meeting of the Society, for which Leipzig had been selected, was a complete failure, for Hahnemann had invited his friends to Coethen, so that only a few of Müller's followers met at Leipzig. Even they regretted to be disunited from Hahnemann, and it was resolved to send a deputation to Coethen in order to restore peace and show their respect for the master. The inflexible old gentleman gave them an angry reception, and peace and quiet could not be restored to the land until all present had consented to and subscribed a number of maxims propounded by Hahnemann, which he called the fundamental doctrines of homœopathy. The partisans of a more liberal line of action retired from the direction of the Society and hospital. In this way peace was restored in the Society and with Hahnemann, but the war continued in the homœopathic periodicals. Hahnemann reigned supreme; he went so far at the sixth meeting (1834), in Coethen, over which he presided, as to decree the dissolution of the Central Society, proposed the formation of a Saxon provincial society, assumed the sole direction in chief of the hospital, and forbade the Central Society to interfere in any way with the institution, which was still their own property. This meeting was attended by very few; Hahnemann's dictatorial assumptions were disliked by his best friends; a tacit agreement was come to among them, and the sudden departure of Hahnemann to Paris, which he effected without arranging anything definite about the hospital, was felt by all to be a great relief. The world once more breathed freely, and the next meeting was held on the 10th August, 1835, in Brunswick. All those present, especially Rummel and Mühlenbein, pleaded energetically for the maintenance of the Society. Numerous new proposals were made, but the laws were abrogated, whereby, unfortunately, the year's receipts and the entrance fees of the members were lost to the treasury. Voluntary contributions were to make up for the loss, and, in place of a directory consisting of several persons, a single

director was chosen, who was to be aided by deputies from the numerous local societies scattered throughout Germany.

In 1836 the Central Society met at Magdeburg under the presidency of Rummel. Hahnemann's departure had produced a pacifying effect in homœopathic circles. There was no longer a fear of being publicly attacked by the master whenever one chanced to differ from him in opinion. An agreement was come to on disputed points, and henceforth free inquiry was to be allowed to cultivators of the common field. But in the mean time the Society's creation—the hospital—was visited by a heavy calamity. The much-wished for Government subsidy was still withheld. The institution had existed four years, quarrels had taken place among the medical officers, but the crowning evil of all was the fraud perpetrated by the sole physician of the hospital, Dr. Fickel. Homœopathy, or rather the homœopaths, were discredited in public opinion by the fellow. After attempting to dupe the homœopathic world by mendacious records of medicinal provings, published under a false name, which were proved to be fictitious by Dr. Alphons Noack, now practising in Lyons, he openly acknowledged his deceit, and attempted to destroy the reputation of the institution.

The hospital, which had been supported mainly by the private contributions and legacies of citizens of Leipzig, lost in character in the eyes of the public; its opponents made a masterly use of Fickel's dishonesty, and if, as Dr. Moritz Müller remarked, it might say with Mary Stuart, "I am better than my reputation," still its good name, like that of a woman, being once lost, was lost for ever, guilty or not guilty. Still, something was saved from the wreck. The continuance of the hospital for another year was resolved on, in the hope that then the Government would take it in hand.

In 1837 the Society met in Frankfort-on-the-Main, under the presidency of Rau; in 1838 in Dresden, under Helbig; and in 1839 again in Leipzig, under Haubold. At these three meetings the hospital question was always prominent. By great efforts a small yearly subsidy for three years had been obtained from the Saxon Parliament; the

institution, under the management of first-rate Leipzig practitioners, had gradually regained its character; it was much frequented by physicians and patients, and could well bear comparison with any other hospital. It was consequently resolved to make every effort to maintain it, and to raise the necessary funds by a mortgage on the property. In the Dresden meeting, on Gruner's motion, the preparation of a homœopathic pharmacopœia was resolved on. Gruner was to be editor, assisted by Aegidi, Goullon, Hautlaub senr., Hartmann, Kurtz, Müller, Segin, Starke, Trinks, Wable, and others. Earnest appeals were also made for the re-proving of medicines and for the proving of new remedies.

In 1840 the Central Society met at Berlin; Reissig was president; in 1841 at Dessau, with Kurtz for president; in 1842 again in Leipzig, under Moritz Müller. With the help of the small Government subsidy the hospital had vegetated on till 1841; the cash in hand was reduced to a very small sum, the property mortgaged, and its closure became necessary in June, 1842, when it was changed into a dispensary, which still exists. Thus ended the first creation of the Central Society, which had been ushered into the world with so many hopes. Hahnemann himself gave his child the fatal blow in the first years of its life. Fickel's fraud discredited it with the scientific world, and in the eyes of the Saxon Government and Parliament, and even its excellent management by its last director, Dr. Noack, was unable to stop the wheel in its descent. By the suspension of its rules the existence of the Society itself was endangered. Contributions came in too sparingly, and in order to prevent its dissolution the following resolution was agreed to:

Members of the Central Society are—1. Those who have attended a meeting of the Society, and inscribed their names in the album. 2. Those who have earned a diploma or paid the entrance fee. 3. Those who have contributed to the funds or otherwise rendered services to homœopathy. 4. Those belonging to a local society. All who do not come under any of these categories are not members. The

subscription was fixed at two thalers per annum, the entrance fee at three thalers.

In 1843 the Society assembled at Dresden; Trinks presided. The result of this meeting was the establishment of a fund for the purpose of remunerating those practitioners who should make and publish useful provings of medicines. At the meeting in Brunswick there had already been some talk about such a fund, and considerable sums had been collected for the purpose and placed in charge of Dr. Mühlenbein, of Brunswick. It was further resolved to erect a monument to Hahnemann, and to send an address to the French nation, thanking them for their honourable treatment of Hahnemann during his life and at his death.

At the meetings of the following years the chief subject discussed was the monument to be erected to Hahnemann. There was no agreement as to the how and the where. Should it be in Leipzig, or Coethen, or Meissen? Should it take the form of a monument, a foundation, or a hospital? Such were the questions that agitated the bosoms of our predecessors. These meetings took place in 1844 in Magdeburg, under Rummel's presidency; in 1845 in Brunswick, under the presidency, or, as it was then called, the directorship of Fielitz. In the first-named meeting a complete code of laws was agreed to, and Dr. Haubold was charged with the drawing up of a diploma for the members, as the one hitherto in use was considered to require important modifications. The Society's cash amounted, in 1844, to 2250 thalers.

In 1846 the Society again met in Leipzig, Dr. Hartmann presided. On this occasion the Society learned in the most incisive manner what it is to be the illegitimate changeling of "unscientific therapeutics," not recognised by any state, legally without rights or power, not even being able to substantiate its claim to its own property. I formerly alluded to the funds collected in Brunswick for medicinal provings, and committed to the custody of Court-Councillor Mühlenbein, and of which he had rendered an account at several meetings of the Society. Mühlenbein

was dead, and in his will he had given distinct directions as to the disposal of the capital, which had grown to a considerable sum. The heirs hesitated about giving it up, and the Society tried to compel them to do so by legal means—with what result we shall presently see. The first report of the Leipzig dispensary was made, and the progress of collections for the Hahnemann monument stated.

In the famine year 1847 the Society held its nineteenth meeting in Kroll's establishment in Berlin, under the presidency of Dr. Melicher. Fresh lamentations over the Mühlenbein foundation, which thenceforth became a standing dish at every meeting. The fund had been entrusted to Mühlenbein because he had contributed 100 thalers to it. His heir was a cross-grained apothecary called Müller-Mühlenbein, who objected to give the money to the Central Society, as it was not a legally recognised person. He now had the impudence to write that he would pay when the so-called proving fund was recognised by the state as a legal foundation, and when a new trustee was appointed by the proper authorities. Rummel read a report on the state of the projected monument, the execution of which was confided to the sculptor Steinhäuser, of Rome. The meeting that had been fixed to take place in Breslau in 1848, did not come off, owing to political troubles. It was resolved to meet there in the following year, but this could not be done on account of the cholera, so the Society met again in Leipzig on the 10th of August, 1849, with Lobethal as president. The Müller-Mühlenbein affair was again brought forward, and the Society resolved to take the necessary steps for obtaining corporate rights from the authorities. At the same time the question was mooted as to what candidate for the post of medical director the Society would recommend to the Prussian Government in case it should establish a homœopathic hospital in Berlin. It may also be mentioned that according to the report rendered the Society's funds had increased to 3500 thalers, and that the two principal representatives of physiological medicine in the Leipzig University, Court-Councillor Oppolzer and Professor Bock were present at the meeting.

In 1850 the Society met in Liegnitz under the presidency of Schmieder. There were bitter complaints of the distracted and divided state of our school, which extended also to the internal affairs of the Society; no account even of the state of the funds could be obtained, as the treasurer had not sent in the necessary documents.

On the other hand, the year 1851 was a brilliant one for our Society. We met in Leipzig under the presidency of Melicher, and the Hahnemann monument was uncovered. Originally Coethen had been selected for the erection of the statue. At the last moment it was determined to place it in the old town, the favourite seat of the muses. The festivities lasted three days, and were shared by colleagues from far and near. In the ensuing meeting the ill-omened Müller-Mühlenbein money, which already amounted to 1000 thalers, proved the chief theme of discussion. There was also some talk about a Hahnemann fund for giving pecuniary aid to homœopathic practitioners disabled by age or disease, and, although the scheme was warmly recommended by its promoter, it was rejected by thirty-nine votes to nineteen, on the ground that "it was too soon, that there were too few homœopathists," &c. The establishment of a homœopathic library was agreed to in spite of considerable opposition. The following day (9th August) was only of scientific interest, and no business connected with the internal affairs of the Society was transacted. On the 10th August the statue was unveiled. We are all familiar with it, and this is not the place for a discussion upon its merits. The gibes of the people have profaned many things besides this statue.

On the 9th and 10th of August, 1852, the Society met in Frankfort-on-Main; Dr. Kallenbach was president. In addition to the Müller-Mühlenbein affair, for the definitive settlement of which a permanent committee, consisting of Drs. Meyer, Müller, and Haubold, was appointed, an important alteration was made in the laws, which is of great interest to us, whereby it was ordained that the business year of each president should begin with the meeting over which he presides, and continue until the next meeting.

Cassel was selected as the next place of meeting. In spite of its innocent character the Central Society on this occasion was for the first time forbidden to meet by the police. Hassenpflug, of odious memory, sniffed treason against the electorate, and considered himself compelled to forbid the further assembling of the peaceful followers of Hahnemann's system, who were such medical rebels, "on account of the state of war." Wherefore the meeting took place on Prussian ground, namely, in Magdeburg, under Schneider's presidency. A donation of 600 thalers was made to the funds of the Society, being the surplus that remained of the funds collected for the statue of Hahnemann. A legacy of 500 thalers also fell to the treasury—or rather to the dispensary supported by it—which the Saxon Government wished to take possession of, and only give the interest to the Society, but this was unanimously objected to. A proving society was formed among the members present.

In 1854 Dr. Goullon, senr., presided over the meeting of the Society held in Weimar. Two dismal illustrations of the illegality of our Society were given here. The suggestion of the Saxon Government made at the last meeting, that the Society should hand over the legacy to the Government and only receive the interest upon it, was followed by a categorical imperative demand directed to our treasurer by the authorities. All legacies and gifts for the homœopathic dispensary must be handed into the University treasury; and as it was feared that in case of refusal the subsidy of 300 thalers by the Saxon Government to the Leipzig Dispensary might be withdrawn, we were obliged, willy-nilly, to obey. In order to effect the liquidation of Müller-Mühlenbein fund an application had been made to the Government to recognise the Central Society as a legal body. But the conditions sought to be imposed by Government for this recognition could not be accepted; only those members who were actually Saxon subjects could be recognised, and, besides, an alteration of the laws deeply affecting the character of the Society was insisted on. Drs. Meyer and Müller were appointed the directing and ordinary physicians to the Leipzig Dispensary, and a

proposition of Rummel to offer a prize for the best essay "on an already proved and applied medicine, to be chosen by the essayist, and treated by him in a way that shall facilitate the perfect knowledge of the medicine and enable it to be used successfully and with certainty." Finally, I may state that, according to the minutes of this meeting it appears that the legal authorisation of Grüner's *Pharmacopœia*, which appeared under the auspices of the Society, was not granted by the Saxon ministry.

Vienna was the next place of meeting, in 1855. The meeting, which was numerously attended, had Watzke for its president. On the 10th August alone forty-two new members were admitted, and a number of points of great importance to the well-being of our Society were then considered :

1. The forming of a code of laws, on the strength of which a legal recognition of the Society by the Austrian Government might be obtained.

2. The formation of three sections—*a*, for groups of medicines ; *b*, for special therapeutics, having regard to the establishment of new homœopathic hospitals in all directions ; *c*, for all other interests relating to the development and spread of homœopathy.

Further, it was resolved that every member should pay an annual subscription of two thalers.

In 1856 the Society met in Dresden, under Dr. Wolf's presidency. The new code of laws on the strength of which it was hoped to obtain recognition by the Austrian Government, was not accepted ; on the contrary, by the advice of one member, lately deceased, it was resolved for the present not to try for the recognition of the Central Society by any Government, as no advantage would accompany the attainment of the rights of a legalised body, and the freedom of the Society might thereby be curtailed. The Mühlenbein fund had grown to 1619 thalers. During the year the dispensary had received two legacies of 1000 and 200 thalers.

In 1857 the meeting took place in Munich ; Dr. Buchner presided. The "Central Society" was rechristened

"Central Society of German Homœopathic Practitioners." In 1858 it met in Bonn, under the presidency of Dr. Stens. At this meeting it was resolved to admit non-medical persons as members of the Central Society, but without the power of voting or holding office. A liberal gift of 500 thalers was made to the Society, in consequence of which the following resolutions were come to :

a. To increase gradually the funds accruing to this Society by collections to such an extent as that the dispensary may be transformed into a hospital.

b. To offer a biennial prize of fifty thalers for an essay on any disease and its homœopathic treatment.

c. To devote part of the yearly income to the promotion of scientific homœopathic works and writings.

The meeting of 1859 was held at Prague, under Dr. Altschul. The Society (including the dispensary) had a sum of 6586 thalers, which was deposited in the Bank of Leipzig. The money was deposited in the names of three persons, the treasurer of the Society and the medical officers of the dispensary. It was resolved to publish a compendious repertory under the ægis of the Central Society, and Drs. Müller, Meyer, and Reichenbach, were appointed editors.

The thirtieth meeting of the Society took place in 1860, in Hanover, under Weber's presidency. The funds of Society had increased to 7038 thalers. A portion of the repertory decided on the previous year was distributed among the members ; it was on "the teeth."

In 1861 the meeting was in Leipzig, and, in the absence of Dr. Haubold from illness, Dr. Cl. Müller presided. The property of the Society amounted to 7231 thalers. A violent opposition declared itself against the former resolution to publish a repertory at the Society's expense, but the Society at last resolved to intrust Dr. V. Meyer with the editing of the work, and thanks were tendered to him by all the members rising from their seats, for his laborious and excellent Repertory of the Teeth. Dr. Sorge, one of those who voted against the repertory, and who thought that a more necessary work was the "purification of the *Materia Medica*," was commissioned to execute such a work.

Two proposals, one relating to the establishment of a hospital in Berlin, the other begging for a subsidy to the homœopathic hospital at Munich, had to be refused.

In 1862 the Society met in Nürnberg under von Grauvogl's presidency. The funds in hand amounted to 7544 thalers. The meeting possessed only scientific interest. The same was the case with the meeting in 1863 in Mentz, under Dr. Kirsch's presidency, and that held in Brunswick in 1864, under Dr. Fielitz. At the last named the establishment of a Society's library was definitely settled.

In 1865 the meeting took place in Weimar; Goullon, *senr.*, presided. The funds amounted to 8053 thalers and 782 thalers for the Hahnemann fund. The laws for the library proposed by Dr. Müller were agreed to. A fresh proposal by Dr. Kafka for the establishment of a homœopathic hospital elicited from Drs. Trinks and Lorbacher the communication that very shortly two considerable legacies would be left for the purpose, and it was resolved to adjourn the subject until that time.

No meeting took place in 1866 on account of the war. But the treasury of the Society received a very gratifying accession of funds. A Brunswick lady, Miss Schmidt, left a legacy of 3000 thalers to the Leipzig Dispensary, which were to be laid out at interest until such time as the whole capital of the dispensary had increased to such an extent as to permit of its being transformed into a hospital. As neither the Society nor the dispensary possessed corporate rights, the legacy was taken in charge by the Government, and made over to the dispensary.

The Society met in 1867 in Leipzig, under Dr. Clotar Müller's presidency. The cash in hand amounted to 8501 thalers; the Hahnemann fund to 829 thalers. The Society's library contains 632 works, in 958 volumes.

Wislicenus presided over the meeting which took place in 1868 in Eisenach. A movement was made for the establishment of a homœopathic hospital in Leipzig; and the question was raised as to how the scientific efficacy of the Central Society could best be increased in connection with the local societies.

Dr. Hirschel presided at the meeting held in Dresden in 1869. The funds of the Society, including the Brunswick legacy of 3000 deposited in the University treasury, accumulated to 11,873 thalers; the Hahnemann foundation to 853 thalers. At this meeting the Society, at Kafka's suggestion, resorted to a practical plan for attracting practitioners to homœopathy, namely, by establishing a lectureship in the Leipzig Dispensary. The prizes offered for works on materia medica and forms of disease should be withdrawn, and the money destined for them be applied to pay a lecturer. Against this it was shown that the Society could only employ 100 thalers for this purpose, as only the prize offered for the description of "a form of disease" could be directed to this object; whereas the other prize, for "an essay on an already proved and used medicine," amounting to 125 thalers, from the Hahnemann fund (the surplus remaining over from the sum collected for the Hahnemann memorial), must remain devoted to its original object. Rummel had handed over the money to the Society expressly for this object. After a lengthened discussion it was resolved to abstain from offering prizes, and to establish a lectureship in Leipzig, leaving the selection of the lecturer to a committee of five members. A proposal of Haubold's to make the *Allgemeine homœopathische Zeitung* the organ of the Central Society, and in consideration of the greater demands on it and the increased expenses it must incur, to give it a subvention, was negatived. The sum collected for a homœopathic hospital in Leipzig amounted to 2000 thalers.

The transactions of the thirty-ninth meeting of the Society in 1871 in Magdeburg are fresh in the memory of all. I will only allude to the change in its laws which were assented to at this meeting.

1. The council consists of the president for the time being, the president elect, and a member to be chosen by the meeting.

2. The meeting takes place on the 9th and 10th of August, and if there is sufficient matter it may be prolonged to the 11th.

It was resolved, at the urgent entreaty of Lorbacher, to endeavour to obtain legal rights for the Society.

HAHNEMANN.

Address of Dr. A. Lorbacher, delivered before the Free Homœopathic Society of Leipzig on the 10th April, 1872.

To recollections of our master we shall devote this hour. When we occupy ourselves with the memory of a loved departed person, it is natural to call distinctly to mind his corporeal and mental picture, so as to recall his features, his figure, his manners and peculiarities, his excellences and defects, to live over again all the happy and sad hours we have passed with him, and to remember with gratitude all he has done for us and wherein he has contributed to our moral and intellectual development. The remembrance of those hours, when viewed aright, tends to elevate and fortify us. This is not the case only with regard to those who have filled a place in our heart, and with whom we have lived on terms of intimacy, but also with regard to those with whom we have been only intellectually united, who have exercised an influence on our career, and who have served as a high example to us in our efforts. And such a one for us is our master Hahnemann. Though each of us retains in his heart a grateful remembrance of him, and looks back to him with veneration, yet I think that our common concern with his person in this hour which we devote to him will powerfully assist in reviving his picture before our minds in fresh lustre. This revival is the more needful at the present time, when the feeling of respect for illustrious men seems to be declining, and a paltry egotism tends to conceited self-vaunting and depreciation of the labours of our predecessors, when not only his opponents have befouled the fair fame of our master, but even some among those who are indebted

to him for any little eminence they possess have sought to rob him of his wreath of glory. We may leave to the future more appreciative historian of medicine to assign to him his due place, and to estimate truly the services he has rendered to medicine in general by his discovery of the law of similars and the introduction of physiological provings. Let us to-day dwell once more on those special characteristics wherein he may serve as an example to us, and let us see how he pursued his laborious way. In doing so we shall not attempt to conceal or cloak his errors and weaknesses. The words of Terence, "homo sum: humani nihil a me alienum puto," are applicable to him as to other men. For where there is light there also must be shade.

His external appearance shows us that we have no ordinary man before us. The high free forehead of the thinker, the clear, sparkling, penetrating eye, the thick arched eyebrows, the deep furrow above the root of the nose, the nose with its somewhat expanded nostrils, the rather broad lips, the sharply defined features—all this gives him the stamp of geniality, of far-seeing intelligence, of fervour, of energy, and of enthusiasm, of those qualities, in short, that are indispensably necessary for a reformer, which were conceded to him by all his impartial contemporaries, and which were attested by his whole career.

Early thrown on his own resources, and compelled to work his way in conflict with the hard necessities of life, he strove with iron industry to obtain the knowledge required for his future calling, and he acquired thereby a mass of information large for the times in which he lived, and this his bitterest opponents allowed; and this iron industry he maintained to the very end of his life. Proof of this is to be found in his works, in his chemical writings and translations before his discovery of homœopathy, as also in books in which he laid down the principles of homœopathy, in the *Organon* and *Materia Medica*, not to speak of the long array of smaller pamphlets and essays, or of his posthumous works which have not yet been published.

This diligence presupposes a certain amount of moral strength and energy, without which none can rise superior to the pressing necessities of life ; and this energy forms one of the chief features of his character ; he possessed it in a peculiarly high degree, and it displayed itself sometimes in wilfulness and obstinacy, which often communicated a dictatorial and insulting air to his behaviour. But this energy was above all things necessary for him, and without it he would soon have become wearied in the conflict for his new doctrine, and have succumbed to the reiterated assaults of his adversaries ; perhaps, even, he might have carried his great discovery with him to the grave. Examples of this are not unknown to history. Let us try to realise to ourselves what it is to have to fight for existence, and at the same time set at defiance the attacks of numerous opponents, and to work out the development and perfecting of a new discovery. Let us remember that he, an unknown German doctor, neither professor in a university nor chief of a large hospital, with no means at his command to put to the proof to satisfy and to perfect his great ideas, completed his grand work with the aid of a small band of disciples. All will allow that this demands an uncommon degree of strength and energy. In this respect he distanced all his disciples and followers ; few of them came near him. If I may be allowed to mention some who were distinguished for their industry, I may name Stapf, Gross, Rummel, Jahr, Trinks, Hautlaub the elder, Constantine Hering, Theodore Rückert, and among the most recent, perhaps, Von Grauvogl. Of living homœopathists none can come up to Hahnemann in this respect. What any single man has accomplished cannot be compared with the gigantic work of the master. Had there been an approach to his labours, it would be otherwise now than it is with homœopathy, particularly in Germany ; but I am far from making complaints on this subject. May this picture of the master, toiling and creating with iron industry, spur us on to follow in his steps, and not merely enjoy the profits of his labour.

But where did he derive his ever-fresh strength for work and for conflict ? For it would not alone be the dire

necessities of his life during his early career before his discovery of homœopathy. The source whence he ever drew afresh his unwearied strength was far other than that. It was his indwelling, unshakable conviction of the truth and importance of the homœopathic principle discovered by him. It urged him to constantly renewed investigation in order to ascertain the laws on which it was founded, to present them ever more and more in their proper aspect, and to establish their practical value. It supported him in all the storms of his life, and enabled him to bear with calmness vituperation, ridicule, and persecution. When the intolerance of his adversaries drove him from one place to another, he remained unshaken and unwearied in promulgating anew the truths he had discovered; though his adversaries often imagined they had hounded him to death, or reduced him to silence, he always stood erect and ready for the strife. Such fearless enunciation of the truth, such faithful conviction as we always notice in him, could only be brought about by that ray of eternal truth that comes into the soul of man from above. It alone could kindle the fire which, defying all efforts to extinguish it, is never quenched, but continues ever more to spread light and heat around; and this is what homœopathy since its discovery by Hahnemann has done, and still continues to do, as all who have mastered its doctrines must confess. Would any of us barter for all the treasures of the world the remembrance of all the happy hours a knowledge of the homœopathic truth has afforded him, receiving ever fresh confirmation by its success in cases where, without its aid, success was considered impossible? And this should spur us on and give us strength freely to confess, and energetically to maintain, the truth under all circumstances. We must, alas! confess that this of late has not always been done, that there are many homœopaths who rest content with the results of their practice, and for the sake of a pleasant but lazy peace, hide their light under a bushel, and in comfortable quiet enjoy the fruits of Hahnemann's labour. We ought rather to follow Hahnemann's example, and never allow ourselves to be influenced by external cir-

cumstances to deny the truth to remain silent under the invectives of opponents. In these days, when a barren scepticism and a hopeless nihilism prevail in therapeutics, it is important to remind the world afresh of the homœopathic truth—to show that there is no better way for escape from the barren moor into the green meadow. We should not allow ourselves to be kept back by the reflection that it is useless to attempt to wash the blackamoor white. Let us go heartily to work like our master, Hahnemann, and the result will not be delayed. He was not dismayed by far more inauspicious circumstances. Why should we be when, for the moment, the progress of homœopathy in Germany seems to have come to a stop? The tree requires a long time to grow; there seems to be a period of stoppage in its growth; it must first gather strength from storms and tempests ere it can throw out blossoms and produce fruits. And yet the gardener does not despair; he knows that the harvest time will come, even if the fruits of his industry shall only be gathered by his successors. Such a true gardener was Hahnemann. Let us follow him, and take care that the tree of homœopathy, which has already grown to a tolerably strong stem, shall not be devoured internally by the worm of scepticism, nor be stunted in its development by the blight of indifferentism.

In addition to this iron industry, this energy and dauntlessness, and this faithfulness of testimony, there is still a point in which he shines conspicuously before us, and which I will briefly allude to. I mean the accuracy and conscientiousness with which he recorded his pictures of disease. They are drawn to the very minutest line, and, notwithstanding the imperfections of the instruments and methods employed in investigations in those days, they are still models for our imitation. In them may always be perceived the exact grounds for the selection of the remedy, which cannot always be said of the histories of cases published nowadays. Any one who follows the maxims and the example of the master may learn for himself the importance—nay, the necessity—of an accurate picture of the disease for the homœopathic practitioner, whereby only those surprising cures which have

secured so many adherents to the homœopathic system can be effected. I grant that this is not always possible for the busy practitioner, nor is it always indispensably necessary in ordinary slight cases, but in all difficult and especially chronic cases every one should make a point of following Hahnemann's example.

Let us now consider for a moment the picture of Hahnemann as a teacher and colleague of other homœopathic practitioners. Though we cannot deny that in his latter years his disposition was somewhat embittered by the repeated attacks and injustice he had experienced—that he became irritable and over-sensitive to the opposition even of his disciples—and that he indulged in expressions and acts which we may deem regrettable, yet all who applied to him for instruction and elucidation with respect to his doctrine unite in testifying to the cordiality and friendliness with which he received them. His usually grave countenance would then brighten, his sharp and, I may say, hard expression became mild and gentle; his sparkling eye, which seemed to pierce through his adversaries when engaged in controversy, beamed with a mild and friendly expression. He would then, for hours at a time, with unwearied patience, enter into an explanation of the new doctrine, taking pains to dispel all the doubts and difficulties of his listener, and to inspire him with a desire to study his system. All who have had the advantage of coming in communication with him for this purpose gratefully remember his kindness. So also an epistolary inquiry respecting homœopathy directed to him seldom remained unanswered, as can be proved by the hundreds of letters which still exist, and of which fresh ones are every now and then coming to light; and all this he did although his time was so much occupied by the exigencies of practice. And here we may remark that he has proved to us that a physician may be busily engaged in practice, and yet, if he has a proper enthusiasm for his subject, may always find some hours to spare for the instruction of others.

When consulted as a colleague in difficult cases, he was always ready to give his advice in the most friendly manner.

There is no instance known in which he refused to act as an honorable colleague should.

Gentlemen, let us ever bear in mind this picture of Hahnemann such as I have depicted him, though in a rough sketchy manner, in honour of this day. He remained great and perfect to the end of his long life. Let us not be led astray because in his later years the shadows became darker and more predominant. The weaknesses of age are observable not in the body only, but also in the mind and temper. It seldom happens that a man can—like Humboldt, for instance—retain in extreme old age his freshness and clearness of mind, without allowing any rust-specks of age to dim the lustre of the mind's mirror.

Of all the portraits of Hahnemann I have seen, that which pleases me most, and which has always been in my mind during my address to-day, is that painted by Junge in 1819, an engraving of which is given in the fourth edition of the *Oryanon*. He is there represented in half length, seated at a desk with a pen in his hand. His countenance bears the earnest expression of the discoverer, and yet displays a mildness and peacefulness such as he enjoyed in but few portions of his life. Though this picture gives us the impression of geniality, power, and energy, it is deficient in that sharpness of features that can only be communicated to a countenance by excess of passion, and which is more observable in the later representations of Hahnemann.

But I will not detain you longer. I wish I may have succeeded in presenting to your mental vision a living likeness of our master. May it constantly be present to your mind's eye when you are engaged in practice or in literary work. Then would this hour we have devoted to his memory be blessed to us all, and the feeble words in which I have endeavoured to give utterance to my veneration for the great man will not have been spoken in vain.

THE OPPOSITION TO HOMŒOPATHY.

(Continued from page 282.)

IN our last number we endeavoured to characterise the opposition with which the homœopathic doctrine has on all sides been encountered. We trust that enough was said to show the essential vice of that opposition, as at present manifested; and so said as to disarm rather than embitter it. Without dwelling further upon this topic, we now desire to say something about the doctrine which has called forth such violent enmity.

“Doctrine,” we say—for homœopathy is this, and nothing more. Like every other doctrine, it has practical corollaries; and one of these, namely, the small dose, has caught the common eye as the prominent distinction of our method. But, as every one who will look into our literature may satisfy himself, we are not globulists, nor even infinitesimalists; we are not characterised essentially by any of the theories or practices which may have marked the school of Hahnemann. We are simply *homœopathsists*, so-called, *i. e.* adherents of the relation of similarity between disease and drug as the cardinal principle of therapeutics.

Let us explain.

Dr. Hughes Bennett, in the introduction to his *Principles and Practice of Medicine*, writes thus:—After showing that the difference between the exact and inexact sciences is the possession by the former of a “primitive fact,” he continues:

“Medicine, then, in its present state possesses no primitive fact; but is it not very possible that it may do so at some future time? During the many ages that existed before Newton physical science was as inexact as that of physiology is now. Before the time of Lavoisier, chemistry, like physiology, consisted of nothing but groups of phenomena. These sciences went on gradually advancing, however, and accumulating facts, until at length philosophers appeared who united these together under one law. So

medicine, we trust, is destined to advance; and one day another Newton, another Lavoisier, may arise, whose genius will furnish *our* science with *its* primitive fact, and stamp upon it the character of precision and exactitude."

Now homœopathy is nothing more than one of the many attempts which have been made from time to time to supply this missing "primitive fact." Like Brown and Broussais, Hahnemann propounded his doctrine from within the ranks of traditional medicine, and, indeed, from no undistinguished position there. One would have thought that its reception might have been of the same order. That there should have been Hahnemannists would not have been strange, any more than that there should be Broussaists and Brownists. But the task of the profession at large was to examine the new doctrine, to estimate the worth of the arguments alleged in its support, and to test it in practice; and ultimately to assign it its place in the resources of therapeutic art.

Had this been done, there would not have been at the present day a number of medical men known as "homœopaths," and occupying a separate position. No other doctrine, not even that of Rademacher, has led to a schism and formed a sect. The causes which have led to this result in the case of homœopathy are questions for the historian of medicine. We do not propose to discuss them here. There were, doubtless, faults on both sides. There were at the beginning, and there are now, those *jurare in verba magistri addicti*, aye, and more Hahnemannian than Hahnemann himself. Every inference drawn from the primary doctrine by its propounder, every theory he tacked on to it, and every practical application he made of it, have been regarded as sacred truth. Homœopathy has been supposed to have a physiology and pathology, and not merely a therapeutics, of its own, and to be only practised in perfection with potencies compared with which Hahnemann's 30th was a material dose. If these things were true we should, indeed, be more than adherents of a neglected doctrine. We should be priests of a new faith, requiring a new and separate organization for its embodi-

ment, and the profession at large might fairly treat us as a sect. But it is impossible thus to justify the course it has pursued. Those we have characterised have ever been the exception rather than the rule among the physicians who have practised homœopathy. In this country, at any rate, they might be counted on the fingers. The homœopathy neither of this *Journal* nor of its *Monthly* contemporary has ever been of their complexion; and the same may be said of the many apologetic writings of the British advocates of the doctrine. The profession in this country is, therefore, responsible for the treatment of homœopathy as it has been presented to it; and we may boldly say, as we have said before, that if we are a sect, it is they who have made us one; that there is nothing in our spirit which has led us into schism, and nothing in our doctrine or practice which keeps us there; that the sin, first and last, lies at the door of those whose prejudice and intolerance we stigmatised in our former article.

Accordingly, our position is this:—We are ready to admit that in the past there have been faults of temper and errors in judgment on one side as on the other. But as regards the ground taken up by the maintainers of homœopathy in this country (as represented, for instance, for these twenty-nine years by ourselves) we have no foot to stir, and no pardon to ask. We earnestly desire reconciliation and reunion, but these can only come about by a frank recognition on the part of our brethren of the soundness of our principles. They are already more or less consciously assimilating them; we ask them only to do it avowedly, and in the light of day.

What, then, are these principles, for which we do not so much crave a hearing as demand acknowledgment?

The first is this—that the treatment of disease by medicines selected for the similarity of their effects to the symptoms present is a legitimate therapeutic method, and one which requires investigation. We do not parade it as universal and exclusive. We do not claim credence for even its partial value without trial. We only ask that no prejudice should operate against its fair consideration

The profession is confessedly not so armed at every point against its foe as to be able to slight an additional weapon offered to its hand. Let every physician in the presence of disease feel himself free, aye more, as *bound*, to consider whether this is a case in which a similarly acting remedy promises to do more than one of contrary properties, or one operating only indirectly upon the morbid process. That is, let his choice lie between homœopathy, enantiopathy, and allœopathy—in one or other of which categories, as Hahnemann long ago pointed out, all remedies may be classed. At present the second and third kind only are thought of; or if the first be allowed a place, it is with apology,* or under another name, as Trousseau's "substitution." As long as prejudice thus operates to exclude the trial of similarly acting medicines by the profession at large, so long we must appear singular in admitting them, and must, perhaps, be partial in preferring them. If our brethren wish us to be impartial, they must be impartial too. They blame us for basing our practice upon an "exclusive" theory; but it is they who make it such by excluding it from their own. We urge upon them to let it be thus no longer. Let them test the principle in their own way, if they please; with such rough pathogenetic knowledge as they have, with such limited range of dose as they are accustomed to use. We are sure that the results will lead to farther inquiry, and will support the claim of the farther principles we maintain.

And to bar a collateral and false issue which has been continually raised, we add that by similarity between the action of the medicine and the disease we do not mean an apparent and superficial resemblance of unconnected symptoms which may be found common to both, but a true pathological similitude between the effects of drugs and the elementary morbid states which lie at the root of diseases. To find this similarity the whole resources of semeiology must be taxed; and hence the complete testing of the homœopathic principle can only be carried out *pari passu*

* See Drs. Watson and Symonds in Vol. XXIX, p. 816.

with the advance of the whole circle of the sciences bearing on medicine.

Secondly. The rule "similia similibus" can obviously be carried out only in proportion as the effects of drugs on the healthy body are ascertained. We therefore place, as our second stand-point, the necessity of the "proving" of medicines. We hail with gratification the attempts of the kind made in various quarters; we ask only that they be carried on more systematically and thoroughly, and that the contributions of homœopaths towards the knowledge of pathogenetics be not ignored or rejected without trial. The effects of poisons on animals, the symptoms caused in man by large or single doses, must not be supposed to suffice for our need; if true similarity is to be ascertained, the symptomatology of drugs must not be less exhaustively or minutely studied than that of disease. You deride our interminable "symptomen-codices." By all means give us better ones; but at least admit that the attempt was in the right direction. The results of such long and painful labours may possibly show some grains of gold for careful sifting. But however this may be, we make no claim for our practice; we assert it only for the principle.

How to deal with the subjective symptoms elicited by the slow and long-continued action of drugs on healthy human beings is the core and kernel of the difficulty; and till that is attempted let no man pretend that he has approached the provings of medicines on the healthy in the spirit of a man of science; nor that he is capable of pronouncing upon the significance of the homœopathic law. In itself the difficulty is an almost overwhelming one, being no less than the task of disentangling the confused medley of truly medicinal and important, from crowds of accidental and trivial symptoms which encumber the diaries of the experimenters; then to trace those to their natural connections in a practical and intelligible form, so as to give as clear an idea of the action of drugs on the healthy body as we have of the actions of the predisposing and exciting causes of disease upon that same body, and which we call natural diseases. These latter causes are most

assuredly not arranged into emetics, purgatives, sudorifics, and the like; and the time will come (as it has already come to us) to marvel that men—presumedly of science—could have been so long satisfied with the superficial knowledge and classification of drugs which has hitherto been in vogue.

And now our third demand is this—that the question of *dose* be thrown open, and all judgment upon it reserved till farther experiment has been made. Let our brethren remember that their associations on this subject are derived from practising with a view to oppose the direction of disease (enantiopathy), or to act on healthy parts (allœopathy). They cannot *à priori* say what reduction of dose may be required for medicines acting on the diseased parts similarly to the morbid cause (homœopathy). It is obvious that some reduction is required—that *Strychnia* in quantities suitable to excite the cord in paralysis would aggravate its trouble in tetanus. And it is evident that, when similarly acting remedies have been employed with admitted advantage, it has always been in minute doses—as the drops of *Ipecacuanha* wine in vomiting. But you say,—This is all very well; it is when you get among your infinitesimals that we cannot follow you. Good: we should be thankful to you if you could prove their needlessness. We are trying if we can prove it for ourselves, at the instance of one of the oldest and foremost practitioners among us. We have no pleasure in dealing with these impalpable points, these inconceivable fractions. We would gladly abandon them, if we could apply the law of similars without them. And so we are farthest from the wish to impose them upon others. Our claim is not for the recognition of certain doses, but for freedom for all doses. It is absurd, in these days of continued demonstration by science of the activity of the infinitely little, to draw a hard and fast line of medicinal quantity, and say,—Thus far shalt thou go, and no farther. If we have gone too far, prove it by experiment: ridicule has here no place, and incredulity is unwarranted.

This is all. The word “homœopathy” often suggests to the minds of its opponents the many fancies and follies

which have been connected with it—psora and dynamization theories, globule-sniffings, provings of inert and loathsome substances, and the like. Well: we have read in the annals of traditional medicine of hypotheses as baseless, of practices as objectionable. We have no more to do with the inanities of our school than the present race of physicians with those of their own in former times. Homœopathy proper is responsible only for the law of similars, for the proved medicines, for the reduced dose. There is surely nothing in these which required a separate organization for working it out, nothing which justifies exclusion of its supporters from the main body of the profession. If medicine is not wide enough to embrace us, the fault is medicine's, not ours; and it is a fault easily remediable. The profession has only to say—"There has been misunderstanding; we have been provoked by some extravagancies from among you, and have allowed ourselves to be prejudiced against your real position. Resume your place in our ranks, from which it is our fault that you were ever expelled. If you have doctrines to propound and practices to recommend, our journals, our societies, our hospitals and dispensaries, are as open to you as to any other qualified men." Do our brethren know what would be the result of such generous policy? We should at once cease to exist as a separate body. Our name would remain only as a technical term to designate our doctrine; while "homœopathic" journals, societies, hospitals, dispensaries, pharmacopœias, directories, would lose their *raison d'être*, and cease to be. The rivalry between "homœopathic" and "allopathic" practitioners would no longer embitter doctors and perplex patients. If (as is now generally admitted) we have hit upon some good things, they would become the general property of the profession; and we on our part should be even readier than we are to avail ourselves of all that is useful in the ordinary practice. You can only kill homœopathy by recognising it. Allow it to be legitimate and valid as far as it goes: and then the part will be, and will rejoice to be, amalgamated with the whole, and will lose its independent and troublesome identity. How far it will leaven the whole, time only can decide.

We have our thoughts on the subject ; but at least whatever happens in this direction will be the just result of the comparison of practice.

Do our brethren shrink from making such advances? Very well then, we must wait. But let us assure them that to this, sooner or later, they must come. It is not possible to escape it. It is admitted on all hands that there is a homœopathic action of medicines. Then this method of using them must be discussed exactly in the same way and with the same freedom as any other theory in medicine or in the arts and sciences generally. We claim for it (as we have said) no position or predominance other than what may be found to be its due after proper testing. We assert, and have asserted from the beginning, that we do not know what that position is. We are quite prepared to abandon the attempt to apply it to any particular diseased conditions so soon as it is demonstrated to be inapplicable to them, or inferior to other methods of treating them. And in such cases we are prepared to use, and in fact have all along used, other means, either as substitutes or as auxiliaries. As far as our experience goes, these cases are comparatively few. But if wider experience in the hands of competent men shows them to be more numerous, we are prepared to accept the inference. Again, the necessity of proving on the healthy is acknowledged. When this has been properly carried out, it must be determined after what manner the results are to be applied,—whether solely according to their primary action, as giving opiates for sleep and purgatives for constipation, or upon the homœopathic specific plan. This can only be decided by the ordinary rules of scientific experiment, and in no other way ; and, whatever the result, it must be accepted. This is precisely our position ; this, and nothing more than this. The dose likewise must be settled in the same fashion. The medicine of the future must therefore perforce follow our methods ; there is no third way.

To our position, we say, sooner or later all must come. The accidents of our separate existence are but temporary ; but we claim for our essential standpoint that it is the only

tenable one. We are the assertors of liberty in medicine. We call ourselves, our literature, and our associations "homœopathic," not as implying an exclusive devotion to this creed, but simply as meaning that here it is recognised and its proper value allowed. If any one of its opponents have anything worth saying against it, these pages are open to him; and we are sure that there are none of our societies but would give him a patient hearing and a candid discussion. How little liberty of this kind exists on the other side has been already seen. Which course of conduct implies most confidence in principles and desire of progress? If our brethren would satisfy their own conscience, and approve themselves in the public eye, let them be at least as ready *audire alteram partem* in homœopathy's favour as we are when the argument is against it. Let the mistakes and errors, the strifes and bitternesses, of the last fifty years be buried by common consent; and then we shall find ourselves, as it were, at Hahnemann's original starting-post when he propounded the rule "*similia similibus*," and began to prove medicines and experiment upon the dose. Could any honest and enlightened physician of the old school allow himself now in the blind opposition which greeted the German reformer then, and which has perpetuated itself towards all his adherents since? If not, the opportunity is offered of showing how much the present generation has advanced in liberality. We have set forth once again (as has often been set forth before) what is our essential doctrine. We shall be more than willing to forget its reception in the past, if we can secure a hearing and a testing for it now.

But one word more. If any of the highly trained hospital physicians of this day should read our article, and should look into the little world we inhabit apart, he must not expect to find it *totus teres atque rotundus*. He will not indeed be offended by anything which he (and we no less) resents as "quackery." We have no secrets or mysteries,* no pompous pretensions, no panaceas. But he

* How little is really known of us may be inferred from a fact like this. An eminent practitioner of the old school wrote a short time ago to a homœo-

will find in us much weakness and imperfection. Our central principle remains a phenomenal, not to say empirical, rule. Our provings of medicines are mostly fragmentary, and the records of many of them well-nigh useless through mal-arrangement. We are widely, and to present seeming, hopelessly, divided on the question of dose; and many other practical matters—as repetition and alternation—remain unsettled. But let him not despise this day of small things; rather let him ask how it is that it has not waxed greater. And the answer is simple. It is because the profession at large has refused us any help in our task. It is because no one has been allowed to cultivate this field of practice except at the price of ostracism from his brethren and loss of position and prospects. The treatment of Henderson did not serve “pour encourager les autres;” and it is not strange that we have but few men of note among us. Persecution is bracing air, as a rule; but sometimes it proves stifling. In this case it has hindered all but a few hundreds in the several countries of the Old World from devoting themselves to the despised doctrine. No wonder then that, overwhelmed by the demands of the public upon our time, we have been able to do so little towards deepening and widening our foundation, towards investigating the significance of our provings. The marvel is that so much has been accomplished. What we say to our brethren is,—come and help us. Bring to our inquiries and experiments your numbers, your wealth, your leisure, your trained observers, your ample materials. There is probably much that is partial and extreme of which you may cure us. If only with this motive, take, we beg you, our homœopathy, and throw it into your crucible. We know what wealth of gold will come out; and then we hope

pathic friend:—“What is really wanted is some common ground on which various hypotheses of the mode in which matter and materials act on the human or animal frame can be tested. *This can never be done until your pharmacopœia is as open and public as ours, and until every one who practises on his fellow-creatures knows exactly and can prepare what he is ordering, on any system.*” Now, our mode of preparing our medicines has never been any mystery; and since the publication of the *British Homœopathic Pharmacopœia* in 1870, he who runs may read it.

for it to go on accumulating, far faster than in our feeble hands. What medicine might become in ten years, if only the profession at large would test homœopathy as it deserves, is a dream almost too bright to dwell upon.

Before concluding, we may say a few words in reference to the desirableness of a state staff of medical officers, who should be independent of the influences that now bear so strongly on even the more eminent of the medical faculty. Our space precludes us from entering into details on this very important subject. Such a staff of the *élite* of the profession might be formed if the state took upon itself the appointments to hospitals, professorships, and laboratories, these state appointments to be obtained by public *concours* or some other independent mode, and not, as at present, by paltry electioneering cabals and pandering to the prejudices of the rank and file of the profession. Real men of science being secured by such a mode of selection, the appointments should be of sufficient value to render their holders independent in a pecuniary point of view, in place of being looked on, as now, merely as stepping-stones to a remunerative private practice.

By these means a distinct caste of scientific physicians would gradually be produced, who, being completely independent of the caprices and prejudices of the mob of practitioners, would be more likely to form an unbiassed judgment with respect to subjects like homœopathy; and though they might not have any judicial status with regard to such matters, their opinions would be looked up to with respect. Whereas at present we cannot attach the slightest value to the utterances of even the most eminent and highly placed physicians respecting homœopathy when we know that their condemnation of it will be followed by the applause of the groundlings, and by ever more honours and more applause; whereas their approbation of it would be followed by denunciation, ridicule, loss of status, of fees and of friends, expulsion from societies, and enforced resignation of hospital appointments.

With such an independent body of scientific physicians

and surgeons as we have supposed there could not fail to arise an independent medical press, which should not, as is the case with the existing medical press, be compelled to violate the principles of justice and of sound reason in order to please the vulgar herd of trading practitioners.

ON THE SKIM-MILK TREATMENT.

By Dr. DRYSDALE.

I PROPOSE here to call attention to the skim-milk treatment of disease, which, as practitioners mainly relying on specific treatment, we shall find a most useful auxiliary in many cases. All curative treatment, specific as well as other, requires the element of time, but herein lies the difficulty when the primary stages of digestion are at fault. Where sufficient food, especially solid food, cannot be taken to supply the wants of the system, owing to some defect of the assimilating powers not curable under several days, what must we do to meet the absolute necessity of taking food at least three times and sometimes oftener in one day?

How are we to obtain the needful physiological rest which is essential for the cure of many stomach diseases, on the same principle as rest is needful for an inflamed joint or a broken bone? We possess several resources of this kind.

Amongst these we may mention rest, especially in the recumbent position, and warmth. By these the consumption of force is checked and the need of food diminished. In many cases rest is not possible to enforce, and in others is injurious on other grounds.

We possess next all the ordinary resources of dietetics, with the limitation of food to fluid kinds, and frequent and

small meals, the use of pepsine and other substitutes for the digestive fluids.

All these resources, numerous as they may appear, are still insufficient, and in the infinite variety of human suffering there are still diseases and cases where new resources are called for of a similar kind.

Among these a most valuable one is the skim-milk plan of Dr. Donkin. The skim-milk treatment is not to be confounded with what is ordinarily called milk diet, in which the fatty matter, namely, the cream of the milk, is included, and also in general all kinds of farinaceous food.

Milk, as we know, contains all the elements necessary for healthy nutrition, but in adults we find it is difficult of digestion in its complete state; and they cannot take enough for the whole diet, and often indeed cannot take even a small quantity.

Dr. Donkin ascribes this to the fatty matters, and as far as my experience goes his conclusion is practically right, as I have found people who stated that they could not digest new milk taking with impunity pints of skim milk during the day.

The great point is to remove the cream, which may be simply accomplished by allowing the new milk to stand in a cool place for twelve to eighteen hours. In hot weather filtering might be employed.

The two chief diseases for which the skim-milk diet is recommended by Donkin, namely, diabetes and Bright's disease, are sufficiently treated of in his papers in the *Lancet* and his book, and having at present no complete case to report I shall direct attention to others less prominent and of more frequent occurrence in practice.

One of the first cases in which it was tried by me was one of obesity and chronic congestion of the liver. The patient was a lady of middle age, who suffered from puffiness and even distinct anasarca all over, heaviness in walking, palpitation and dyspnoea, constipation and frequent attacks of spasms, and various disturbances in the stomach. The urine was at times copious and clear, and at others scanty, but contained no albumen.

Treatment according to the various indications at the moment relieved her always more or less, and in particular drop-doses of *Apocynum Cannabinum* were serviceable on several occasions. In this case there was most likely venous congestion, obstruction of the liver, and a watery state of the blood. She was put on the skim milk alone, and within a week took from five to seven pints daily without inconvenience. The effect was very marked, the urine increased very much and the fat and bloated appearance gave way, and she was able to walk and breathe with a comfort unknown for a long time. The bowels acted better, and the digestive organs recovered their tone. After a week or two of nothing but milk, one meal, namely, dinner, was allowed, and nothing but the milk for the other meals. Then she gradually returned to the ordinary diet. I have not the details of the symptoms or the medicine given at the same time, but they were such as are ordinarily indicated, and I remarked in this case, as frequently since, that medicine which had been apparently well chosen and failed when under ordinary diet resumed its ordinary action. This was well shown in a case of anasarca, chronic bronchitis, and asthma, in a man about seventy, who had been long subject to chronic bronchitis and asthma. At the beginning of this last winter he had a fresh catarrhal attack, and the paroxysms of suffocative cough and asthma became so violent as to threaten death each night. All the medicines hitherto found useful failed to relieve; the pulse was rapid and feeble, the appetite failed and no food could be taken, while there was much thirst, and finally the legs and ultimately the whole body became anasarca to an extreme degree, and the urine was scanty and thick, but not albuminous. As a last resource and without much hope I proposed the milk diet, which with some hesitation was adopted, and an improvement set in within twenty-four hours. The urine increased and the breathing was freer, and the medicine now began to take effect and respond to the indications. Finally, in about a fortnight, he was quite convalescent, and remarked that his sense of taste and relish for food was better than for many years, when he

returned to the ordinary diet. He is now better than for some years before, in all respects.

This is a most useful means to have at our command, for it is precisely those cases of failure of the right side of the heart and congestion of the liver, and finally hydræmia, which are the most unmanageable states that supervene on chronic bronchitis. Another series of cases wherein it offers a most valuable resource are the failure of the stomach and liver which follow intemperance, and in fact it gives us a chance by allowing time to bridge over that horrible interval between stimulation and the recovery of natural powers which form so often an insuperable barrier to the cure of drunken habits. When the habit of continual drams has gone so far that the stomach rejects solid food at all times and almost everything in the morning, and the mucous membrane is no doubt in a state of sub-acute inflammation, while the patient feels at the same time an overpowering sinking and craving which he cannot satisfy with wholesome food, and also a devouring thirst, although all these may be treated by medicine, and do yield to *Nux vomica*, *Tart. emetic*, and other remedies, yet these demand some time, which we often vainly try to procure by stilling the craving with beef tea, porter, &c., which are often distasteful and increase the thirst. In this case the skim milk is a resource of great value, given by small quantities, and frequently the first two days it quenches the thirst and stills the cravings.

Finally, when pushed to the full dose, it acts most beneficially on the liver and kidneys, and restores the normal state of the blood.

I had a very striking case in point. The patient was a lady who, by yielding to secret drinking at first, and then in defiance of all remonstrances, had finally sunk into a deplorable state, and was pronounced hopeless and given over for death by two eminent medical men. In this emergency the husband came to me, and I found, on examination, paraplegia in the legs, and the hands also numb and useless; the legs and abdomen greatly swollen; constant vomiting of ingesta. The mind was also in a state of

imbecility, with complete loss of memory. The urine was passed involuntarily. Under these circumstances I gave very little hope, as might naturally be supposed. However, *Nux vomica* was prescribed, and then I thought this might be a case for the skim milk and ordered it. It was slightly warmed, a tumbler of it being always in the room standing in a basin of warm water, and of this she was to drink as much as possible in small quantities.

In the first two days about two pints were got down in the twenty-four hours. An improvement began, the thirst diminished, and the vomiting ceased. Ere long the size of the abdomen diminished, and also of the legs, and the urine became copious, and some control of the bladder was obtained. The health thus gradually returned, and the appetite and taste for solid food. During this period every particle of alcoholic fluid in every form was rigidly prohibited and carried out. In the course of two or three months the power of the legs returned gradually, and then that of the hands, and she could play the piano, which she had not done for a long time, but the memory still remained weak.

All this time, of course, medicine was given according to the prominent symptoms, but I have unfortunately lost the minute record of the case. The milk was gradually left off as she regained the relish for, and power of digesting, solid food. Finally, under a long course of *Baryta muriatica* 1, in drop doses night and morning, she quite regained her mental powers.

In this case I am convinced that, without the auxiliary resource of the skim milk, all medicinal treatment would have been unavailing.

I may mention another case where somewhat similar results have been obtained to a certain extent. This case is still under treatment, but there has been ascites of long standing, and the patient, aged 47, has been extremely intemperate in drinking and smoking for many years, therefore it is highly probable that a cirrhotic state of the liver is too far advanced to hope for cure; still the progress made has been most instructive.

On the 12th February, 1872, I found him in bed, where he

had been confined for weeks ; the abdomen greatly swelled, and the veins strongly marked and distinctly fluctuating. He complains of violent burning and tearing pains in the left flank up to the heart, causing him to sit up and bend forwards. Similar pains, also, in the right side ; also severe neuralgic pains in legs and feet. Tongue red and dry, and mouth parched, and a devouring thirst ; no appetite, and, in fact, disgust for all food, and takes nothing but a pint of Irish whiskey daily. Pulse quick and small ; urine red and scanty, not albuminous ; legs not swollen, and can lie pretty flat. He was extremely despondent and irritable, and had taken much drastic and other allopathic medicine, which has failed to produce any effect. He was almost sleepless.

I ordered *Bryonia* and *Nux* in alternation every two hours and to stop the whiskey, which, however, I proposed to do gradually, but he preferred to stop it at once, which he did, and has had not a drop since—so they say. I ordered also the skim milk, beginning with a dessert-spoonful at a time, and not exceeding two pints a day in the first two days. He gradually increased to five pints, and continued at this for a fortnight without any food. During this period he had *Bryonia*, *Nux*, and *Arsenicum*. He was then much improved and sleeping well ; no thirst ; urine copious, and little pain ; tongue moist and clean, but the abdomen not less. He was now permitted one meal a day, and for the others only milk. He relished the one meal—namely, dinner—very much.

Since then the case continues under treatment, and the improvement of the general health is very marked, and the abdomen has gone down very much. The patient eats heartily, and goes out walking, and looks well, but I fear there will not be an ultimate cure.

In a case of acute bronchitis and pleurisy in an intemperate person lately, attended with the morning sickness and a loose state of the bowels, I found remarkable benefit from the skim-milk diet, and the patient made a good recovery ; whereas, in general, such cases are most intractable, and without the milk the best wishes and resolutions of abstinence would not have been so efficient.

I have likewise used it in a partial way in many other diseases, and in particular in two cases of catarrh of the bladder.

Here there was a weak state of the digestive organs, and the skim-milk diet suited the state of the primæ viæ, and at the same time formed an excellent diluent for the kidneys. This is a double advantage, for instead of ordering the quantities of barley water and marsh mallow which we have been accustomed to do, and then, being embarrassed to provide a suitable diet to go with all that mawkish liquid, we have no trouble, as the milk often suits the stomach and liver as well as the kidneys.

I have found the skim milk to agree in the majority of cases; but in one case of ascites, where a great size had been reached, and the breathing was interfered with, it could not be taken beyond three pints in the twenty-four hours.

In this case the urine began to fall off in quantity, and the motions of the bowels were hard, dry, and pale. No doubt the mechanical pressure of the effused fluid interfered so much with absorption, and also with the action of the kidneys, and this, like all other remedies at that stage, failed to act. The patient was then tapped, and made a good recovery, but in two months the abdomen and legs began to swell again, and I lost sight of him.

The use of milk diet is of course nothing new, but it is the insistence on skim milk that is the novelty and peculiarity of Donkin's plan, for two reasons—1st, the quality; 2ndly, the quantity.

Human milk, as is well known, contains more albumen and sugar and water and less fatty matter than cow's milk, and it has been recommended by the ancients, and some moderns, for various diseases of both adults and children after the age of weaning. Several cases are given by Fonssagrives of infants in a state of atrophy who were saved by being put to the breast again after being weaned in different cases—three, four, and even seven months, and as old as fifteen and eighteen months. Of course the

difficulty to get them to take it is considerable, but by perseverance was overcome in these cases.

The ancients also tried the use of woman's milk in adults for phthisis and diseases of exhaustion; and a modern author—Beaumes—gives a case of a man who, at the last stage of phthisis, was saved by the milk of two nurses, and another by the milk of his wife, who had lost her infant.

Asses' and goats' milk, as we are aware, approach more nearly in quality, but they are not always to be got, so the skimmed milk may be taken as a cheap substitute as to quality.

As to the quantity, we find that in dropsy, in which the milk diet was much vaunted by the ancients, we are told that the production of diarrhœa is one of the possible modes of accounting for its utility.

Now, that is not admitted by Donkin, and we may presume it simply shows that the required quantity could not be given of ordinary milk without the risk of indigestion, and consequent diarrhœa.

In ascites Christien adopted the milk diet of the ancients, and gave one and a half litres of unboiled milk in addition to other articles of diet strictly vegetable.

Segond reports a case of ascites following on chronic hepatitis, which was cured in two months and a half by Christien's plan, after other means had failed.

Another case of ascites is reported in which the patient took from four to seven pints of milk a day, and nothing else; the urine increased, and the swelling diminished so much that, at the end of a month, the patient wished to take solid food. An immediate relapse took place, and he had to return to strict milk diet, after five months of which the disease was cured. Diarrhœa is not mentioned in this case.

In a case of hydrothorax the patient could not take three litres of milk a day. The urine did not increase, but diarrhœa came on, under which the effusion descended visibly from day to day.

A cure is said to have followed in this case, but we

know that the occurrence of diarrhœa interferes extremely with the continuance of any regimen ; and that as quantity is an element in the treatment, the substitution of skim milk is an important practical discovery.

ON SOME OF THE CAUSES OF ENTERIC FEVER.

By THOMAS ENGALL, M.R.C.S.

(Read before the British Homœopathic Society.)

WHEN any great calamity takes place, such as the failure of the national potato crop or the invasion of a malignant disease, a great impression is made upon the public conscience, and the minds of all men are aroused to the consideration of questions which, had they occurred in the ordinary run of things, would have been passed by as mere matter of course. Hence the recent illness of an illustrious person has again roused that interest in the subject of typhoid fever which was felt at the time of the loss the nation suffered when the Prince Consort succumbed to its ravages, but which, whilst it chose as its victims the poor, and not palaces but hovels for its abode, was considered as simply what was to be expected in such abodes and amongst such people.

Amongst the various schemes now put forth to stop this disease we are threatened with a return to the old sewage question. We are told that what has been done is not sufficient, and arrangements must be made to at once bury the effete matters passed from the body. But before committing the country to so great an expense as this would involve (if judged by our metropolitan one of two millions), would it not be well to inquire whether (supposing all these were carried out) typhoid fever and its correlatives would

cease from our midst. Admitting that the effete matters in our cesspools and drains are the cause of typhoid fever, is not a preceding inquiry necessary, namely, to ascertain to what this is due. The cesspools and drains are but the repositories of what passes from the animal body, so that they may be simply viewed as a continuation of the intestinal tract, and what makes them pernicious must be that which the intestines themselves contained. If this be so, the point for us to consider is, what causes this effete matter to be so prejudicial, and whether it is more so when excreted than when it is contained within the bowels?

That certain chemical changes take place in fæcal matter on exposure to the action of the air and water no one can deny; but a curious fact is to be observed in relation to the excreta, that those from man appear to be more pernicious than those from the lower animals, whether gramivorous, herbivorous, or carnivorous. Amongst these animals typhoid fever is unknown, whilst man appears to be the frequent subject of it. Why is this?

Now, what is excreted must be derived from the food taken into the body, from the changes which it there undergoes, and from the waste of the tissues. As regards the waste of the tissues, this may be considered as common to all the three genera and man, and may, therefore, be discarded in the investigation of the question, which, therefore, will be narrowed into the consideration of the nature of the ingesta, and the effects of the agents acting upon the ingesta.

As regards the lower animals, I have already stated that they are free from typhoid fever. But besides their own exemption from these diseases we find that their fæcal products do not produce it in those persons who live in close contact with their emanations, although 'the same atmospheric influences are present as act on those from man. Farmers' families live healthy lives with large dung-heaps near their doors; and if it be said that the emanations from these are rendered nugatory by the large amount of fresh air which exists in the country, let us take the objector to those stables or job-yards which exist in all

large towns, and observe what is the effect upon those employed in them. Are *they* the victims of typhoid? Men, women, and children live in stables, amidst the emanations from the dung of horses, with apparent impunity from the typhoid miasm. These facts, therefore, point to this,—that the fæcal emanations from animals fed upon such food as hay and corn do not engender the typhoid contagion.

But to this it may be objected: you have stated that not only are the herbivora, but that the lower animals which feed on flesh are free from typhoid; if flesh-eating were the cause of typhoid, how is it that dogs and the like do not suffer? I have been informed by a veterinary surgeon that whilst ladies' pet dogs are frequently ill, homeless dogs are generally very healthy. He wished to become well acquainted with their anatomy, and for this purpose availed himself of these stray dogs. Whilst he found these dogs had enjoyed perfect health, the dog of a lady, who fed him upon mutton chops purposely cooked for him, required every three months his medical care and the exercise of his sanitary art to remove the lice which its high feeding probably engendered. To what can we ascribe this difference in the state of health in these two dogs, which may be taken as representative of the two classes? The food of the casual dog is often of the worst kind, refuse meat and bones; besides which he is exposed to all the hardships of a homeless life. To what then can he owe his health? May it not be that this is due to the lime existing in the bones? and to the want of this may we not attribute the formation in the skin of the pet dog of that pabulum in which the parasite could be engendered and upon which it could subsist? Most, if not all the carnivora eat the bones of the animals which they kill.* As all bones probably are similar in their constituents, we may take the analysis of Berzelius in regard to human bone as the standard. In this we find that there are—

* I have just come across the following remark, that in successfully rearing dogs their food should be placed upon the earth, for "unless they take in a certain quantity of mould or *lime* their stomachs become weakened or diseased."—See *The Dog*, by Idstone.

In 100 parts of human bone :

Animal matter	.	.	.	33·3
<i>Phosphate of Lime</i>	.	.	.	51·04
<i>Carbonate of Lime</i>	.	.	.	11·30
<i>Fluate of Lime</i>	.	.	.	2·
<i>Phosphate of Magnesia</i>	.	.	.	1·16
<i>Soda—Muriate of Soda and Water</i>	.	.	.	1·2

100

So that more than half of the constituents of the bone consists of lime in three combinations. Now, as *Lime* is found to be a great disinfectant of fæcal products passed from the body, may not its presence in the intestines produce a like salutary effect, and thus render innocuous what passes from them? But it may be said that some carnivora do not eat bones (or only occasionally), and thus lose the benefit of the lime. The domestic cat may be cited as a case in point, for, although it will eat such bones as its masticatory powers will enable it, these are confined to the cartilaginous ones of fishes, or those of mice and birds; these may be sufficient for its own protection. But in the case of these feline creatures, instinct prompts them to an act of disinfection—that of shedding their excreta upon or covering them with earth—thus, by the disinfecting power of the earth, completely effecting that which the lime does in the bone-eating animal. In some cases, a kind of choice appears to be exercised as to the mode in which the excreta shall be treated by the dog, those which are white from the presence of lime being left uncovered, and those which are not so, and are, therefore, contaminating, the dog by an action of its hind legs disinfects by throwing dirt over them. When neither of these means is employed, it is probable that some other is provided to protect the animal from the consequences of deficient disinfecting arrangement. As one instance, the sense of smell leads animals to a choice of food that is innocuous; and, unlike the lords of the creation, they have the good sense not to use that which would produce disease. Thus, cows will not graze where the urine of another cow has been shed, or

upon the grass growing upon spots where dung has been deposited ; but after time or a frost has disinfected these spots, they will eat that grass as readily as the other. Besides this, the silex which exists in the grass, and by which it is enabled to pierce the ground, and the presence of which we have been made aware of in our youthful days, when we have passed the long grass through our fingers and got them cut in consequence, this silex probably acts beneficially upon the excrementitious matter in the intestines of those animals which feed exclusively upon this food, and it may be for disinfecting purposes that the cat and dog occasionally eat grass.

From what has been already stated it must be evident that the excreta must be influenced by the ingesta and by the changes which these undergo in the intestinal canal. Now all food consists of two kinds—those furnished by the vegetable and by the animal kingdoms. That furnished by the vegetable are seeds, and the products of them. The seeds have one peculiarity, which is that they contain within them the principle of vegetative life. This does not apply to their products, which tend to decay, when unconnected with the vital germ. The seeds, under favorable circumstances, may be kept for thousands of years, and then be capable of germination,—as was the case with some wheat taken from the coffin of an Egyptian mummy. The tendency of these seeds is always towards vital manifestation, which they will put forth when the slightest condition favorable to it is presented. But the animal and some of the vegetable products which we eat as food tend to putrefaction because the life is taken from them. This applies especially to flesh, which is always hastening to its primitive elementary condition.

Assuming that man is formed for both an animal and vegetable diet, there can be no doubt that the quantity and quality of both must produce effects upon the system, seeing that from these that system is built up at first, and replenished day by day.

As regards the assimilation of these foods, all that I need state for my present purpose is, that division and insaliva-

tion are necessary to prepare the food for digestion ; and that fecula, unless mixed with a due proportion of saliva, is not only not nutritious but is injurious ; that after the food has reached the stomach it requires a proper amount of gastric juice to prepare it for those further changes which await it in the duodenum ; that after all the necessary changes are effected, the chyle has to be taken into the system for the production of the pabulum or germinal matter which is essential to the continuance of life.

I have already adverted to the fact that the excreta from the herbivora are not pernicious, or at least not so to the same degree as those from the human system, and that this must arise from the ingesta. Now to what is this owing? Of late years two things have become popular—flesh-eating, to a degree greater than formerly ; and the use of food containing starch, to the exclusion of those other constituents of the seed which the herbivora consume, and to the presence of which may be owing their immunity from typhoid phenomena. Now, the teeth are formed of the same materials as the bones, and their condition when first formed will, to a certain extent, be an index of that of the osseous structures generally. Again, the milk is formed from the blood, and, *ceteris paribus*, is, therefore, an index of the state of that fluid.

The question I am about to ask may create a smile. Should we not be surprised to see an advertisement, “Wanted, for a Cow or Horse, a Set of Artificial Teeth ;” or another, “Wanted a Wet Nurse for a Calf, as the mother of it is unable to suckle it?” But, sirs, it is no laughing matter when we think how often, now, children are born but to die, because their mothers cannot suckle them. Allow me to occupy your time a little longer by the relation of some cases bearing upon this point, that the reason women cannot suckle is because, as regards their food, they and their doctors do not learn wisdom from the brute.

Mrs. C.—, the subject of repeated miscarriages, came under my care in an advanced stage of pregnancy. She feared, although she had progressed farther than ordinary,

that she should have another abortion; this was averted, but she gave birth to a weak sickly infant, which she was unable to suckle, as she had no milk. The child languished for a few days, and then died. The next time there was a prospect of her becoming a mother she was advised to take as much oatmeal gruel as she could; she took three pints daily, went her full time, gave birth to as fine a boy as I ever saw, and had the pleasing satisfaction of furnishing him from her own breasts with a plentiful supply of milk. I may add that this lady has just recovered from an attack of smallpox of the mildest type; that, although her milk decreased when the vesicles first appeared, she was able to suckle her child all through, and has now a full supply, although he is eight months old.

Some years since a patient, a teetotaller, was confined; she not only suckled her own child, but that of a friend who was unable to suckle *her* infant. When, in my extremity, I told her of a child who would die if not suckled, she, without reward, undertook to give it three meals a day. This she did for months, that is, she suckled three children, the only addition to her ordinary food being oatmeal gruel.

As we are here considering a food common to the lower animals and man, the following case, having relation to the same subject, may be introduced:

A farmer of my acquaintance, influenced, it may be, by the paid medically certified properties of rice-flour, but probably more by its being cheaper than the food usually employed to fatten pigs, determined to try its effects upon some destined for bacon. They thrived famously, and fetched a good price. The farmer was rejoicing in the success of his experiment, when he was waited upon by the buyer of the pigs, who demanded back a portion of the money paid, as during the process of drying the fitches, he said, all the fat had run away. It was not fat, but infiltrated cellular tissue; just what we can feel in a child fed upon such food—great fulness and no firmness.

The cases cited where such good results followed the use of the oatmeal need not occasion surprise, for does not

that seed furnish the pabulum from which the strength of the horse is gained? Müller has stated that in ruminants, where the food consisted of oats, the albumen was in such abundance that it coagulated at 158° Fah. If albumen be the basis of all the tissues of the body, a food so rich in it as oatmeal must be one of the most important of all foods. Yet this must be viewed relatively to the digestive functions of the animal, for Drs. Marcet and Prout found that the chyme in dogs contained much more albumen when the animal had been fed upon animal substances than when it had been fed upon bread. These facts would lead to the inference that a mixed diet would be best for man, but one in which vegetable albumen would predominate on account of its relation to the liver, of which Dr. Prout says :

“Long and repeated attention to the functions of the liver, both in health and disease, has satisfied me that this organ, in its assimilating functions, is analogous to, or identical with, the assimilative functions of vegetables; that the liver represents, in short, the original vegetative system on which in animals the animal system is, as it were, superimposed.”

Hence it may be that the effete productions from vegetable albumen are less pernicious than the animal on account of the power which the liver can exercise over them. In support of this opinion I may state a few facts.

In the now much frequented Oban, some years ago, a gentleman who had, in his wanderings, reached that then remote place, inquired of the person in whose house he had obtained a temporary lodging where the convenience was; he replied that there was none in his house, nor did he know of any house which had such a thing; there was a place at the end of the village where people went. I do not know that Oban was less healthy then than now that it has become the resort of flesh-fed gentility. The general absence of these conveniences amongst the cotters of Scotland, when viewed in connection with the close nature of the rooms in which they live, and the general good health enjoyed by them, and their stalwart growth, speaks

highly in favour of that food which a snarling moralist, unwittingly, truthfully described as being that upon which horses were fed in England, and MEN in Scotland.

If the teeth are an index of the general state of the osseous system, how lamentable is it to see the bad set of teeth which each generation is producing, and the difficulty which attends their appearance. It was a bad day for the stamina of our countrymen when the chemist informed the world of that great discovery that the starch was the nourishing portion of farinaceous foods. To this may be attributed the rickety state of many of our youths, and the ill-conditioned muscular state of so many more; and we are going further in this direction, for we are now told by the chemists the exact proportions in which the several chemical constituents of the body should be represented in each meal, in oblivion of the fact that in a former experiment in this direction at the Millbank Penitentiary, an ignoble defeat was experienced, the potato carrying it against the scientific theory of one of the best physiologists of the day.

Not only is there too much starch introduced into our food, but under the idea that the muscular tissue of animals is necessary (as doubtless it is) in our food, we have gone to an excess in its use.

I have already stated that Drs. Marcet and Prout found that in dogs their chyme contained much more albumen when the animal had been fed upon animal substances than when it had been fed upon bread; and that Müller had found that in ruminants the albumen was in such abundance that the food coagulated at 158° when the animal was fed upon *oats*; so that it is probable that the comparison instituted above was between animal substances and starch food; it might have been different if the comparison had been instituted between flesh and oatmeal. But the nutritious power of these two substances—flesh and starch—must depend upon other causes, to which we will briefly allude.

To prepare starch for successful digestion and assimilation, it is necessary that it should be mixed with a proper proportion of saliva. As regards dead animal tissue, as it is

always tending to destruction, it requires some agent to arrest the progress of decomposition, and this is furnished by the gastric juice. Dr. Beaumont illustrates this in the 48th experiment of the third series.

A piece of meat which had been macerated at the temperature of digestion in water for several days, till it acquired a strong putrid odour, on the addition of some fresh gastric juice lost all signs of putrefaction, and soon began to be digested and chymified (Muller, 541).

The part which the saliva plays in the digestion of *animal fibres* is shown by some discoveries of Eberle, who found that although neither diluted acids nor mucus *alone* possess the property of dissolving rapidly organic substances submitted to their action, yet mucus *mixed* with acids has this solvent power: that albumen or meat digested with acidulated mucus, or with an infusion of mucous membrane (Müller shows that it must be that of the stomach), is not merely quickly dissolved, but also undergoes a chemical change, the albumen losing its property of coagulability, and being converted into osmazome and salivary matter.

The conclusion, therefore, is that to render starchy food nourishing it must be insalivated; and that to render animal food so, and to destroy its tendency to putrefaction, it must be mixed with a certain quantity of mucus, and a due proportion of gastric fluid; and that one source of this mucus is that secreted in the mouth and œsophagus. Unless this takes place there is danger of a semi-putrid mass passing into the intestines; and if it do so, will there not be great danger of its coming in contact with those delicate lacteals which furnish the new pabulum for the supply of the blood? and as enteric fever arises from the absorption of decomposing animal matter, what so likely to produce it? That it does not arise oftener from this cause is due to the power which the vital force possesses of throwing out mucus to protect these passages, but which I fear only renders the excreta more contaminating than they would otherwise be, even when derived from a purely animal diet.

Now, from what has been said it must be evident that

whatever interferes with the processes described must predispose the person to the incursion of enteric fever in one shape or another. Allow me to ask whether the modern practice of excessive smoking must not tend to this end? When we see the quantity of saliva of which the stomach is deprived, or which, if swallowed, contains a poison nearly as potent in its effects as *Prussic acid*, can we reasonably expect that the amount of mucus and of gastric juice, upon which healthy digestion depends, can be produced and maintained? If this be not so, full, healthy digestion cannot take place, and although the vital power may be efficient for a time in some cases to wage successful resistance, it must be at a loss to itself. And as it is probable that in order to prevent the effete product of this imperfect digestion from being absorbed by the lacteals, a greater quantity of mucus is poured out from the intestinal mucous membrane, and as we find that mucus tends rapidly to decomposition (as for instance when it appears in the urine), this increase of mucus can only augment the contagiousness of the fæcal matter, which, from the imperfect digestion, is already highly infectious.

Of the depressing effects of nicotine I will quote the words of an interested party. The Organ of the Tobacco Trade says:—"Few things could be more pernicious for boys, growing youths, and persons of unformed constitution, than the use of tobacco in any of its forms;" and if tobacco impairs digestion, poisons the blood, and acts upon the nervous system, how can we possibly expect to have healthy digestion performed? besides which this condition is just such an one as invites the attacks of malaria.

There is, indeed, another mode by which the nicotine can be rendered nugatory in its effects for a time; that furnished by the lymphatic system, which becomes a reservoir for the poisonous material; but here it is only an enemy lying in wait. When the wants of the organism require that a supply should be derived from this source, the poison will then be received into the blood, and that, too, at a time when the constitution is least able to resist its effects; hence the glandular system being unable to deplete the

lymph from its poison, those changes will be induced which will prepare it for the successful incursion of any miasm. Hence the danger of the smoker when so circumstanced, if he come into contact with malarious poison; his nervous power depressed, and vital energy exhausted, he cannot be expected to be able to resist these potent causes of disease. That so many do says much in favour of those sanitary regulations which are yet considered as inefficacious.

Now, that the glands do perform this most important part is proved by this, that decomposition in meat first shows itself in what the butchers call the kernels; that is, in those glands which are connected with the lymphatic system, and which convey that material into the blood which can be used over again. Decomposition occurring first in them and not in the flesh shows that their function is to alter in some way what passes through them, but that death has arrested this process. Where, during life, they cannot produce this change, it is probable that some other of the glands, such as the liver and pancreas, perform this duty; and thus, again, the intestines become the depository of those morbid products, which neither the lymphatic glands nor the liver are capable of dealing with; and which products, being expelled, may be an additional cause of the malarious nature of the human exuvizæ.

From the facts adduced, and the reasonings which have accompanied them, you have long since perceived that they point to this conclusion, that amongst the most usual causes of enteric fevers may be reckoned excess in the use of animal and starchy food, and their mal-assimilation in the digestive canals, thus producing excreta, the emanations from which, when absorbed into a system unable to neutralise their effects, produce what is called enteric fever, or which in their passage being absorbed from the intestine, may produce this in the person who generates them.

ON ARSENIC IN PHTHISIS.

By HERBERT NANKIVELL, M.D.

(Read before the British Homœopathic Society.)

THE literature respecting the use of *Arsenic* in phthisis pulmonalis is not very abundant. Teste remarks that "Hippocrates, Galen, and the Arabs employed arsenical preparations for a cough with purulent expectoration," but himself doubts its power to cure pulmonary phthisis. The bare fact of its use is mentioned both in Curie's *Jahr* of 1847, and in Hempel's translation of the *Symptomen Codex* in 1848. Professor Hempel, however, enters at more length into this subject in his *Materia Medica* (1859), p. 302; he says, "In this terrible malady the arsenical preparations will be of use in many cases, but it would be very unsafe to expect curative effects in all cases and forms of phthisis. The physical signs do not enlighten us concerning the remedial agents which will counteract and hush up the disorganising process. Knowing that *Arsenic* excites in the respiratory organs a process similar to phthisis, we determine its applicability in particular cases by the character of the symptomatic (*i. e.* subjective) indications." And again, "especially in the tubercular form of phthisis, the *Iodide of Arsenic*, 2nd or 3rd trit., may be substituted for the *Arsenious acid*."

In the year 1862 Mr. Pope, in his excellent review of the *Therapeutics of Phthisis Pulmonalis*, alleges the value of *Ars.* in the third stage of chronic phthisis, and on p. 26 mentions a case of "tubercular pneumonia of well-marked type, and apparently hopeless character, occurring in a young girl of highly strumous constitution, which he saw in Manchester with Dr. Galloway. *Ars.* and *Calc.* given alternately produced a most rapid and unexpected change, resulting in complete recovery."

In a paper of interest and ability, published in the

Monthly Homœopathic Review of 1865 (p. 542), Dr. Meyhoffer, of Nice, says, "When tuberculosis is complicated with some herpetic affection, *Calc. Arsen.*, *Ars. brom.*, among other remedies, are the most efficient." Still more lately Bernard Bähr, when writing of the so-called "pulmonary tuberculosis," places *Arsenic* in the same remedial rank as *China*, and considers it inferior to both *Ferrum* and *Calc.* He adds, "It has been employed by us in the last few years; the cases where it is indicated are too few to enable us to express a positive opinion on its therapeutic value at this time. So far we have found it of use in cases of 'tuberculosis' with almost typical, long-lasting paroxysms of cough, attended with retching and vomiting of small quantities of tenacious mucus. The paroxysms of cough are ushered in with a sensation like violent asthma, and are accompanied with severe dyspnœa. The general health is not so much impaired as the violent cough might lead us to expect."

Richard Hughes, in the first edition of his *Pharmacodynamics* (1867), does not mention phthisis in the list of diseases remediable by *Arsenic*; but in his *Therapeutics* (1869) he gives a case of "acute pulmonary tuberculosis" arrested by *Arsen.* and *Phos.*

In the same year Dr. Isnard contributed a paper on the value of *Arsenic* in phthisis in the *Bulletin General de Therapeutique*, in which he adds his testimony to that of Dr. Cersay, of Langres, that *Arsenic* removes the constitutional disturbance present, and assists in the healing of the lung; he believes, too, that it retards the evolution of tubercles, and arrests those that are about to form.

In 1870 Dr. Gregg gives in the *American Hom. Quart.* (p. 14) symptomatic indications of the exhibition of this remedy in phthisis, viz. "an acute pain, either sharp and fixed or darting, through the upper portion of the right lung;" and also "a fine wheezing, referred to the throat, or along the course of the larynx and trachea and out into the right lung."

In the present year (1872) this treatment has been commented on by the Drs. Williams in their new work on

Pulmonary Consumption, which I have not yet had an opportunity of seeing ; and Dr. Anstie in the *Practitioner* of last February calls *Arsenic* "a remedy (in phthisis) of which we have yet to find the accurate range, but which is capable of effecting surprising good in a certain number of cases."

Confessedly, then, our school holds the priority both in time and in the number of observers in elucidating this portion of therapeutics, but the acknowledgment of Hempel in 1859 and that of Anstie in 1872 agree in this, that neither school of medicine has yet correctly pointed out the sphere of this remedy. It will be my endeavour in this paper to precisionise, if possible, our knowledge of this question (1) by shortly noticing the chief varieties of phthisis pulmonalis, (2) by clinically demonstrating which varieties are more or less amenable to the arsenical treatment, and (3) by showing what relation exists between the therapeutic and pathogenetic effects of *Arsenic* on the respiratory tract especially, as well as on the system generally.

1. The doctrines propounded by Niemeyer and accepted to a great extent by the profession enable us to recognise broad distinctions in the pathological states which are included under the name of pulmonary phthisis. Tubercle proper on the one hand, and congestive and inflammatory processes on the other, and their mutual connection and interdependence are now taking their proper positions in the theory of phthisis. The discovery that caseous degenerations were not necessarily tubercular in their origin, but that in reality any effusion might undergo this special degeneration, threw a flood of light on the etiology and pathology of this disease ; and it became evident that phthisis might exist and even run a more or less rapid and destructive course without the formation of a single tubercle, and that, as a matter of fact, tubercle was in many instances, possibly in most, a secondary formation altogether, dependent on the cachexia induced in the system by the presence of degenerating caseous matter.

The causes of phthisis divide themselves naturally into two classes—(1) Predisposing ; (2) Exciting. Among the

leading causes of the first class we may mention hereditary tendency, "delicate constitution," the presence of scrofula, long immobile thorax, loss of animal juices, depressing emotions, absence of sufficient air and light, certain occupations, and want of nourishment, either from scanty food, or from habitual mal-assimilation thereof. But whatever effect any one or more of these causes may have on the system, it is scarcely doubtful that pulmonary phthisis may arise without the influence of any one of them.

The exciting causes of this disease are—

a. *Bronchial catarrhs*, especially those in which the finer ramifications of the bronchial tubes are affected, and in which there is a tendency to free secretion from the mucous membrane. Such attacks, especially when frequently repeated and of a lingering character, and when the system is in a debilitated state, are extremely liable to give rise to the next exciting cause, viz.—

b. *Catarrhal pneumonia, i. e.*, where the finest bronchioles are affected in the first place, together with the alveoli; condensation of lung-structure occurs, the alveoli becoming blocked with cells. This affection comes on generally in a gradual insidious manner, and has a great tendency to become chronic; and thus forms a first stage of pulmonary phthisis. The gelatinous effusion which blocks up the lung becomes liable to caseous degeneration; these caseous masses may be liquefied and expectorated without injury to the lung structure; or they may become enveloped in fibrous tissue, and gradually shrink till the inorganic constituents alone are left; or else necrosis of the lung-tissue involved in the disease may occur, and cavities be formed.

c. A third exciting cause is *hæmorrhage*. Niemeyer has specially noted the fact that within a few days of hæmoptœe the temperature rises, and pleuritic disturbance and a certain pneumonic process are set up, the cause being, doubtless, the irritating presence of coagula in the alveoli. This may occur whether the hæmorrhage be primary or secondary; in the former case it is so far the *fons et origo mali*; in the latter case it aggravates the existing lesions. It sometimes occurs that hæmorrhage is not followed by

stethoscopic signs or marks of general disturbance, and we may in such cases assume that all the effused blood has been expectorated. These facts should warn us against the use of styptic sprays in hæmoptysis, except as a last resource.

d. Congestion of the lung from over exertion may also be an exciting cause in phthisis, as undoubtedly it is one of the most frequent causes of relapse after partial recovery.

e. The presence of irritating foreign matter, as in colliers' phthisis and potters' phthisis.

f. Lastly, the primary deposit of tubercle.—This, doubtless, is of comparatively rare occurrence, and probably never takes place without the presence of at least two predisposing causes.

It is not necessary for the object of this paper to describe the various courses of pulmonary phthisis; they will depend not only on the predisposing and exciting causes, but also on the circumstances of each individual case. In the non-tubercular cases, the proportion existing between the local lesion on the one hand, and the dyspnœa, pyrexia, and wasting on the other, will be greater than in the tubercular cases, the course will be more tardy, the periods of quiescence longer, the hope of convalescence more complete; but the deposit of miliary tubercle in the lung will be always the most serious complication that can arise in the course of cheesy phthisis; and the primary occurrence of this deposit very considerably increases the gravity of the prognosis, more especially as this primary occurrence will generally depend on the combined presence of two or more predisposing causes, such as hereditary tendency and continued depressing emotions, or hereditary tendency and continued loss of animal juices. Except in the very acute cases of tuberculosis, the inherent tendency of the economy towards health is every now and then evinced, sometimes in the complete recovery of the patient, often in his prolonged convalescence for years, but more generally in the temporary improvement which is proverbial of this disease. Such periods of convalescence are marked by a diminution of the general pyrexia and the local irritation, the establish-

ment of quiescence in the affected portions and their surrounding tissues; the liquefaction and expectoration, or absorption of the caseous material in the early stages; the proliferation of fibrous tissue, and encapsulation of the caseous deposits in more advanced ones; and the cicatrization of cavities, or at any rate an arrest of the secretion of their pyogenic membrane in other cases still more advanced.

Attempts have been made to form a nomenclature of phthisis, partly in recognition of its origin, partly in recognition of the course it assumes. Valuable, however, as such a nomenclature may be, we must carefully avoid its dictation, both in diagnosis and treatment, since phthisis is, above all other diseases, many sided. Bearing this fact carefully in mind, and acknowledging the necessary imperfection of any classification, some arrangement of the varieties of phthisis will nevertheless assist me in my task this evening.

Dr. Powell has drawn up such a table on p. 367 of the current volume of the *Medical Times and Gazette*, and although I do not closely adhere to his arrangement, his table has been of considerable value to me.

PHTHISIS PULMONALIS.

A. *Non-tubercular* (primarily).

- a. Bronchial.
- b. Catarrho-pneumonic.
- c. Hæmorrhagic.
- d. Congestive (from over exertion).
- e. From presence of foreign bodies.

These varieties may terminate—

- (1) In resolution and recovery.
- (2) In caseation, induration, and fibrosis.
- (3) In caseation, softening, and excavation.
- (4) In the deposition of secondary miliary tubercle, and the establishment of tuberculosis.

B. *Tubercular* (primarily).

- a. *Pulmonary tuberculosis*: either of primary irritative origin, or occurring in general tuberculosis, and marked by rapid progress towards death.

b. Pulmonary tuberculisation: coalescing granulations tending towards degeneration; of subacute or chronic course, sometimes permitting the fibroid change to occur when very chronic.

II. I shall now endeavour to show by the following cases that *Arsenic*, especially in the form of the *Iodide*, and occasionally in that of *Arsenite of Lime*, has a very considerable sphere of cure in the first three classes of the non-tubercular phthisis, viz. those of bronchial origin, of catarrho-pneumonic, and of hæmorrhagic.

CASE 1. *Broncho - catarrho - pneumonic; resolution.*— A. B—, æt. 16, phlegmatic, with sallow complexion and dark hair; was first seen on October 4th, 1871. He had suffered from asthma during the spring, and had spent the summer at Margate, where a severe attack of bronchial asthma was followed by congestion of upper part of right lung. On examination, want of mobility, comparative dullness and prolonged expiration beneath the right clavicle, together with decided dullness, slight crepitation and bronchophony in the right supra-scapular region; respiration of whole right lung inferior in power to that of left, though at left apex also it was harsh and jerky. There were frequent sneezings, occasional asthmatic attacks, a good deal of dry cough, but seldom any expectoration. Pulse 85, weak; temp. 99°; countenance very depressed, eyes sunken; had lost flesh decidedly.

He was at the time taking *Sulphur*, and, as it seemed indicated, it was continued for three weeks longer, when, finding no improvement in the general health and a tendency in the infra-clavicular dullness to increase in intensity and extent, I ordered "*Ars. iod.* 3^x, one grain morning and night;" this was continued for five weeks. On December 4th he got gr. $\frac{1}{4}$ of the 2^x trit. each night and morning, which was continued for a month. The diet was generous and unstimulating, with plenty of milk, and cod-liver oil daily.

At the beginning of January he had gained nearly one

stone in weight; expression and complexion lively and healthy; pulse 72; temp. normal. The physical signs had greatly improved; it was difficult anteriorly to say which apex had been affected, and posteriorly very slight dulness with prolonged expiration remained. Since this period he has taken the same dose of *Arsenic* once or twice a week only, and he has been in the enjoyment of good health; the asthmatic attacks and excessive sneezings have likewise departed.

The only other medicines interpolated were *Strychn. nit.* 3^x at meal times for three weeks, and *Bry.* 12 twice daily for one week.

CASE 2. *Broncho-catarrho-pneumonic; softening; induration.*—This was published in the *Monthly Homeopathic Review*, vol. xvi, p. 29. E. B—, a girl of 18, a blonde, consulted me on August 11th, 1870. Caught a bad cold twelve months ago, which settled on her chest. From this she recovered under allopathic treatment, but during the winter and spring had frequently renewed it. She has now frequent cough, with muco-purulent and occasionally stringy expectoration, aggravated on exertion and at night; dyspnoea on exertion, especially when ascending; asthmatic sensations at night, so that she must sit up to breathe. The appetite is fair; pulse 88, weak; tongue slightly furred; catamenia regular; slight night sweats. On examination flattening and decreased mobility beneath left clavicle, with dulness on percussion; auscultation revealed coarse crepitation at the same spot, while dry rhonchi and prolonged expiration obtained elsewhere. Generous living without stimulants and cod-liver oil were ordered. *Ars. iod.* 3^x one grain twice daily was given. Steady improvement commenced and continued for a month, when exposure to the night air induced a thorough relapse. The same preparation was exhibited without avail, and the 2^x trit. was prescribed. On October 17th the report is “no cough; no bronchial râles; flattening and dulness less apparent beneath left clavicle, and no crepitation heard there, but the expiratory sound is rough and prolonged.”

Notwithstanding bronchial catarrhs on two or three occasions in the winter of 1870-71, crepitation was never re-established in the affected apex. In November, 1871, I found the difference between the two apices barely detectible, and she still continues in thorough health.

CASE 3. *Broncho-catarrho-pneumonic; laryngeal complication; induration.*—E. C—, æt. 28, came to Bournemouth in beginning of August, 1871. Had been confined six weeks ago, before which event she had for some time been suffering from a severe cold. Since the confinement her condition had been rather critical, the evening temp. having stood at 102° for a considerable time. A few days before leaving her home it had fallen to $99\frac{1}{2}^{\circ}$, so Dr. Gibbs Blake informed me. On August 4th there was hoarseness nearly amounting to aphonia, frequent cough, excited by speaking; great pallor of face and considerable emaciation; pulse 80; temp. 100° ; skin warm and moist. She was nursing, and had a full supply of milk; appetite fair. Examination showed limited but decided dulness beneath left clavicle, with coarse crepitation; jerky respiration at the other apex; dry bronchial râles in other parts of the chest. The vocal cords were red and slightly tumid. The expectoration was muco-purulent, but I could discover no elastic tissue present. *Ars. iod.* 6^x was given night and morning for ten days, with the effect of reducing the dry râles and the cough, but without improving the larynx or left apex. *Ars. calc.* 2^x was then given twice daily for a fortnight, by which time the crepitation disappeared, leaving prolonged expiration at that spot. *Selenium* 2^x was given for ten days at this period with excellent effect on the larynx, and the *Arsenite of Lime* was then resumed. She left in the middle of September with great improvement in strength, voice, and appearance; limited dulness with jerky respiration beneath the left clavicle still remained, but she has passed the winter in safety at her own home.

CASE 4. *Broncho-catarrho-pneumonic; excavation; cicatrization.*—C. D—, æt. 17, a delicate fragile-looking blonde,

was first seen in December, 1871. Had been ill for eighteen months; the previous winter had been spent at Hastings with benefit during the first part of the season, but with serious illness during the spring. Since May there had been improvement. At this time the pulse was 90, rather small and weak; a cough, short and dry, excited by tickling in the throat; seldom any expectoration. Easily excited; febrile aggravations readily induced. Catamenia retarded, but sufficient. Considerable emaciation; thorax contracted; clavicles prominent. Dulness obtained on left side of thorax in front with loss of mobility; amphoric breathing and pectoriloquy between the second and third ribs, with a large dry crackling in the cavity; dry rhonchi were heard generally in front and behind, but no evidence of a cavity was noticed posteriorly.

Ars. iod. ʒʳ was given for one week in grain doses morning and night, and on the next examination all the râles and crepitations had disappeared, the amphoric respiration and pectoriloquy, with here and there diminished respiration, being the only auscultatory signs. During the next three months the patient got the same preparation the week before and after the catamenia, when there was always a tendency to the recurrence of the râles and crepitation; and on the other weeks *Calc. iod.* ʒʳ was exhibited. By the beginning of March the cavity had completely healed; the cough had disappeared; there was decided increase in weight, and the average pulse had fallen to 80.

CASE 5. *Catarrho-pneumonic; consolidation; resolution.*—
 A. F—, a boy of 5 years, seen first on April 15th, 1871. Had suffered from loss of appetite and frequent colds all the winter, but had not been under medical care more than a week before he was sent to Bournemouth. I found him with a loud, wheezing, rapid breathing, and a short, dry, continuous, hacking cough. Pulse 90, respirations 40 per minute. On examination the left half of chest was seen to be flattened and motionless, and on percussion it was dull as a board from the apex to below the axillary border of the great pectoral muscle in front, and to the middle of

the scapula behind. Below these limits the sound gradually cleared, and was normal at the base, as well as throughout the other lung. Auscultation revealed superiorly on the left side no murmurs of any sort; about the middle of the lung tubular breathing obtained, and puerile ditto at the base. Throughout the right lung both inspiration and expiration were exaggerated, vibratory, almost musical. Tongue clean, bowels regular, appetite fairly good; sleeps well, though he is occasionally awake by his cough; he has to sleep high, propped on two or three pillows; occasional night sweats. Heart normal; no œdema; considerable and progressive emaciation. No expectoration.

One grain of the 6^x trit. of *Ars. iod.* was given three times a day, and continued till May 4th, when, as improvement had ceased, the 3^x trit. was given twice a day with good effect, and continued till the 25th, the patient again becoming stationary. *Ars. calc.* 3^x was prescribed, and continued twice daily till June 22nd, when he left for his home.

His condition then was—little or no cough; pulse 76 to 80; respirations 24; can walk, ride, or play without distress; breathing in right lung normal. In the left the area of dulness is reduced by two thirds, and is by no means so absolute; air enters freely every portion of the lung, but the expiratory sound at apex is somewhat prolonged.

I heard in September that he had completely recovered.

CASE 6. *Catarrho-pneumonic; resolution.*—B. O—, a lady, æt. 40, came under my care in November, 1871, for severe injury to the right arm. I found after a few days that she had a severe cough, contracted during the summer; for several weeks the expectoration had been heavy during the night and in the morning. Pulse below 80; appetite fair; complexion sallow. Physical examination was made on the 30th, and disclosed marked dulness at the right base posteriorly, shading off into normal resonance about the middle of the scapula. Coarse crepitation was audible over all the duller portion of the lung.

The *Iod. of Ars.*, in grain doses of the 3^x trit., was given

night and morning for a month; and this was followed by quarter-grain doses of the 2^x trit. for another month.

The improvement was remarkably steady, and by the middle of February the only distinction between the two sides was that the respiration was rather less ample on the affected side. All crepitation and dulness had disappeared, and the cough which remained was but slight; the pulse had fallen from about 80 to 64, and no apparent delicacy or invalidism remained.

The chest was again examined in April and found to be perfectly normal.

CASE 7. Catarrho-pneumonic; partial caseous degeneration and fibrosis.—D. E—, æt. 18, first seen on December 29th, 1870. She had been out of health and suffering from colds in the autumn, and in October was treated for a serious attack of bronchitis and congestion of the lungs, and was then recommended to spend the winter at Bournemouth.

There was no marked wasting; pulse weak, from 84 to 92; breathing too rapid, even when at rest, and increasingly rapid on exertion, which soon gave rise to audible wheezing. Frequent, short, suppressed cough, often loose, with mucopurulent expectoration. She lay high in the bed. There was generally wheezing on first lying down. Digestive system was in good order.

There was comparative immobility of the right chest, with comparative dulness in front of and behind the upper portion of the lung, increasing to absolute dulness posteriorly beneath the scapula. On auscultation feeble respiration with plenty of dry râles was heard over the anterior surface of the lung, and over the upper part of its posterior surface; coarse crepitations were distinguished posteriorly about the centre of the lung, while at the base there was bronchial respiration. Left lung healthy.

The 3^x trit. of *Ars. iod.* was given during January; the 2^x during February; the 3^x again during March and April. The only intercurrent remedies were *Bry.* and *Ant. tart.* for occasional colds, and *Sulph.*¹³ during one week.

Improvement soon commenced, and was continuous;

cough and wheezing soon decreased, and there was greater ability for exertion. In March and April walks twice daily, and rides for several miles were enjoyed.

In the second week of May there was complete absence of wheezing; mobility and percussion sound much improved; dulness at the right base posteriorly was still present, and a forced inspiration induced crepitation in that locality; respiration in the rest of the lungs was normal. Pulse 72; breathing natural; appearance thoroughly healthy.

The summer and autumn were spent on the Yorkshire coast, the winter at home in the Midlands. She again visited Bournemouth for the spring months, and I was glad to find the dull spot at the right base decidedly contracted, and free from any crepitations. Her general health was excellent.

CASE 8. Catarrho-pneumonic; softening; partial resolution; partial induration.—F. B—, æt. 20, first seen October 21st, 1870. She had been ill three or four months with cough, loss of flesh, heavy morning expectoration, and complete aphonia. Pulse 90; respiration much quickened by exertion; night sweats; catamenia delayed and scanty. There was dulness anteriorly beneath left clavicle, with coarse crepitation; posteriorly on left side, absolute dulness above, decreasing towards the base, with crepitations coarser and more defined above, but mixed with vesicular respiration towards the base. The right lung appeared quite healthy. Expectoration, muco-purulent, in heavy lumps, contained a good deal of elastic tissue.

Ant. tart. was given for fourteen days with the effect of lessening the amount of mucous râles. Then *Ars. iod.* ʒ^r was given night and morning for a fortnight, with inhalations of *Iod. φ.* The cough lessened, and the dulness decreased from below upwards decidedly, but in consequence of the night sweats recourse was had to *Calc. iod.* and *Phos. ac.* The *Ars. iod.* was again prescribed on December 2nd, and continued with improvement for four or five weeks, when she passed from under my immediate care, although the inhalations and general regimen were continued.

I examined the chest before she left Bournemouth in April; no morbid sound in front, except harsh expiration beneath left clavicle; posteriorly, decided supra-scapular dulness, shading off into the normal sound towards the base. Respiration at apex tubular, at base feebly vesicular; no crepitation; cough very infrequent; no expectoration. Voice had returned, but was gruff, like a man's. No night sweats; catamenia regular; pulse 72; respiration 20.

I have no account of the further history of this case.

CASE 9. *Hæmorrhagic phthisis; resolution.*—E. P—, æt. 25, a London clerk, consulted me in January, 1872; had hæmoptysis last summer, and congestion of lungs in November, from which he was recovering. There was a dull spot beneath left clavicle, and coarse crepitation was heard in the same locality. He was well-fleshed; pale, and rather flabby; pulse 88; appetite and digestion good. *Ars. iod.* 2^x was given in quarter-grain doses twice daily. After a month's treatment these doses were administered four times a week. In another fortnight he left Bournemouth without any trace of the disease, except slightly enfeebled respiration at that spot. The pulse had fallen to 72, and he could undergo any moderate fatigue. All cough and expectoration had ceased.

CASE 10. *Hæmorrhagic phthisis; resolution.*—Rev. C.R—, 38, consulted me at the close of November, 1871; had been out of health for some time, and in the summer of 1871 had considerable hæmoptysis, for which he had been treated allopathically. There had been at the same time congestion of the lungs. He had rested from duty to a great degree ever since. He has little or no cough, and very scanty expectoration.

Physical examination shows the long thorax so favorable to lung-deposit, with general feeble respiration going on. On the left side below the border of the greater pectoral, and around posteriorly to the base of the lung, comparative dulness and coarse crepitation. Pulse 70; appetite fair.

He took a quarter of a grain of *Ars. iod.* 2^x, night and

morning for a month, and on the second examination great improvement was noted ; the respiratory power was greatly increased, the dulness was much diminished, and the crepitation only heard slightly with forced inspiration. His general health improved ; he was able to take continued exercise in all weathers, and to resume duty on occasions. At the time of writing (last week in May) the improved conditions continue. He is taking two or three doses of *Arsenic* only a week.

CASE 11. *Broncho-pneumonic and hæmorrhagic phthisis ; fibroid changes.*—The last case that I will mention of those benefiting by the *Iod. of Ars.* is of the same class as those before mentioned, but the disease has been of longer standing. Several attacks of pneumonia during childhood, and of bronchitis during the years of development, had laid the foundation of the physical symptoms hereafter related ; and the occurrence of hæmoptysis at twenty-one years of age, followed by several months of ill health, was a further complication, and not by any means a favorable one. The left half of the thorax was contracted both superiorly and inferiorly ; in front no marked dulness, but prolonged expiration ; posteriorly decided dulness in left supra-scapular region, shading off gradually into a moderately clear sound below the scapula. Auscultation detected prolonged expiration and the soft “click” over the dull portions, while inferiorly the respiratory murmur was almost hidden by coarse crepitation. The sounds on percussion on the right side were clear ; on auscultation, bronchial râles, both moist and dry, were generally heard, and at the right base, in front and in the axillary region, coarse crepitations permanently obtained. Elastic fibres were generally visible in the expectoration ; there was considerable emaciation, but the pulse was below 80, except when fresh cold had been taken. The amount of expectoration on such occasions would be from half to three quarters of a pint of muco-purulent sputa, whereas when matters were quiescent it would only be from three to six large lumps of heavy yellow pus. On several occasions small abscesses had evidently

burst, giving rise to an increased purulent expectoration, sometimes tinged with blood, and to temporary gurgling in the left apex on auscultation. But these healed readily and the signs of an open cavity were never obtained. *Lyc.*, *Calc.*, and *Calc. phos.*, had been given with benefit, but the physical signs had always a tendency to recur, and the crepitations at the basis of the lung continued. The *Iod. of Ars.* was given for several months, with good effects, last winter and spring (1870-71); the bronchial râles disappeared, and so did the crepitations at the basis of the lung, and for several months in the summer the left apex remained free from moisture. During this winter occasional relapses have occurred, which, strangely enough, received *no* benefit from the *Arsenic*, but the health of this patient has been in better condition during the past three months than at any corresponding time during the four last years, and there is every hope of this improvement being improved upon.

I will now endeavour to indicate those classes of phthisis in which I have found the preparations of *Arsenic* of little or no use.

CASE 12. *Pneumo-hæmorrhagic phthisis.*—In one case of this character, a lady, in whom the general health was well maintained, and the physical signs were limited to comparative dulness and crepitation of the anterior portion of the left lung, the preparations of *Arsen.* did no good. The case had become chronic, with very slight hæmoptoe two or three times in the year; slight cough in the morning, with expectoration of one or two yellow mucous lumps; pulse beneath 70, hands generally damp. The preparations of *Lime* proved more suitable.

CASE 13. *Progressive pneumonic phthisis.*—A lady, æt. 30. There was a small contracting cavity in the right apex, and rough, harsh respiration in the left apex, with dulness in left supra-scapular region. In November, 1870, the *Ars.* was given with very good effect at first in checking the deposit in the left lung, but as the winter

progressed the disease advanced, every catamenial period being marked by pleurisy of greater or less extent on the affected side. The friction sounds after the course of two or three days yielded to crepitation, and though the *Arsen.* was, on several occasions, useful in "pulling up" the freshly affected portions, the regular recurrence of these attacks was not prevented, and ten months after the case terminated, diarrhœa from intestinal ulceration having occurred.

CASE 14. *Advanced phthisis.*—This case was a lady, æt. 36, who had been ill three years before I saw her, and had a large cavity in each apex. The dryness of the cavities afforded some hope, but the extreme emaciation and weakness, with increasing dyspnœa, and shooting pains in the bases of the lung, was all but conclusive proof of "break up," with probable secondary deposit of miliary tubercle. *Arsenic* failed to do any good to the lung, though, alternated with *Naja*, it for a time afforded relief to the dyspnœa by strengthening the heart.

CASE 15. *Tubercular phthisis.*—This was a youth, æt. 17, inheriting a tendency to hæmorrhagic phthisis; the case was marked by a pale earthy complexion, torpor of mind and body, softening deposits in both apices, profuse night sweats, progressive emaciation, and a pulse of 70 in the morning, rising to 120 or 130 in the evening. *Arsenic* had a fair trial, and so had many other remedies, but no good was done, an obstinate persistence in an evil habit defeating all hygienic and therapeutical means.

III. In showing the relations which exist between *Arsenic* and pulmonary phthisis we are met by the objection that the preparations used in the foregoing cases have hitherto not been proved; therefore the homœopaticity of the treatment just instanced must be deduced from the provings of the uncombined elements.

The evidence of the power of *Arsenic* to produce symptoms similar to those of phthisis is strong. Taking first

the local symptoms we find in Dr. Black's *Pathogenesis of Arsenic* the following lesions noted:—(a) "Lungs, especially the right, congested with bloody serum, the bronchi red and injected, and covered with red mucus;" (b) "the lungs were gorged, and on being cut into, nothing could be seen but clotted blood in the cellular tissue (Henke);" (c) "the lungs were in the highest state of inflammation, and so congested as to resemble a lump of clotted blood (Christison);" (d) "when cut, the lung is red, gorged with blood, and scarcely crepitates; the cut portion barely swims in water (Orfila)." Hempel also gives a case of chronic poisoning:—(e) "Percussion reveals tubercular infiltration at the summits of both lungs, most in the right, indolent in both;" and he quotes from Mahon's *Médecine Légale* that (f) "arsenical vapours produce phthisis pulmonalis;" and from Henkel, that (g) "they cause cough, ulceration of the lungs, and rapid death." Without going minutely into the chest symptoms of *Arsenic* as noted in the provings, it may be said that they indicate irritation and inflammation of the trachea, the larger and smaller bronchi, as evidenced by the cough, dyspnoea, and expectoration, which is sometimes blood-streaked; and, finally, congestion of the bronchioles and alveoli, with hæmoptysis. In fact, the causation of the first three divisions of non-tubercular phthisis, viz. the bronchial, the catarrho-pneumonic, and the hæmorrhagic, is represented in the pathogenesis of *Arsenic*. There is also a similarity in the general symptoms; thus, we get in both earthy complexions, progressive weakness, progressive emaciation, aversion to food; and the pyrexia caused by *Arsenic* resembles in some degree, too, the hectic of phthisis, in its daily recurrence; the time of that recurrence, viz. the afternoon; the character, viz. feverish chills, chilliness of sensation, with absolute raising of the temperature, and then followed by sweat at night.

Teste remarks "that *Arsenic*, which is a violent poison for individuals impoverished by a low diet, is, on the other hand, most admirably adapted to their constitutions and a majority of their maladies if given in infinitesimal doses," and he remarks that this is so from the capability of "*Arsenic*

to produce in a healthy person the general depression of the vitality which the constant and exclusive use of a vegetable diet almost always occasions." Taking this deduction as true, we see that *Arsenic* can provoke in the system the conditions most favorable to the development of phthisis, the local inflammatory changes which precede and in fact develop into cheesy formations, and the constitutional disturbances which accompany and intensify the local lesions. The homœopathic law in this as in all other instances of true curative action indicates, explains, and limits the sphere of the drug.

These views, are of course, in direct opposition to those of Dr. Cersay, of Langres, and Dr. Isnard, of Marseilles. The latter physician especially holds that *Arsenic*, "by its regenerative action on our tissues and functions, is well adapted to remedy the organic disturbance which engenders phthisis, and that it impresses on the economy a vitality which is superior to, and incompatible with, the production of tubercle, and thus renders the soil unfit for its production" (*Brit. and For. Med.-Ch. Rev.*, 1870). Now the "regenerative action of *Arsenic*" can only have been deduced *ex usu in morbis*, and is therefore its therapeutic, not its pathogenetic effect; there is nothing to regenerate in the healthy lung or the healthy human system. He therefore reasons in a circle, and having started with a clinical fact he concludes his argument by maintaining that it is a clinical fact. *Arsenic* regenerates his consumptive patients; *ergo*, it must have a regenerative action. Q. E. D. We need not, however, go to Marseilles for instances of this line of argument; many "leading" physicians have lately concluded that *Ipecacuanha* removes gastric irritability by giving tone to the stomach. So the medical world wags, but does not advance.

As to the action of *Iodine* I can do no better than quote Richard Hughes' remarks on that drug. "Not less striking is the resemblance between the effects of *Iodine* and the symptoms of phthisis pulmonalis. Locally, it has the pneumonia and the hæmoptysis; constitutionally, the emaciation and night sweats, the wasting fever and rapid

pulse, the cough, the diarrhoea and vomiting, and (in females) the amenorrhœa.”

I would suggest that the *Iodine* in this compound has a determining and supplementing influence upon the *Arsenic*, determining and perhaps somewhat modifying its local action, and supplementing it by its special action on the pancreas and the mesenteric gland system.

I believe that in the same way the *Arsenite of Lime* possesses many of the characteristic powers of the uncombined remedies. Generally speaking, I should prefer it in the case of children affected with threatened or established phthisis, especially where there is a tendency to tabes mesenterica; also in the case of adults where the tendency to night sweats or to diarrhoea (before the period of ulceration) is well marked; also in female cases where the tendency to leucorrhœa and to profuse menstruation is sometimes present even where the phthisis is advanced.

In conclusion, I would say that we have reason to expect good from an arsenical course on *primâ facie* grounds in broncho-phthisis, pneumonic phthisis, and hæmorrhagic phthisis, and in all the stages of these diseases, provided that there are no special symptoms indicating the necessity for other medicines; and we shall naturally enough find the first stage more amenable to this treatment than the second, and the second than the third. The more especial indications would be the history or the pretty continuous presence of bronchitis, or of asthma; cough especially on lying down at night and also between 3 and 5 a.m., with a certain amount of orthopnoea at those times. Hæmoptysis is by no means a contra-indication, neither is the presence of laryngeal irritation, though in both these cases the smaller doses should be first administered. There is an irritability of the bowels which is benefited by *Arsenic* in the earlier stages of phthisis, but in the stage of ulceration it does no good, even if it does not effect positive harm. The character of the pyrexia should also be taken into account. If the morning temperature is considerably above the average I should look on the fever as indicative of some special inflammatory process of a more or less temporary character

going on, and this should first be diminished by the judicious use of *Acon.*, *Bry.*, or *Phos.*, as the case may be; but if the pyrexia depends on irritation, the evening temperature alone rising much above the normal limit, *Arsenic* may be exhibited at once.

I have never used the high dilutions in these cases, and at present I am not inclined to try them. In susceptible cases I begin with the 6^x trit., gr. j to gr. iss twice or thrice a day; but the 3^x trit. is the more usual preparation, and this I give in similar doses. The 2^x has generally been given in $\frac{1}{3}$ gr. doses night and morning; if any looseness of the bowels or tendency to sickness should be manifested it should be taken half an hour after meals instead of on an empty stomach. I only on one occasion gave a larger dose than this, viz. two drops of Fowler's solution. This was in Case No. 13, after the benefit of the other preparation seemed exhausted, but no good was obtained by it, and I have never repeated the experiment.

I must now thank you for your patient hearing of this paper, and I trust that your criticisms will throw fresh light on the subject I have sought to develop. No one can be more aware than myself that the treatment is not worthy of the subject, but I must plead the disadvantages of an isolated position, and consequently an almost complete deprivation of the Society's privileges, as my sufficient excuse.

Discussion on Dr. Herbert Nankivell's paper.

Dr. YELDHAM said that Dr. Nankivell's residence at Bourne-mouth, a favourite resort of consumptive patients, doubtless afforded him unusual opportunities of observing the different phases of phthisis, but that very fact also suggested the questions, how much of the good that resulted was due to climate, and how much to the medicines administered? It was very difficult to apportion the credit fairly between the two, and hence the question then brought under their notice was unavoidably invested with much uncertainty. In estimating the value of medicines, the influence of the surrounding circumstances of the patient should never be lost sight of, more especially when those circumstances

underwent a great change, such as the removal from inland to the sea-side. Another difficulty which presented itself on that occasion arose from the fact that the particular remedy to which their attention was drawn was a compound remedy, and, so far as he knew, had never been subjected to a homœopathic proving. Again, whilst giving the author of the paper full credit for careful diagnosis, he was struck with the statement that in some of the cases the pulse was under 80. The explanation of this unusual condition must, he supposed, be found in the precise view which the author might hold as to what constituted phthisis. Doubtless, in some cases of what was commonly called the premonitory, or predisposing, stages of phthisis, the pulse ranged below 80; but he (Dr. Yeldham) was not accustomed to regard a case as true phthisis, where he could not detect distinct signs of lung disorganization, and in his experience, where such signs did exist, it was extremely rare to find the pulse so low as 80. With these precautionary remarks, which he hoped the author would pardon, and which were offered in no captious spirit, but in order to obtain a clear view of the question before them, he was quite prepared to admit the value of *Arsenic* in phthisis. As with *China*, there was a strong analogy between its symptoms and the intermittent symptoms of pronounced phthisis, and the analogy was strengthened if diarrhœa existed at the same time. Hence he thought *Arsenic* was most clearly indicated in the advanced and hectic stages of the disease, and in these stages he sometimes administered it with good effect, as far as relief was concerned, but he was never so fortunate as to see it effect a cure. As regarded *Iodine*, with which the *Arsenic* was combined, that also was a powerful agent in phthisis, but, unlike *Arsenic*, he considered it applicable to the early or earliest stages of phthisis—or, more properly, to the premonitory stage, where tubercular consolidation existed. He was in the habit in these cases, not only of giving it internally, but also of ordering it to be inhaled in the steam of hot water. In this form it exerted a most soothing influence upon the irritated bronchial membrane. These remarks applied still more forcibly to phthisis when it attacked the larynx. In these cases *Iodine* held a pre-eminent place. Whether these two medicines combined acted more powerfully than each one in its proper sphere separately, was a question which extended experience must determine. Dr. Nankivell had produced strong *primâ facie* evidence in favour of the compound, but that evidence could hardly be admitted as a contribution to homœopathy, until the medicine in its compound form had been proved on the healthy body.

Mr. NANKIVELL (of York) remarked that the objection made to the *Iodide of Arsenicum*, that it was a compound remedy, was not of much validity, as we had in *Hepar Sulphuris* or *Sulphuret of Lime* a compound remedy of the virtues of which we had no doubt, but the latter was a well-proved medicine. The real ob-

jection to the *Iodide of Arsenicum* was that it had not as yet been proved on persons in health. He had not himself given a trial to the medicine in question in such cases as those referred to in Dr. Nankivell's paper, but had seen a case of true tubercular cavity in apex of right lung which had cicatrized under the influence of *Iodide of Lime*. This patient, a waiter at an hotel, was sent to Bournemouth about three years since, and had made a good and rapid recovery under Dr. Nankivell's treatment, and was in good health at the present time. Respecting the question how far some of the cases referred to in the paper were to be set down as truly phthisical in their character, Mr. Nankivell remarked that, in addition to the stethoscopic indications, he thought any physician of experience would tell almost at a glance whether a patient was truly phthisical or not, for the appearance of the hands, eyes, mammæ, the whole expression of the countenance, these signs, amongst others, afforded indications of the most reliable character.

Mr. POPE thought that those who had spoken had somewhat misunderstood the purport of Dr. Nankivell's interesting and useful paper. Dr. Nankivell had not suggested the *Iodide of Arsenic* as a remedy for phthisis pulmonalis, as a cure for that degeneration of lung structure in which phthisis terminates, but as a drug which, by causing absorption of the caseous deposit ordinarily producing a cavity, will prevent that cavity forming. We had phthisis pulmonalis resulting from two kinds of deposit in the air-cells and alveoli—the one the product of a form of inflammation, the other resulting from the irritation set up by tubercle. It was in the attempt to remove the former kind of deposit that Dr. Nankivell had suggested the use of *Arsenic*, and when we had removed it we might fairly claim to have cured phthisis. Some persons Mr. Pope knew did not regard a case of phthisis as phthisis until a cavity was actually present. If phthisis was limited to this condition, of course we should rarely, if ever, cure such a case. Equally so was it with cholera; since there were those who did not believe that a man had had cholera unless he had died of it! All attempts to cure phthisis must be directed to its early detection and its early treatment. In making such attempts we ought to recognise the presence of the kind of deposit which existed; and if we had reason to suspect it to be such as was of a caseous nature, judging from his own limited experience, he thought that we had good grounds for hoping that the *Iodide of Arsenic* would prove a useful remedy. He had seen three or four cases in which he felt tolerably sure that lung destruction had been prevented by this medicine. He would not detain the Society by giving details of all, but would like to refer to one. The patient was a man about twenty-five years of age, who came to the Blackheath Dispensary presenting a marked phthisical aspect. He was a conductor on one of the tram-cars running between Peckham and Greenwich, and was exposed to strong

currents of air and all kinds of weather. He took cold during the early part of the winter, but for three or four weeks continued at his employment, taking some cough mixture, either from a surgeon or a druggist. He was much emaciated, had a constant cough, with a good deal of expectoration, shortness of breath, night sweats, loss of appetite, and was much weakened. Examination of the chest revealed dulness over the upper third of the left lung, loud crepitation below the clavicle—the crepitus being longer than in ordinary pneumonia—and vocal resonance. All things considered, he had a very unpromising appearance, and he was directed to leave off work for a time. He had *Tartar emetic* during the first week without much benefit. On his second visit the *Iodide of Arsenic* was prescribed, and on the next occasion of his coming to the dispensary the change was certainly marvellous. Every subjective symptom was better, and the physical signs were much less marked. In another week they had, beyond slight dulness, simply disappeared. However, the danger of a relapse appeared so great, and the prospect of a cavity forming so considerable, that he was advised to seek other employment or to emigrate to Natal. Mr. Pope lost sight of him after this visit until quite recently, when he saw him on a tram-car, looking perfectly healthy, and with much more flesh on his bones than he had had a few months previously. Now, he would just remark that this man did not take a drop of cod-liver oil, neither had he the advantage of breathing, what he believed it was the proper thing to call, “the pine-scented atmosphere of Bournemouth.” The only chance of recovery he had was in taking the *Iodide of Arsenic*. He took it and did recover. Mr. Pope thought that a *prima facie* case had been made out for the use of this remedy in the early stage of pneumonic phthisis, and for his part he felt much obliged to Dr. Nankivell for bringing it under their notice.

Mr. CLIFTON, of Northampton, said it was with extreme diffidence he rose to criticise so excellent a paper as Dr. Nankivell had read, especially as he felt his own inferiority as a pathologist to Dr. Nankivell; at the same time he must confess that he would hesitate to designate several of the cases brought forward as bronchophthisis and pneumo-phthisis; before doing so he would have required a quicker pulse and more evidence of emaciation, as well as some other symptoms often occurring in phthisical patients. He was also reminded, during the reading of the paper, of some remarks by Trousseau to the students of his clinic, which were to this effect—that they must not confound restorative action with curative, for patients attending at a hospital might leave apparently restored to health, but with some remnants of their diseased condition in a quiescent state, which, becoming active at a subsequent period, the physician would in all probability hear nothing of, as the patients generally went elsewhere. So with some of Dr. Nankivell's cases, they were of too recent a

date for us to predicate a cure, and if they had a relapse Dr. Nankivell would probably hear nothing more of them, as they were patients merely visitors at Bournemouth, and he also thought something was due towards recovery in the sea-air and change. At the same time it could not be denied that Dr. Nankivell had shown great restorative action in the *Iodide of Arsenic* in the cases he had narrated, and on his (Mr. Clifton's) return home he would try the remedy in similar cases, under adverse circumstances, in a town where phthisis, in all its forms, was very prevalent, and would keep a record of them. Mr. Clifton also said that *Metallic Arsenic* he had used with more success than any other medicine in all the stages of phthisis, especially in the well-marked forms of the disease. In cases where there was a quickened and feeble pulse, loaded tongue, constipation, muddy aspect of the face, clammy shin, he generally alternated it with great advantage, with *Hydrastis*, the mother-tincture, in two drop-doses; but in broncho-phthisis and pneumo-phthisis he had found the *Iodide of Sulphur*, *Bryonia*, *Phosphorus*, *Lycopodium*, and *Kali carb.*, the most useful remedies, and in the diarrhœa of phthisis he had found the *Iodide of Arsenic* and *Elaps corallinus* occasionally useful. Mr. Clifton stated that he found it more difficult in his practice than some of his brethren did in estimating the curative effects of any medicine, as he did not rely on drugs so much as some, although he believed in their efficacy as much, but he employed fomentations, cold compresses, wet-sheet packing, friction to the skin, as well as what he presumed most medical men did, a regulated diet, and as an illustration of what he meant, he narrated, from memory, a case which occurred in his practice about two months previously. A. B—, a woman, aged 35, had borne four children, youngest three months old. Patient had been ill under an allopathic doctor since her confinement, and was given up to die. He found her very emaciated; œdema of the feet and legs; pulse 132; intense thirst; loss of appetite; dry, red, glazed tongue; profuse night sweats; bowels moved fifteen to twenty times in twenty-four hours. Constant cough, worse at night, with profuse purulent expectoration; a cavity in left lung, and the right lung affected as well. He at once put her on *Tincture of Arsenicum*, 3d decimal, one drop every three hours. He had her washed all over with tepid water; applied a cold compress to the abdomen, to be rewetted every two or three hours; another compress to the chest ordered. Milk diet, with small quantity of brandy and beef-tea. With this treatment she immediately rallied. In a week's time he had her rubbed all over every day with fresh hog's lard, doing a part of the body at different times of the day, so as not to exhaust her, then in another week had her also washed with tepid water all over daily as well as the rubbing. By these means, with only giving *China*, mother-tincture, for two days, and *Calcareæ phosphorica* for four days, neither of which medicines suited her, she was so far recovered

as to be able in six weeks to go to the sea-side, her cough having left her, her bowels acting properly, having gained flesh and in a fair way for recovery. Mr. Clifton stated this case to show that he thought the general treatment was as conducive to recovery as the medicine.

Dr. LEADAM saw no reason to doubt the accuracy of Dr. Nankivell's diagnosis. He had at the present time a case of pulmonary tubercle in a married female, with excavation in the apex of the lung, and marked by a scrofulous diathesis. She had a troublesome cough in mid-winter, which terminated in hæmoptysis, and the cavity was declared. The hæmoptysis soon ceased, when a continuous râle was present for a long time. Then the cough ceased, but cavernous sounds remained. At this time the catamenia, which had been absent for several months, so that she had presumed pregnancy to be present, returned for six days as usual. She was taking *Cod-liver oil*, *Phosphorus*, and *Kali carb.* 6, and getting quite fat. A mental disturbance occasioning emotion took place and reproduced the hæmoptysis, followed by great heat, flushing and debility. The febrile stage, with the hæmoptysis, lasted a fortnight, although *Aconite*, *Bryonia*, *Phosphor.*, and *Arnica* were given. It then subsided, and a copious muco-purulent expectoration remained, with loose râles and pain along the subclavicular region and down the right arm. *Cod-liver oil* and *Kali carb.* were now given. She again got fat, catamenia again returned, but the râles remained. Dr. Leadam would be glad to try the *Calc. iodid.* in this case, although in former times he had apparently kept patients alive with the 30th and 200th dil. of *Phosphorus*, *Bryonia*, and *Hyoscyamus*.

Dr. DUDGEON said that with the exception of Mr. Pope all the speakers had criticised the paper just read with more or less severity. If it had been rather severely handled the cause of this lay in the subject-matter of the paper. Undeveloped or latent phthisis was rather difficult to diagnose; at least, though the observer might be certain of the existence of the disease, it was not an easy matter to communicate his convictions to others by mere description. Again, Dr. Nankivell gave a medicine which was unproved, and which was, indeed, a combination of two of our proved remedies; and though we are told that Hahnemann was almost on the point of issuing a ukase or bull to his faithful followers, enjoining the use of mixed or combined medicines, yet as he had not done so any one who recommended the use of such mixtures must expect criticism from the sticklers for pure homœopathy. There was a tendency of late to resort to the use of compound medicines, but he did not think it was advisable to add so many new and unknown or very imperfectly known remedies to our pharmacopœia. Cases, as far as one could judge, very similar to those related by Dr. Nankivell we had all seen improve or get well under the employment of

hygienic means, such as change of air and the use of *Cod-liver oil*, both of which powerful remedial means were employed in all Dr. Nankivell's cases, and without change of air we had found similar cases get well under the more ordinary phthisical remedies, such as *Phosphorus*, *Lycopodium*, *Drosera*, *Calcarea*, &c., so that Dr. Nankivell could not be astonished if he failed to impress others with his own conviction that these cases owed their recovery solely or chiefly to the administration of *Iodide of Arsenic*.

Dr. BAYES thought that scant justice had been done to the care with which Dr. Nankivell had diagnosed the cases he had brought before us. Dr. Nankivell's suggestion as to the use of *Arsenic* in phthisis reminded him of a story he had read some years since in one of Edmond About's most amusing novels, entitled *A Round of Wrong*, in which the heroine was described as consumptive, and was being sent to Corfu to die, but a servant in the pay of the lady's rival, desiring the rapid death of his mistress, administered to her, daily, small doses of *Arsenic*, which to his great discomfiture cured her. He (Dr. Bayes) agreed with Dr. Yeldham as to the correspondence between the intermittent (chrono-thermal) symptoms of *Arsenicum* and those of developed phthisis. The fever symptoms of *Arsenic* are similar to that form of intermittent which almost partakes of the remittent, the apyrexia not being well marked; and here again *Arsenic* corresponds with phthisis. Again, the cough-symptoms of *Arsenic* and its diarrhœa all point out an antecedent probability that it will prove very serviceable in phthisis, both in its advancing and in its advanced stages. Dr. Nankivell's cases show that this promise is borne out by the performance of the remedial drug. *Iodide of Arsenic* is a very powerful medicine, and he (Dr. Bayes) has frequently found patients complain of its inducing heat and dryness of the mucous membrane. Although, no doubt, the pure air of Bournemouth was an additional advantage to the patients, he thought Dr. Nankivell had fairly vindicated the title of his paper in showing the value of arsenical preparations in certain forms of phthisis.

Dr. NANKIVELL would first answer, as far as possible, Dr. Hale's queries. He differentiated between non-tubercular and tuberculous phthisis by the want of proportion which existed in the first stages of the latter class between the pyrexia, dyspnoea, and emaciation on the one hand, and the extent and apparent gravity of the physical signs on the other; whereas in the first class there was a definite relation between the physical signs and the other symptoms. As to the causes of phthisis, no doubt disease of the lung was a predisposing cause, and due exercise of the organ a prophylactic; but what he referred to was violent and prolonged over-exertion, inducing temporary congestion of the pulmonary tissue. When the lung was absolutely affected, it often happened that great injury was done by temporary over-exertion, and the same thing might occur, though, of course, not so frequently, before there existed any local lesion. He agreed

with Dr. Hale that cases of hæmoptysis did not necessarily run into established phthisis; the danger was that frequently all the blood was not expectorated, but remained to block up air-cells and to undergo degenerative changes. The treatment that he had advocated was certainly "monotonous," but that was necessitated by the scope of his paper, which was on the value of arsenical preparations in phthisis. As to the remarks of the other speakers with the exception of Dr. Bayes and Mr. Pope, objection was taken to the cases that they were not instances of phthisis, and to the remedies chiefly used that they had not been proved. The first objection had, in reality, been met and answered by the remarks of Mr. Pope and the Vice-President, and he would, therefore, only commend the cases themselves to the study of each member individually; if they were not cases of phthisis in the first, second, and third stages, what were they? Then as to the remedies used; the constituent parts had been proved, so that he was not arguing merely *ex usu in morbis*; nevertheless, a proving of the compound salt was much to be desired. The effects of climate, hygiene, and *Cod-liver oil*, had all to be taken into account, but in many of the cases related all those had had fair trial before the *Arsenic* had been exhibited, and without its help had not proved efficacious.

DINNER IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE dinner of the supporters and friends of this Institution took place on Tuesday, 23rd May, at Willis's Rooms. The Right Hon. Viscount Bury, M.P., presided, and was supported by the Right Hon. Lord Ebury, Hon. W. Warren Vernon, Dr. Hamilton, H. Cameron, Esq., Dr. R. Hughes, A. J. Ellis, Esq., F.R.S., C. Trueman, Esq., J. B. Crampert, Esq., Rev. T. Nolan, Dr. Bayes, Dr. Dudgeon, A. C. Pope, Esq., E. Fox, Esq., Edward Pope, Esq., Dr. Burwood, Dr. Mackechnie, Dr. G. Clifton, Dr. Hale, S. S. Stephens, Esq., Dr. Yeldham, Dr. Drury, Dr. Leadam, Dr. Wheeler, J. Hampshire, Esq., Dr. Chepmell, Dr. Wyld, A. R. Pite, Esq., George Hallett, Esq., Philip Hughes, Esq., James Slater, Esq., G. G. Humphries, Esq., F.

Rosher, Esq., J. Field, Esq., J. Parkinson, Esq., J. E. Street, Esq., A. R. James, Esq., E. Pain, Esq., H. H. Murdoch, Esq., Chevalier Desanges, Dr. Croucher, Dr. Carfrae, A. H. Bateman, Esq., Messrs. Turner, Pottage, and many others whose names we have been unable to obtain.

The health of Her Majesty the Queen having been proposed by the noble Chairman in appropriate terms, was drunk with all the honours. The choir—consisting of Messrs. Burgess, Perry, Stedman, R. Limpus, and Thurley Beale—then sang the National Anthem.

The health of the Prince and Princess of Wales, the Duchess of Cambridge—the Patromess of the Hospital—and the other members of the royal family, was proposed and drunk with the greatest heartiness. The choir then gave the popular song “God Bless the Prince of Wales.”

The toast of the Army, Navy, and Volunteers having been proposed, Dr. DUDGEON responded, and said it was with extreme diffidence that he rose to respond to this toast, because, homœopathically speaking, his connection with the gallant branches of the forces of Her Majesty which had been toasted just now was extremely infinitesimal. In former days he was, to be sure, a full private in the London Scottish, but now he had retired from the honourable post, and was considered a reserve of the reserve forces. Moreover, he should not properly respond to this toast, because his superior officer sat by his side, who should have replied himself. In the third place, he felt himself very unfit to respond for a profession whose business was killing, when his own was the saving of life. However, as they had been pleased to couple his name with this toast, he would hope for the gallant services that they might speedily have their medical department served by gentlemen of the homœopathic persuasion, and by that means their health would be much better preserved, and the great desideratum of the day—economy—would be promoted.

The noble CHAIRMAN then said—The next toast I must ask you to drink, in accordance with our usual custom, in

solemn silence—it is the memory of HAHNEMANN. And though, if I remember rightly what I have heard of that great and good man, silence and want of joy were by no means characteristic of the individual; yet in recalling the name of that great medical heresiarch, and commemorating the great reform which he inaugurated, and which is destined, as I and as you believe, to add incalculably to the well-being of the human race, yet I think it is fitting I should ask you to drink this toast—the memory of HAHNEMANN—in solemn silence.

In proposing the next toast, the CHAIRMAN said—Gentlemen, having done honour to the great and good departed, we may now revive our spirits and proceed to the more convivial present. I now call on you to drink the health of the Vice-Patrons and Vice-Presidents of this Hospital, and I anticipate the cheers with which you will welcome the announcement that I shall couple that toast with the name of Lord Ebury. (Loud and long-continued cheers.) Gentlemen, I have read with the greatest possible interest the proceedings of the Governors and Vice-Patrons and Vice-Presidents of this Hospital. In all of them I find the chair is taken by Lord Ebury; I find that the working oar in all that does not concern the medical department of the hospital is taken by his lordship. We all know the urbanity which distinguishes him; we all know the kindly way in which he puts his shoulder to the work; we all know that when he has begun any undertaking, his genial manner and the way in which he influences those around him have already made it half a success. * He has been so long connected with the hospital whose interests we are met to promote, that it seems almost impossible its affairs should proceed without his kindly co-operation. He is surrounded, as you well know, by other Vice-Patrons and Vice-Presidents, who cordially second the efforts he is able to bring to the work. I will only say, in conclusion, that those who are most interested in the hospital have informed me (and I could almost have known it without such an intimation) that its success is greatly due to his able co-operation.

I now ask you to drink the health of the Vice-Patrons and Presidents, coupled with the name of Lord Ebury.

Lord EBURY (who was received with long-continued applause) said—My Lord and Gentlemen, I am really almost overwhelmed at the compliment which his lordship has paid me in proposing this toast, and the kind way in which, very undeservedly, my name has been received. I do not know exactly in what character I appear before you. I have the honour to be the Chairman of the Committee of Management, in which capacity I am perhaps best known, but possibly I am also a Vice-President. I have a great regard for all the Vice-Patrons and Vice-Presidents; and I will only say that, grateful as we are for the patronage which their names confer on us, we should be still more glad if they would put in a rather larger appearance at the dinner. For myself I will only say I am here, and I believe I have had the advantage of attending every public dinner given to promote the interests of the London Homœopathic Hospital ever since I have had the honour to be connected with it; and, so long as my strength and my occupations permit, I hope to be present in future. I have no professional interest in homœopathy at all, but I have a strong conviction of the great value of this system; and it is a happiness to think that that which alleviates human suffering—that which is likely to promote what we most value—good health—is gaining ground. I only wish we had in the country, as we have in London, many more medical men practising this homœopathic system. My allegiance to the cause will hardly be doubted, and so long as any efforts of mine can promote the interests of this hospital they will be entirely at your service.

The CHAIRMAN, in proposing "Success and Prosperity to the London Homœopathic Hospital," said—I do not suppose that any one who has a good cause, a fair field, and no favour, could ever before have more cordially wished than I do at this moment for the lips of eloquence. We have a good cause, and I wish that I could present to you this toast in such terms that every one who (as I have no doubt) has come prepared with his cheque ready written in his

pocket, would be moved to imitate the example of a personage of whom I heard, I think, last Sunday—and take that bill out of his pocket, and, instead of the £20 or £50 which he had written, write four-score. I think we could not do better than change our original intention by doubling the amount which we had before destined for this very admirable charity—this very admirable institution. I do not know that I was right in correcting the word, for it really is an admirable charity, as well as an admirably managed institution. I had the honour of inspecting the wards of the Homœopathic Hospital with considerable care the other day by the invitation of those who have charge of it. I came at a time when, I believe, I took them unaware; at any rate, it was a time when everything was going on in the usual routine. I went just at the patients' dinner-hour, and saw exactly what was the usual routine of the hospital. It appeared to me that great comfort reigned there. I can speak positively on the point of the wards being kept with scrupulous neatness and cleanliness, as to those who were in charge of the wards being at their posts, as to the general air of contentedness and happiness on the faces of the poor creatures whom illness had compelled to resort to this institution. I was careful to observe without asking a question—for in such cases I believe questioning is almost useless—I was anxious to use my own eyes and look into matters for myself, having visited many similar institutions, and to be able to say what effect the inspection produced on the mind of an entirely unprejudiced visitor. And I do tell you that of all the hospitals I have seen, this one was equal to any in its general organization. There are many points in which it will compare with the richly endowed institutions of the older medical faith, and I cannot but wish there were at our disposal some portions of those revenues which are enjoyed by other medical institutions. I contrasted their condition with that of our wards—with that scrupulous cleanliness and care to which I have adverted—with—I had almost said the luxury of the hospitals belonging to the homœopathic system, and I have wished that the public could be made better aware of the disparity which

exists between the two, and would draw more accurate conclusions from facts placed before them. Gentlemen, it is indisputable that homœopathy, though it be nearly a century old, indeed I should say a great deal older than that, for, if I may be allowed to digress for a moment, I remember that a friend of mine, much more learned than myself in such matters, once pointed out to me that homœopathy had been discovered, and had even been promulgated, by some of the earliest physicians among the Greeks. Hippocrates, whom many of you, no doubt, have read (I confess I quote him at second hand), says that "some diseases are to be treated by similars, and some by contraries," and that he (Hippocrates) does not know which is the better plan. I have been told by a distinguished homœopath that this was said so long ago as the time of Hippocrates, and that Hahnemann, whose memory we have drank to-night, though the reviver of a great truth, was not its discoverer, although the credit of that great formula of our medical belief, together with its development, rests entirely with him. But I was going to say that though in medical practice homœopathy may be some century old, it is in the minds of the general public yet in its infancy. But I believe that that medical creed has made greater strides within the last twenty or thirty years than it ever did before. I am not an old man, but I remember the time when, to declare oneself a homœopath, or to put yourself under a homœopathic physician, was considered equivalent to declaring yourself in some degree a quack. Now, gentlemen, I say this is an assembly of homœopaths, and I shall not be supposed to mean anything disrespectful to homœopathy or to those who practise it. I merely state a fact, and contrast the state of affairs now with what it was twenty years ago. I see that the great majority of thinking men have so far come round to the doctrine of homœopathy, that in the minds of most educated men there is at least a conviction that there is something in the system. That conviction is increasing, and though it does not agree with medical orthodoxy, it is evidently displacing what is now termed such. I have much reason to be grateful to

the professors of the allopathic system, as well as to the homœopaths. It matters very little to anybody what a non-medical outsider thinks of homœopathy. A layman can only form an empirical judgment on such points as these, and to suppose that any one without a medical education, by declaring himself a homœopath or an opponent of homœopathy can throw one fraction of weight into the scale either way, seems to me perfectly ludicrous. I can only say we ought to test things by the result, and although we are unable to say *post hoc ergo propter hoc*, yet we can say *post hoc*, and draw our conclusions as to whether it is *propter hoc* or not. I have seen homœopathy do wonders, especially in the cases of children, and I think it should be called emphatically a blessing to mothers. We must remember that in this matter we must go by faith, not by sight. You can see perfectly well what is the effect of the doses of the allopaths, but we cannot see, we can only believe and watch, the effects of the small and subtle doses which you administer. I remember a circumstance which came under my own observation when in Syria, which illustrates this point. An acquaintance of mine, not a homœopath, was called in to prescribe for a man suffering, I believe, from ague, or some disease of that nature. He gave a prescription to the man's brother, and said, "If that does not operate very soon give him this other medicine, and if that has no effect give him this third." We went away, and we were absent two or three days. On our return my acquaintance inquired, "How is that man I prescribed for?" The reply was, "Oh, he is dead, but it was not in any way your fault, for the medicine never ceased to operate from the time you left until, by the mercy of Allah, he was removed from this world." Well, we can see the effects of that system, but when we adopt a less energetic treatment, and resort to those charming and exceedingly pleasant doses which are administered by our medical friends, then we must walk by faith, not by sight. I believe homœopathy could not be introduced with good effect, for example, into the army and navy, because many men who merely wish to escape their turn of duty would

come into the hospital if they were quite certain of only receiving those mild, delightful doses which homœopathic physicians are accustomed to administer. I remember asking a man who had a great racing stable, who, I knew, was a homœopathist, and whose wife had one of those charming little boxes which we all know so well. "Do you keep all these stout, hearty looking boys in health upon homœopathy?" The reply was, "No; I gives 'em half a horseball once a fortnight, and they know better than to shirk their work." Well, I fear I have wandered in a most outrageous way from the subject of the hospital which has called us together to-night. You will all agree with me that the facts—the cures which the physicians are able to announce, the number of cases admitted to the wards, the number of cases of improvement, the severity of the cases, and all that distinguishes a well-regulated hospital, all these considerations present it to us as a field for public benevolence, and for largely increased subscriptions. I was told there were sixty beds in the hospital, and allowing for the removal of one patient and the substitution of another, the beds in all the wards are almost constantly full. When I looked at the boards at the heads of the patients, I saw that most were being treated for grave diseases. Some cases struck me as being of so entirely mechanical a nature that I do not see how they should be particularly fitted for homœopathic hospitals. But on making inquiry I was told that these were mostly persons who entertained such a belief in the efficacy of the homœopathic system, that even though the injuries from which they were suffering were in a great part mechanical, they wished to be treated, and were most successfully treated, in the Homœopathic Hospital. I must now announce that the endowment fund of the hospital is something over £8000, which is an increase of about £2000 over the figures which the Chairman at the last dinner, Lord Elcho, was able to announce. Of course, this sum, as compared with the great endowments of the sister hospitals throughout the kingdom, is a very small amount. And seeing that homœopathy is spreading and ramifying throughout the whole population,

we may most fairly call on those who possess, or who go among persons with money at their disposal, to give us a little of that superfluous money which now finds itself given to the older charities. If homœopathy had done only this one thing it would have been an enormous success—it has created among the great body of the medical men such a change of opinion that whereas large doses were almost universal, and the heroic treatment was all but general, now nine practitioners out of ten will tell you that large doses are entirely out of date. It is the influence of homœopathy which has led the great mass of practitioners to abandon these enormous doses. We all remember the rhubarb and magnesia and black draughts of our childhood, and we rejoice to know that all these are banished from the nurseries of the second half of the nineteenth century. I do not know that there are any more figures which I ought to place before you. The in-patients this year have been 514, the out-patients 7000, and since the foundation of the hospital 96,000 persons have passed through its wards and waiting-rooms. All these facts justify us, knowing the extreme interest which you take in the matter, in calling on you to support this noble institution. Although we may joke about what most of us consider an antiquated school of medicine, yet none will more readily confess than the homœopathic physicians, with some of whom I possess an intimate acquaintance, that all physicians, wherever found, are all joined in one grand battle to fight against the fell diseases that afflict humanity, to make a stand against the assembled mass of living misery which we are so largely interested in diminishing.

The Hon. W. W. VERNON, in proposing the health of the noble Chairman, humourously referred to the early days when they were at school together, and the inflictions to which they were then subjected under the old system of treatment. With that exception, Lord Bury had been a homœopathist all his life, and this accounted probably for the excellent health he appeared always to enjoy.

The CHAIRMAN, in returning thanks, said, grateful as he had reason to be to homœopathy, in later life he still

looked back to the days to which his friend had referred, black draughts and all, as some of the happiest in his life.

Mr. TRUEMAN then read the list of donations, which amounted to about £900.

Dr. YELDHAM proposed the health of the Editors of the British Homœopathic Medical Journals. He said—The press, we all know, is the exponent of progress in every department of human knowledge. It is not too much to say that without the press progress in knowledge, if not impossible, would be extremely small. In this respect homœopathy has unfortunately been placed at a very great disadvantage. The ordinary channels through which we had a right to expect that a knowledge of the system should reach the profession and the public, have from the first been hermetically sealed against us. Neither the *Lancet*, nor the *Medical Times and Gazette*, nor the *British Medical Journal*, nor indeed any other allopathic periodical, will allow a single syllable concerning our principles or practice to appear in their pages, nor will they even admit an advertisement of a homœopathic book in their advertising columns. Hence, knowledge of homœopathy has been diffused solely through our own periodicals, and the profession had otherwise been kept in utter darkness. The slow diffusion of our principles has, I believe, been mainly owing to this unfair and systematic exclusion. Well, such being the case, a literature of our own was almost a necessity of existence. Fortunately we have enjoyed what was required—the demand has created the supply. We have three medical periodicals. There is the *British Journal of Homœopathy*—a quarterly—I believe the oldest quarterly medical journal in this country. Next year it will have existed thirty years. On the title-page of the first number is the name of Dr. Drysdale, of Liverpool, the senior editor, and on the title-page of the last number, published on the 1st April, his name still maintains the same honourable position. Such steady adherence to a good cause deserves our warm acknowledgment. Next to Dr. Drysdale's name we meet with that of Dr. Dudgeon, who has been associated with Dr. Drysdale in the superintendence of this work for the last twenty-seven years. All who know

Dr. Dudgeon know that his name is a tower of strength in British homœopathic literature. Next to Dr. Dudgeon's name we find that of our talented colleague, Dr. R. Hughes, of Brighton. With such a staff of editors the *British Journal of Homœopathy* has come to be regarded as one of the most ably conducted and important of medical journals. Next in order of time we come to the *Monthly Homœopathic Review*—a journal started some sixteen years ago by the late Dr. Ozanne, of Guernsey. It is now, and has been for some years, most ably edited by Mr. Pope, in conjunction with Dr. Ryan. This work is published monthly, and is of a less deep and elaborate character than that of which I have just spoken. In addition to short articles on scientific subjects, it supplies the current information concerning homœopathy all over the world. It may be compared to the *Lancet* of the old school, with this important exception—that it is always kept bright and clear, and is never sullied by abuse. (Cheers.) “Small by degrees, and beautifully less,” we come to the lively little monthly periodical called the *Homœopathic World*, started some time ago by Dr. Ruddock, and still edited by him, in conjunction with Dr. Newton, of Cambridge. All these gentlemen are labourers in a good cause; they have done what ought to have been done by the allopathic journals. They must do it at a great expenditure of time and trouble, and I fear with comparatively little reward, save the sense of having done their duty. I think, therefore, we are only doing our duty in drinking their healths.

Mr. POPE, after acknowledging on behalf of himself and his colleagues the kindly appreciation of their labours, evinced both in the manner in which the toast had been proposed and the cordiality with which it had been received, spoke as follows:—We, as editors of the homœopathic medical periodicals of this country, feel a warm interest in the welfare of the institution, the interests of which we are met this evening to promote. By the frequent inspection of its wards and offices, by occasional criticisms on its management and results, we endeavour to increase its usefulness, to make its necessities known, and to add to that support to

which we feel it to be so justly entitled. I feel, my lord, that in responding to the toast of homœopathic medical literature, I should not be acting rightly were I to sit down without some reference to one who has recently passed from amongst us, and who, in the days of his health and vigour, was a brilliant ornament of homœopathic medical literature, the late Professor Henderson, of Edinburgh. Urged to study homœopathy by the celebrated Abercrombie, he performed his task by testing it at the bedside of the sick, by experimentally ascertaining whether disease could be cured by homœopathically selected medicines. Convinced, by the results he had obtained, that homœopathy gave him a power over disease he had previously been unacquainted with, he felt it to be his duty, not only to practise homœopathy, but, by publicly acknowledging its value, to use his influence in inducing others to do so likewise. Conscious that homœopathy was true, he persevered in its practice, ultimately securing the largest family and consulting practice in Edinburgh, and obtaining the respect, at least, of nearly all—certainly of all the more generous—of his many and bitter enemies in the medical profession. The *Lancet*, which more than any other journal of twenty years ago inveighed against him, when noticing his career the other day, described him as “a thinker of rare acuteness and force, a physician of varied and profound accomplishments, a popular expounder of the theory and practitioner of the art of medicine.” In so doing, the *Lancet* did simple justice to Henderson and honour to itself. But, my lord, another medical journal—the *Medical Times and Gazette* on Saturday last—not satisfied with endeavouring to injure Henderson’s reputation for acumen, seeks also to blacken his character by declaring that he embraced homœopathy for money—that it was a love of money that drove him to homœopathy. Now, my lord, nothing in this world could be further from the truth than the statement that Henderson embraced homœopathy through a love of money. Had money been his object he never would have had anything to do with homœopathy. For at the time when he made his public acknowledgment of the truth of homœopathy, he was

regarded as a thoroughly scientific pathologist, as an original and singularly accurate observer of disease; he was a physician at the Royal Infirmary, a professor of clinical medicine and of general pathology at the University; and further, he was esteemed and beloved by a large circle of medical men throughout Scotland, by whom he was regarded as the legitimate successor of Abercrombie in the consulting practice of Edinburgh. But that he might declare what he knew to be the truth—what he was assured was for the interest of humanity—he sacrificed all this! And now that he is dead, some wretched libeller is found to declare that he practised homœopathy for money! My lord, I ought, perhaps, to apologise for trespassing so long upon your indulgence, but I feel, and feel very deeply, that it is the duty of those who have daily evidence of the truth of the principles that Henderson espoused to shield his memory from an attack so base, and yet so baseless, as that which appears in the *Medical Times and Gazette*.

Mr. A. J. ELLIS, in proposing the last toast, said—There is one toast which is never omitted at the dinner of the London Homœopathic Hospital, for the child cannot fight its mother, and the Homœopathic Hospital is the legitimate offspring of the British Homœopathic Society. Nearly thirty years ago, when it was on the cards that homœopathy might be considered as quackery within the profession, a few gentlemen met at the house of our respected consulting-physician, Dr. Quin (whose absence to-night we all regret), and determined that homœopathy should be practised in strict accordance with correct professional feeling, and should not degenerate into a quackery. We of the Homœopathic Hospital—I speak in the name of the board of management—owe to that society special thanks, for it is through them that we are furnished with that staff which alone enables us to make the charity valuable. I will couple with the toast the name of Mr. Hugh Cameron, one of the vice-presidents of the society for the present year, to whom the Homœopathic Hospital owes much, and whose ready hand, wise head, and excellent heart, have procured and secured for him the respect and esteem of all who have the happiness to know him.

Mr. CAMERON, in responding, said—When the British Homœopathic Society was founded in 1844, it consisted of some four or five members, and when they had distributed their honours they found they had no rank and file. They had a president, vice-president, treasurer, and secretary, and for some time scarcely anything more. He would contrast that with the proud array of members he now saw around him, and he thought a better proof of success could scarcely be appealed to.

Several songs were admirably rendered by the choir during the evening.

The proceedings then terminated.

THE ANNUAL MEETING.

THE Twenty-second Annual Meeting of Governors and Subscribers of this Hospital was held on Tuesday, May 28th, in the Board-room of the Institution, Great Ormond Street, Bloomsbury. The Right Hon. Lord EBURY, Chairman of the Board of Management, occupied the chair; and among those present were the Hon. W. Warren Vernon, Messrs. Boodle, Ellis, Rosher, Hughes, Crampertn, Pite, Trueman, Slater, Cameron, Pope, Drs. Yeldham, Dudgeon, Bayes, Wyld, Hale, and Mackechnie, and the Revs. Dr. Nolan and A. Pope.

The Rev. Dr. NOLAN (Chaplain to the Institution) having opened the meeting with prayer,

Mr. JOHN R. WARREN read the minutes of the last annual meeting, which were then confirmed and signed by the chairman.

The following annual report was read and elicited the expression of considerable satisfaction:—

“The Board of Management have to report that during the last year the total number of patients amounted to 7632, of whom 524 were in-patients, and 7108 out-patients; showing a decrease of 232 of the latter, but an increase of 28 in-patients.

Since the opening of the Hospital 96,676 patients have been treated.

“At the beginning of 1871 the balance at the banker’s was £104 19s. 8d., and with petty cash in hand, £15 4s. 8d., there was an available amount of £120 4s. 4d. The year’s income from all sources reached £2894 8s. 2d., an increase, as compared with the preceding year, of £122 0s. 2d., this increase arising entirely from the special appeal made to the governors and subscribers when it was found inadvisable to have the usual biennial dinner on behalf of the funds of the Hospital. It will be regarded as satisfactory that the dividends on stock are increased by £27, and that in spite of the demands made last year on the public generally, the subscriptions have maintained their ground, whilst the donations and bequests, although not quite equal to the preceding year, were actually £927 15s. 6d. against £1164 11s. 8d. The Board have been enabled to invest for the year £645, thus making the reserve fund of the Hospital, irrespective of house and furniture, £8818 15s. 9d., at a cost of £7560 11s. 11d.

“The Board wish to call the attention of the governors and subscribers to an item in the receipts, viz. £145 7s. 6d. from the Nursing Fund; being the first instalment derived from sending out nurses to private families—a portion of the system of nursing adopted by the Board two years since—a system which, although not perfect, has enabled the Board to bring in young women as probationers, and train them to become nurses, and has been the means of carrying on the nursing of the Hospital itself in a far more satisfactory manner than was the case before it was initiated. The Board has been able, by sending out these private nurses, to supply a want long felt, and many homœopathic physicians have at once availed themselves of the advantages thus offered. It will be satisfactory to the governors and subscribers to learn that, with one exception, the reports of the nursing engagements have been favorable.

“The expenditure is in excess of the previous year by £106 10s. 8d., due in part to the additional number of in-patients (28), but more largely to the higher prices of meat and other provisions. The Board, looking to the causes of this excess, do not consider that it is extraordinary. This expenditure has, however, been covered by the receipts, with the exception of a small sum, shortly to be mentioned. On the 31st December, as usual, every account was paid.

“The donations and bequests, as has been mentioned, amounted together to £927 15s. 6d.—viz. donations £532 15s. 6d. and bequests £395. The principal sums of the latter were £50 from the late Miss Vernon Harcourt, £45 from the late Mrs. Manning, and £300 from the late Miss Yerbury; whilst those of the donations were £100 from a friend of Dr. Quin; £50 from our respected treasurer, Mr. Roshier; £64 2s. 8d. from Mrs Procter; and £100 from the Misses Smith. All these amounts have

been invested, whilst the smaller donations, amounting, however, together to £800, have been carried to the general account of the Hospital. To the donors letters of grateful acknowledgment, on behalf of the Board representing the governors and subscribers, have been sent.

“The want of the usual public dinner last year has, of course, been felt; and the Board regret to say that the balance due to the bankers on the 1st of January this year was £46 10s. 5d., and this notwithstanding the amount received from the special appeal already referred to, yielding £200 16s. The Board had hoped that the dinner given on behalf of the funds of the Hospital on Tuesday last, 23rd inst., under the presidency of Lord Bury, would have resulted in donations as large as those at the dinner of 1869, which gave the board £1270 available contributions. They regret to say that the dinner on Tuesday resulted only in donations to the extent of £900, thus rendering the work of the Board more difficult, and probably compelling them, if the efficiency of the Hospital is to be maintained, to appeal in some form or other for further support to the governors and subscribers at an earlier period than they had hoped would be necessary.

“The uncertainty of the result of these dinner appeals—appeals which to a large extent can only be made through the goodwill of physicians practising homœopathy—renders it more than ever necessary to make the Hospital freer in its action by increasing the reserve fund; and although there is every reason for gratitude on the part of the governors and subscribers and of the Board for the increase which has already taken place, the Board feel it their duty to urge more and more the necessity of each one doing all in his power to aid the cause, not merely of the Hospital, but of the best curative system of disease.

“If only the ladies, who are always foremost in good works, would weigh well the exigencies of the Hospital, its wants would soon be of the past, and the Board would rejoice in the increased power of doing good, and of spreading, through the medium of the medical teaching of the physicians of the Hospital, the tenets of our system.

“The following members of the Board, Mr. Boodle, Rev. Mr. Alder, Mr. Hughes, and the Hon. W. Warren Vernon, retire by rotation, but, being eligible for re-election, offer themselves again to serve.

“The Board have deeply felt the loss which the Hospital has sustained in the sudden and lamented illness of Dr. Madden—an illness which necessarily led to his resignation, thereby causing a vacancy much to be regretted. The Medical Council of the Hospital have, however, recommended to the Board, that, seeing the number of beds allotted to each of the internal medical officers is far fewer than those allotted in other hospitals, no new appointment in place of Dr. Madden should at present be

made. The internal staff will become more efficient by the larger number of beds attributed to each medical officer, whose interest in the Hospital will be greater. This view of the Council being in entire accordance with the views held by the Board and by other governors, enables the Board to propose to-day, with even more confidence than they before had, that the governors and subscribers will give power to the Board to abstain from filling up vacancies in the internal staff, should the Board deem it desirable, until the period of the next annual meeting, by which time the working of the Hospital with a somewhat diminished internal staff would be to some extent tried.

“The Board regret that three resignations have occurred in the staff of the Hospital in charge of out-patients, Drs. Bayes, Dudgeon, and Watson. The two former gentlemen have, however, considerably proposed to carry on their duties as medical officers in charge of out-patients until the month of August (if necessary), thus giving the Board of Management time to fill their posts. The Board have, on behalf of the governors and subscribers, conveyed to these gentlemen their thanks for the efficient manner in which their medical duties have been performed, and their regret at losing their valuable services.

“It remains for the Board to ask the governors and subscribers to join them in the usual vote of thanks to the medical staff for their unremitting attention to their medical duties, and the Board desire also cordially to thank the lady visitors to the Hospital, who have given their time and attention to its inmates.

“In conclusion, the Board, while expressing their obligations to the governors and subscribers who have hitherto so fully given them their confidence, look forward with entire assurance that a continuance of such confidence and generosity will enhance the future prosperity and usefulness of the Hospital, and enable the Board, under the blessing of God, still further to extend the benefits derived from the homœopathic treatment of disease.”

The Noble CHAIRMAN, in addressing the meeting, said—
Ladies and gentlemen, it has been the duty usually of the chairman of the meeting to propose the adoption of the report, and I have performed that duty so often that I am afraid, in moving that resolution on the present occasion, I shall not be able to add much of variety to what I have before remarked in addressing you upon former occasions. It is said, “Happy is the nation that has no history,” because it shows that things go continually on in that smooth current which indicates sound prosperity; and this

satisfactory saying might, with much truth, be applied to our affairs, for certainly upon the present occasion there is not, I think, anything in the report which calls for any special remark from me. As far as I am concerned, I can only state that all I have seen shows me that those who are workers in the management generally, and in the medical treatment of the patients in the Hospital, leave nothing undone that might be done in order to gain the satisfaction of the governors and subscribers, and to meet their wishes in laying out their money in compliance with their expressed desires, so far as they are consistent with the best interests of the Institution. (Cheers.) I forget whether anything has been said on a former occasion with regard to our system of nursing, but it is scarcely possible to commend this practice too often or to speak of it with an excess of praise, unwarranted by the success it has attained. Our report says "It will be satisfactory to the governors and subscribers to learn that, with one exception, the reports of the nursing engagements have been favorable." We have, at all events, instituted a system which will prove profitable to the Institution, while it furnishes to the physicians out of the Hospital the most valuable assistance that they can possibly obtain in difficult cases—namely, experienced nurses. I do not know of any further remark, beyond expressing the wish that we had more friends and more money. I cannot help thinking that, if we are to be trusted with a small amount, we are also entitled to take charge of a greater sum. We have the very highest possible authority for assuring us that such is the case. And I think that nobody can say that we do not make the most of our resources. We have treated more patients during the last year than in the previous twelve months; and considering the very great rise in prices, and the very high value of all articles of consumption, which has prevailed during the past year, I think you will give us credit—that is the Board of Management, together with the medical officers—for having exercised all due care in economising our expenditure. (Hear, hear.) In the medical returns we find that the curative plan or system, which we have

every reason to believe and know presents the most active remedies, and ensures shorter periods of sickness and a more permanent cure than any other, has been carried out here as well as human infirmity will permit. (Cheers.) With these remarks, I have very much pleasure in proposing the adoption of this report. Although it is true, with regard to our subscriptions, that we have collected rather less at our dinner this year than we did in 1869, yet it is to be remembered on the other hand that the year before we made an appeal to the public, which probably subtracted from what we might otherwise have received this year. All that we can say in respect to that dinner is that our chairman most eloquently advocated our interests, while there was no fault to be found with the entertainment itself except the absence of the ladies, whose cause I will confess I most strenuously espoused. (Laughter and hear, hear.) With this exception I believe that everything was done to ensure the success this Institution so richly deserves. (Cheers.) Before sitting down I will once more move, formally, "That the report and accounts for the year be received and adopted."

Dr. WYLD seconded the report. In so doing he expressed his regret at the resignations it announced, and his pleasure after an absence from these meetings of five years to see the same old faces among the members of the Board of Management. He regarded it as an extremely gratifying testimony to the stability and worth of our system. (Cheers.) He did not find that those who had at first participated in the management of the Hospital had got disgusted and retired; on the contrary, they remained the steadfast friends of the Institution. He only wished he could say as much for the medical officers. He congratulated the Hospital upon having on its board of management such constant and enduring supporters of the homœopathic system. He begged again to express the pleasure he felt in seconding the resolution proposing the adoption of the report.

The resolution was then put to the meeting, and carried unanimously.

Mr. CAMERON said—My lord, ladies, and gentlemen, I

had not the smallest idea that I was to be called upon to perform one of the most important offices of the day. But fortunately for me, and for you also, gentlemen, this motion requires little or no eloquence on my part in order to recommend it to you, and to receive your unanimous and hearty approval. I have to propose the following :—“ That the best thanks of the meeting be given to the Board of Management, to the House Committee, the Treasurer, Sub-Treasurer, and the Lady Visitors, for their zealous exertions during the past year.” (Hear, hear.) It now simply remains for me to ask your cordial approval of this resolution. I must also beg of you to bear in mind the totally unexpected way in which this duty has fallen upon me to-day, and trusting you will forgive me the paucity of my words, I will confine myself now to simply moving the proposition I have read to you. (Hear, hear.)

Rev. Dr. NOLAN had much pleasure in seconding this motion. He desired to bear testimony to the general ability, care, and cleanliness with which the operations of the Hospital were conducted. (Hear, hear.)

On being put, the resolution was carried with acclamation.

Mr. P. HUGHES, in acknowledging the thanks of the meeting, said—He had had the opportunity for many years past of witnessing the labours of the Board of Management, and having taken part in it himself, he could testify to the unwearied zeal and attention which had been constantly shown, and which had rightly called forth the approval of the Governors of this Institution and the thanks of the present meeting. He knew also somewhat of the duties of the house committee, from having formerly been a member of that body. It was essentially necessary that there should be a house committee to attend to the minutiae of the proceedings of this Institution. And when he remembered the care that had been taken by the Board of Management and the house committee in preserving the comfort and welfare of the patients, in keeping up the Hospital in its present state of efficiency, and in regulating its funds under great disadvantages, he felt it was highly gratifying for the Board

of Management and Committee to receive this acknowledgment of the services they had performed. He had also been a witness to the readiness with which Mr. Henry Rosher (their treasurer) had come forward in a time of great strait and difficulty, as a sort of volunteer to administer to the temporary wants of the Institution until funds sufficient to meet its expenditure could be raised. (Cheers.) And as to the office of sub-treasurer, he had filled that capacity also, and recollected the time when Dr. Quin had encouraged them to persevere in well-doing when their hearts were almost fainting from disappointment. He felt sure that the duties which had been performed by Mr. Crampern as sub-treasurer entitled him to the warmest thanks, and approval of the meeting. (Hear, hear.) Then, with reference to the lady visitors, he said he regarded their office as possessing peculiar merit, and bringing special blessings to such an Institution as this. Their visits, he could say with truth, were regarded as those of ministering angels by those patients who needed attention, not only in act, but in manner. And he hoped they would continue to exercise the same care and attention in their kind office as hitherto, and that the thanks now bestowed on their endeavours to promote the well-being of the inmates of the Hospital would enable them to go on as they were doing, "unwearied in well-doing," and that the efforts of each one labouring in the interests of the Institution might, by God's blessing, be attended with success. In conclusion, he again tendered the meeting, on behalf of the Board of Management, the House Committee, the Treasurer, the Sub-treasurer, and Lady Visitors, their sincere thanks for the hearty expression of approbation of their services contained in the resolution just awarded.

Mr. A. C. POPE, in moving the next resolution—"That Mr. Boodle, Mr. Hughes, the Rev. Mr. Alder, and the Hon. W. Warren Vernon, who retired on the present occasion, according to the rules of the Institution, be re-elected members of the Board of Management"—remarked that they had, as Dr. Wyld had the moment before observed, shown their constancy and attachment to the Hospital; he

considered it very important that the members of a Board of Management should evince this spirit of steadfast support, and therefore he hoped that these gentlemen would be re-elected to-day. There was one matter in the report to which he would take the liberty of referring, in which it was suggested that at some future time another appeal should be made to the public in consequence of the comparatively small amount received at the dinner. The mention of such a prospect had reminded him of a fact which he had seen mentioned in a little paper entitled *Similibus*, which he had that morning received from New York. In that city a bazaar—or, as the Americans termed it, “A Fair”—had recently been held in aid of the funds of the New York Homœopathic Hospital. The fair was open for ten days, and on each day this paper, edited by the wives of two homœopathic physicians, appeared, giving a record of its progress. In it he noticed that one of the chief attractions was a stall presided over by a lady whose name and voice were alike well known in London—Middle. Nilsson. Her stall was termed “Nilsson Cottage,” and her presence and exertions had materially contributed to the success of the fair. He thought that in any arrangements the Board of Management might make for the purpose of appealing to the public for additional assistance, they might, with perfect propriety, in the event of Middle. Nilsson being in this country next year, endeavour to induce her to lend her valuable aid in promoting the interests of the London, as she had done in advancing those of the New York Homœopathic Hospital.

Mr. GOULD having seconded the motion, it was unanimously carried.

Mr. ALEX. J. ELLIS, F.R.S., said—My lord, ladies, and gentlemen, it is my duty to propose to you the next resolution, namely, “That a vote of thanks be given to the medical staff for their valuable and zealous services during the past year.” We all know very well that, however zealous the Board of Management may be, however careful they may be in distributing the funds which are committed to their charge, and in keeping up all the creature comforts of the

patients in the Hospital, their efforts would be entirely unavailing if the curative operations were not properly attended to. (Hear, hear.) And we of the Board of Management are exceedingly happy to be able to bear testimony to the zeal and attention of our medical staff in carrying out the duties which they have so freely and generously undertaken. (Hear, hear.) Of course our Hospital in many respects labours under a disadvantage in comparison with the originally endowed Hospitals that at present exist—because we necessarily have not the advantage of a medical school of sufficient size attached to the Hospital to make it worth the while of eminent men to attend constantly for the purpose of giving medical lectures. We are, therefore, very much more indebted to those eminent homœopathic practitioners, who, as it were, sacrifice a portion of their valuable time in order to enter on the treatment of disease by the homœopathic system in this Hospital. We are not entirely without occasional students, but of course hitherto it has been impossible to carry out one of the leading ideas of the Hospital—that is, make it really a homœopathic school. (Hear, hear.) It would be worth while for persons who turn their attention to this point to learn that we must have increased capacity for patients in our Hospital, that we must have at least 100 beds in it before we can make it a recognized medical school. It is one portion of the ideal that we have to keep before our mind, for nothing is done by attempting to grasp that which is easily within our reach, but it is only by striving to obtain that which is continually eluding our grasp that any point is eventually gained. In regard to this project for the future, I trust it will not continue to elude our grasp, but that we shall in this respect, some time or other, have a real homœopathic school. (Hear, hear.) And I am sure, judging from the care and attention of those medical officers who have hitherto given us their valuable services, we may fairly anticipate that, should the consummation of our hopes in this particular ever come to pass, we would not be without the means of making it available for the best interests of homœopathy. (Cheers.) I beg leave to move with great

pleasure, a vote of thanks to our medical staff for their zealous and valuable services during the past year. (Cheers.)

Mr. ROSHER—I have much pleasure in seconding the resolution which Mr. Ellis has so ably proposed.

The CHAIRMAN, before putting the resolution said—Ladies and Gentlemen, I beg to add to what has been said, my humble testimony to the value of the services rendered by these gentlemen, and to offer my thanks, as Chairman of the Board of Management, to the medical staff for their services during the past year. (Hear.)

The resolution was then put and unanimously carried.

Dr. HALE, on behalf of the medical staff, returned thanks to the meeting for the kind and even flattering terms in which allusion had been made to their services.

Dr. YELDHAM said—My lord, ladies, and gentlemen, the proposition I have to move is as follows:—"That for the reason assigned in the report, power be given to the board to abstain from the election of a medical officer in charge of the in-patients in lieu of Dr. Madden, resigned, until the next annual meeting." The reasons assigned for this proposition being stated on the face of the resolution as having been expressed in the report, it would seem a work of supererogation to say anything further on the subject. I may, however, be permitted to explain somewhat more fully the meaning of this proposition. Our Hospital usually contains about fifty patients. Now, fifty patients do not require six medical officers to attend to them. And it must be borne in mind that, notwithstanding the fact that there may be only one or two, or even no patient at all to visit, the medical officer is bound to come. In my opinion each medical officer should have a larger number of patients, say twenty. By this arrangement the interest of the medical officer's duties would be considerably increased, his sphere of observation would be enlarged, and, in case of a school, an object so much to be desired, being formed here, the medical officer, having these advantages, would be better enabled to impart information to those who might visit the wards. (Hear, hear.) With these remarks, gentlemen, I beg to

move that no election of a medical officer in the room of Dr. Madden be made during this year.

Mr. A. R. PITE briefly seconded the resolution, which was put and carried unanimously.

On the motion of the Rev. Dr. NOLAN, seconded by the Hon. W. WARREN VERNON, a vote of thanks to the Chairman for the able and courteous manner in which he had presided at the meeting, was carried with acclamation.

The compliment having been briefly acknowledged, the proceedings were brought to a close.

REVIEWS.

Internationale Homöopathische Presse.

WE have before us the first six numbers of a new German monthly homœopathic periodical with the above title. Why it is called international when it is German is one of those caprices of nomenclature which we do not profess to understand. It is under the chief editorship of Dr. Clotar Müller, who long conducted the extinct *Homöopathische Vierteljahrschrift* with great ability, and he is assisted by a numerous staff of editors for different departments of the work. The editorial staff is thus arranged :— *Pathology and Therapeutics*, Dr. Bähr, of Hanover, Dr. Kafka, of Prague, Dr. Stens, of Bonn; *Materia Medica*, Dr. Gerstel, of Vienna, Dr. C. Müller, of Leipzig, Dr. Sorge, of Berlin; *Physiological Medicine*, Dr. C. Heinigke, of Leipzig; *Ophthalmic and Aural Medicine*, Dr. Payr, of Passau; *Differential Diagnostic of Remedies* (whatever that may be), Dr. H. Goullon, of Weimar; *Epidemiology and Hygiene*, Dr. Fischer, of Weingarten, Dr. Rapp, of Rothweil; *Surgery*, Dr. Maylander, of Berlin; *Obstetrics and Gynæcology*, Dr. Löscher, Director of the Midwifery Institution of Lübben. *Corresponding Editors*, Dr. von Balogh, of Pesth, Dr. Bojanus, of Moscow, Dr. Bruckner, of Basel, Dr. Held, of Rome, Dr. von Kaczkowsky, of Lemberg, Dr. Liedbeck, of Stockholm, Dr. Schädler, of Berlin, Dr. Süss-Hahnemann, of London, Dr. Siemsen, of Copenhagen, Dr. Tietze, of Philadelphia.

With such a numerous staff of men more or less distinguished, most of them more rather than less, in various departments of medical practice, the *Internationale* will assuredly take a foremost place in homœopathic periodical

literature. A list of the contents of the six numbers before us will give our readers some idea of the valuable articles that have already appeared, and are an earnest of greater things yet to come. Preface (given below); homœopathic therapeutics, a necessary complement to the pathology of the physiological school, by Dr. C. Heinigke; epidemiology, by Dr. Fischer, of Weingarten; sketch of surgical experiences during the past year, by Dr. A. Maylander, of Berlin; ophthalmiatrics, by Dr. Payr, of Passau; *Calcareo carbonica*, by Dr. H. Löschen; *Nitric acid* in fluor albus, by Dr. H. Goullon; remarks on women's diseases and their treatment with the new American remedies, by Dr. A. Guinness; homœopathy as a cellular and atomistic therapeutics; force and some of its relations to life, to disease, and to medicinal action, from the English by Dr. H. P. Gutchall (from *U. S. Med. and Surg. Journ.*); public sanitary measures, by Dr. Fischer; resemblances and dissimilarities between homœopathy and allopathy, by Dr. H. Goullon; homœopathy in Hungary; homœopathy and physiology, by Dr. v. Villers; on skin diseases, by Dr. E. Blake (from this Journal); the kernel of Hahnemann's pharmacology, by Dr. W. Schwabe; *Cuprum*, by Dr. Heinigke; on therapeutics by Dr. Stens; *Condurangho* in cancer, by Dr. Müller; cases by Dr. Bruckner; besides reviews, medical novelties, &c. Some of these articles are of considerable value, and we shall at a future period take the liberty to borrow from the pages of our youthful contemporary. In the mean time we heartily wish it every success, and welcome it as a sign of the revival of activity among German homœopaths, who have of late years given only feeble signs of their existence, and were very inadequately represented by their homœopathic periodical literature, for since the lamented decease of the *Vierteljahrsschrift* and of the Austrian journal they have only had the weekly *Allgemeine hom. Zeitung* and the bi-monthly *Zeitschrift für hom. Klinik*, which have certainly from time to time furnished valuable papers, but whose form and mode of publication were not very suitable for elaborate or lengthy articles.

We have now the pleasure to lay before our readers the preface to the new journal, which has been kindly translated for us by the London corresponding editor, Dr. Süß-Hahnemann.

Preface to the first number of the 'Internationale Homöopathische Presse.'—"More than sixty years have elapsed since Hahnemann, by the establishment of the law of *similars*, cleared the ground for homœopathy, and thereby provided a real and scientific foundation for the healing art.

"In the glorious work of comprehending and tracing to its consequences the new principle of cure, which from the very commencement was misunderstood and violently attacked—of effecting the spread of the system built thereon, and vindicating for it the consideration due—in this work, truly rich in contentions and self-sacrifices, the enlightened of all lands have gradually taken part and emulated each other in the honourable contest.

"Germany, the cradle and for a long time the only abode of the new doctrine, certainly played no subordinate part. For several decenniums she took the lead, and it is with thankful acknowledgments we recall the names of those who in the sternest times led the way with untiring industry and unflinching zeal.

"Without vanity it may be said that, not only did homœopathy first find a home in Germany, but that the development there effected, and the recognition there obtained, first compelled other countries to take notice of it. Giving to these last the merit due to their exertions for the later development and extension, it cannot but be acknowledged that they found a field prepared for them.

"Of Germany's share in later times not so much can be said. The truth is plain—indisputable—that for the last ten years Germany has not been at the head of the movement. Not that she has either retrograded or even stood still, but in other countries, in America, in England, and even in France, the system has developed and extended itself more and more brilliantly and has attained a surer and more independent position.

“Hospitals, professors’ chairs, academies, are at her service in profusion; national instruction, municipal administration, life assurances, take thought of it; the attendance of medical men and patients is increasing and more self-asserting. In a word, the civic position and recognition of homœopathy is there in word and deed complete; its right to rank with the old school is undisputed; perhaps even it takes precedence of the other.

“Homœopathy, indeed, in Germany has established itself so firmly that even its bitterest foes no longer dream of crushing it. The confidence and convictions of the public, founded on long and varied experience, increase and strengthen year by year; there is hardly a homœopathic physician in town or country that is not overrun with patients; but universities, governments, and professorial chairs ignore it and have no good word for it; faculties and hospitals are officially closed to it. Young medical men hear of it either nothing or only what tends to repel; seldom is it that one so far overcomes this artificial aversion as to make an attempt to become acquainted with the maligned doctrine. And, indeed, this is not easy for him under existing circumstances. Hence it is that we find a dearth of homœopathic physicians everywhere in Germany. Towns, large and small, call for practitioners, at times offering the most favorable conditions, and generally in vain; for there is no increase in their numbers, and those already in practice will not leave positions where they are ordinarily occupied beyond their wishes.

“In these circumstances it could not but be that homœopathic physicians have taken less and less share in the further finishing of the edifice. To the medical man, who can hardly answer the professional demands on his time, literary occupation is difficult and almost impossible. Thus it has come to pass that for the last ten years homœopathic literature in Germany has, comparatively speaking, taken no high flight; at least it is below that of other lands.

“There is not that active participation in the scientific completing and developing of the theory and practice of

homœopathy which once characterised Germany, but which is now found almost exclusively elsewhere. Indeed, since the discontinuance of the *Vierteljahrschrift* Germany has had no periodical which might properly publish larger scientific treatises.

“This want, more and more felt, has led to steps being taken towards providing a remedy in the shape of lectures, dispensaries, &c. But as long as certain conditions are unfulfilled—as long, especially, as efforts are detached and isolated and are under no common leading—as long, above all, as a general co-operation in solving scientific questions does not resume its place—as long, again, as a fresh and living participation in literary activity does not drive out the individual indifferentism of most homœopathic physicians—so long will there be no prospect of progress.

“It is good and beautiful to heal one’s neighbour, and thus win recognition for oneself and for homœopathy, but it is surely far better, while thus acting, to bear in mind the great question of homœopathy in general, to bring stones for the edifice which can alone furnish an abiding place, and will outlast any amount of isolated efforts made in a narrow circle.

“Has the past year, with its great events, been able to tear Germany from its political isolation and dispersion?—and shall no portion of this great uprising be directed to chase away the indifference in which the majority of homœopathic physicians have been plunged for years? Assuredly German homœopathy lacks not the necessary strength, and still less the necessary goodwill, in its present representatives!

“Both are in full measure, no one can doubt of that; but for equal and systematised exertions there must be impetus and combination.

“To give this impetus and help to co-operation was the sole object of the undersigned in resolving to come before the whole of the German homœopathic practitioners with a new periodical and invite to fresh co-operation.

“After what we have said, a few words will suffice

to point out the special object of the *Internationale Homöopathische Presse*; as to the appropriateness of the work and the time, it is hoped no homœopathist will require a word of justification.

“When we take a glance over the present condition of medical science and examine the result of the labours of so many centuries, we may derive a certain amount of satisfaction, yet little will have been done to call off the attention from what is still unfinished and deficient in the edifice of medical science. Without going into details, I remark that, while the ‘university-school’ are very active in the field of physiology and pathology, without, however, being able to make much progress in therapeutics, homœopathy takes as its first object the founding and constructing of therapeutics on fixed principles, and thus becomes the complement to the labours of the physiological school in the department of general medicine.

“If we further consider the circumstance that neither by ignoring nor by openly attacking it for sixty years has it been possible to silence and subdue this young energetic and essentially therapeutic school—if we take into account that the results of experimental physiology and pathology will and must bring our opponents, consciously or unconsciously, to the recognition of the law of ‘similars,’ and the peculiar operation of the molecular or attenuated medicaments—it will be clear that it is no part of the design that the new periodical shall be an organ of dogmatism, and of polemics against the opinions of others.

“For, willingly as we allow that the ascertainment of the truth may be facilitated by the opposition of conflicting individual views, it cannot be denied that, as soon as disputation takes as its chief object of attack a party or a person rather than a thing, its purpose of converting its opponents is hindered by the unavoidable excitement of passion and emotion, which indispose the most ingenious minds to occupy themselves with novel ideas.

“On this standpoint, then, will the new periodical take as its great object to make the results of the inquiries and observations of homœopathic physicians at home and abroad,

relative to the theory and practice of homœopathy, familiar to our readers, among whom we would reckon, besides homœopathic physicians, the more liberal and less fettered practitioners of the physiological school, as well as that portion of the cultured laity that, having easily received the simple truth of our science, interests itself in the healing art. Further, while taking account of the movement and development of all the other medical theories, to press forward the completion of the homœopathic system, and bring about its general reception and its recognition by the state.

“ It is, therefore, not only that in pathology, therapeutics, and pharmacodynamics, we shall bring to notice those facts and phenomena which may be eligible as vouchers for the value of the homœopathic doctrine, or as intermediate new points of sight to be used in developing it, but a special attempt will be made in the field of ophthalmics, surgery, gynæcology, balneology, and pharmacy, to take account of those observations and experiments which may show the advantage which a practitioner in these branches may derive from the knowledge and from the employment of the homœopathic method in the various cases of his branch of practice.

“ It is plain that to carry out this plan, even if the above-named objects were only to be partially reached, would be beyond the powers of any one physician, even setting aside his professional occupations.

“ And on this account, as also to avoid one-sidedness in the direction, the undersigned have agreed to take the work in hand as joint editors, each being independent of the rest with respect to the subject assigned him, and having the fullest superintendence within his own well-marked department.

“ A chief editor, elected by all, will see that in this plurality unity is preserved, and that nothing is overdone or underdone.

“ Dr. Clotar Müller has been for the present elected chief editor.

“ To be in the closest connection with home and foreign literature, so as to lose nothing valuable of what is pub-

lished, a special arrangement has been made with some practitioners abroad to furnish as far as possible current accounts of what is happening relevant to the subject."

A Plain Guide to the Principles and Practice of the Water-Cure; with Directions for the most appropriate Homoeopathic Remedies auxiliary thereto in the Treatment of Disease. By W. T. FERNIE, L.R.C.P. London: Simpkin, Marshall, and Co.

HYDROPATHY, once looked upon as charlatanism, has fairly worked its way to a very prominent position in the science and art of medicine, owing partly to the writings, but more still to the practice, of such men as Drs. Gully, McLeod, Lane, Johnson, Wilson, Balbirnie, and others. The curative sphere of hot and cold water, judiciously applied, is acknowledged by every thoughtful physician. The empirical practice of Priessnitz, and some other lay enthusiasts, showed sufficiently that a great medical truth underlay their somewhat hazardous and heroic practice of the cold-water cure. The excessive drenchings within and without with cold water have been succeeded by milder and more judicious appeals to the restorative action of heat and cold, and to stimulation through the medium of water.

The author whose work is before us fully recognises the dangers of excess even in cold water. "In the earlier days of hydrotherapy," he says, "a much larger quantity of water was prescribed than a more enlightened and scientific practice of the treatment now pronounces desirable." At one time twenty or thirty tumblerfuls of cold water were often prescribed to be drunk in the day, whereas now one or two tumblerfuls after each bath is seldom exceeded. As might be expected, distressing results sometimes followed a long course of excessive water drenching; some patients became anæmical, and experienced all the train of ailments which impoverished blood will give rise to.

Hence the modern practitioners of hydropathy, of whose views Dr. Fernie is so able an exponent, avoid this danger, and substitute a moderate and rational use of this powerful agent for the empirical and hazardous practice of the past.

The effects of cold-water drinking have been too little considered by patients and by doctors. What possible harm can cold water do a man? will be the first question that will arise in the minds of most men when warned against drinking water to excess.

The old habit of taking a nightcap in the shape of brandy or whiskey and water has been discarded, but Dr. Fernie warns those who are not good sleepers against the more modern habit of drinking a glass of cold water at bedtime as likely to keep the drinker awake from its brain stimulation. While pursuing the same theme the author states that excess of water-drinking over-stimulates the brain (see p. 277). "Much water," he says, "must not be imbibed during the treatment of passive, strengthless, congestive fulness of the brain, neither at meals nor at other times, since the brain will not now bear with advantage the stimulation which free drinking of cold water will induce" (p. 285).

Further, the stimulating power of cold water, when taken into the stomach, is far too little recognised, and we are glad to see it prominently brought forward by Dr. Fernie. It is not the reaction induced against the frigidity that alone makes cold water a stimulant; it appears to be far more probable that we must look to its chemical composition to explain the stimulation it induces, and must suppose that in passing through the system it parts with a portion of its oxygen, which acts as a direct and rapidly diffusible stimulant to the tissues with which it is brought into contact.

As a means of restoring the lost balance of the functions of the sick man, as an equaliser of that "equilibrium of action in the body on which our health depends,"* there is no more powerful single agent than water judiciously and scientifically administered, and this is ably insisted on in

* Bence Jones.

the work now under our consideration. In addition to this main feature in Dr. Fernie's work we find a full appreciation of the advantages to be derived from the specific restorative stimulation of drugs administered according to the homœopathic rule of similars; this doubles the value of this well-written and most practical volume. Take, for example, the following extract. In treating of fevers, whose cause (except in case of those of the eruptive and infectious kinds) the author attributes to a "reactionary manifestation of a shock which the great cerebro-spinal axis, as the main animal nervous centre, or the exterior cutaneous nerves as its ultimate sensitive extremities, have paralytically received," he advises during the cold stage hot fomentations to the belly at 110° or 120°, continued for from half an hour to an hour, to divert the nervous shock from the head and spine. But so soon as the reactionary hot stage sets in, cold packing of the whole trunk is to be commenced, and should be continued at shorter or longer intervals until free perspiration or persistent coolness is obtained. And to this he adds (p. 208), "As an auxiliary art homœopathy also provides us with remedies invaluablely potential to assist in arresting or allaying the fierce secondary heat of all fevers which arise from paralysed vaso-motor circulatory power of the capillaries, as well the toxicating ravages which so speedily obtain in unhindered fevers of the typhous and typhoid type. Through the direct influence which it exercises in large doses as an overwhelming paralyser, but in experimentally reduced measure as a restorative incitant of cardiac and capillary contractile vigour, *Aconite* may be regarded as a medicinal sheet-anchor in the hands of the hydrotherapeutic captain, in addition to his own superlatively useful measures, when steering a fellow-creature safely through the shoals and straits of a fever; whilst *Baptisia tinctoria* in conjunction therewith may be relied on (by reason of the close resemblance which the effects of its administration in probative quantities always bear to the characteristic symptoms of gastric and typhoid fever) to cut short and annihilate the intestinal destructive tendencies of this insidious foe at the onset of its formidable invasion."

We welcome this book most cordially as a valuable addition to the practical literature of medicine. It treats of hydrotherapeia in that broad and unsectarian spirit which at once gives us confidence in the thorough honesty and ability of the writer, and we confidently recommend the work to the careful perusal of our readers, feeling sure that they will obtain much invaluable information from its study, not only on the intelligent application of heat and cold and of water cure, but also on the subject of direct and positive medication by homœopathic remedies, applied as restorative stimulants to tracts, parts, or organs depressed in their vitality by morbid causes.

CLINICAL RECORD.

Severe spinal irritation cured by Nux vomica.

By. J. HARMAR SMITH, Blackheath.

MARY J—, æt. 18.

August 27th.—Ill for two days. Constant and severe abdominal pain, with occasional paroxysms of increased violence; tenderness on pressure. *Tinct. Merc. cor.* (1) gt. j o. horâ. I at first gave *Merc. cor.* under the impression that the symptoms were due to peritonitis, but on more careful examination found that a mistake in diagnosis had led to an error in treatment.

28th; *morning*.—Much the same as yesterday. Continue the medicine. *Evening*.—Was summoned in great haste with a message that she was dying. When I entered the house the countenances of the family and assembled friends showed that they really believed this to be the case. The pain in the abdomen had increased to an extreme degree of intensity, with partial remissions and paroxysms of agony, great tenderness on pressure. There was also a sensation of choking, with rattling in the throat, which had led to the idea of her relations that she was dying. There was twitching of the muscles of the extremities (*subsultus tendinum*). These last-mentioned symptoms, together with the absence of fever, led me to the conclusion that the symptoms were due, not to peritonitis, but to spinal irritation. This diagnosis was confirmed by the observation that the abdominal tenderness was superficial (although it did not cease on firm pressure), and that there was also tenderness on pressure in the lumbar region of the spine. Gave *Nux vomica* (1) every half hour, and omitted the *Merc. cor.*

29th.—A very decided improvement; all the symptoms greatly mitigated.

30th.—Further improvement.

September 1st.—Abdominal pain relieved, but still occasional twitching; great debility. She continued to improve, and

though her recovery was retarded by an attack of menorrhagia, which delayed her convalescence, she had no recurrence of the acute affection, the state of morbid excitement of the spinal cord and reflex nerves being completely set aside by the *Nux vomica*.

Spinal irritation; cure by Nux vomica.

August 29th.—I viewed it as a remarkable coincidence that two days after the occurrence of the above case I was sent for to a very similar one in a young man.

John S—, æt. 20. His mother sent for me in great distress, thinking him in much danger. I could not go immediately, but judged from the description of the messenger that he was labouring under peritonitis, and sent *Merc. cor.* I saw him in a few hours, and found, owing to the urgency of the symptoms, his friends in as great distress as in the case above detailed. He had received no relief from the medicine which I had sent. There was intense abdominal pain, with great tenderness on pressure; the pain increased in paroxysms; tympanitic distension. The pulse, however, was little accelerated and easily compressible; there was little heat of the skin, and no other febrile symptoms were present. I therefore referred the symptoms to spinal irritation (a term which, however much it may be sneered at by advanced pathologists, it would be impossible entirely to dispense with in our present state of knowledge) and prescribed *Nux vomica* (1) every half hour.

30th.—A most marked relief to the symptoms quickly followed the exhibition of the remedy.

31st.—Continues better.

September 1st.—Convalescent and gone out.

These cases are interesting illustrations of the *modus operandi* of *Nux vomica*.

Magendie, Grainger, and other physiologists, as quoted by Pereira, conclude the action of this substance to be on the anterior columns of the spinal cord, and Dr. Marshall Hall adds that "the seat of the operation of *Nux vomica* is the seat of the reflex functions."^{*}

* Pereira, *Mat. Med.*, p. 918.

Our colleague, Dr. Hughes, makes the following remarks on the same subject :

“ Claude-Bernard’s beautiful experiments have made it pretty certain that the drug sets up the disease in the same manner as does a wound ; that its morbid impression is first made upon the sensory nerves, and carried by them to the spinal cord, whence it is reflected upon the motor nerves and muscles.” Dr. Hughes adds :—“ The condition induced in the spinal cord itself is one of excitement and excitability. It is not, however, at its highest degree inflammatory. . . . From this follow the phenomena of the motor sphere, which range from simple stiffness or twitching to complete tetanic rigidity. Pereira has pointed out that the influence extends also to the involuntary muscles as to those of the alimentary canal”.*

Thus the pathological condition in each of the above cases is a precise counterpart to that produced by *Nux vomica*. The abdominal pain and hyperæsthesia would be accounted for by morbid excitement of the dorsal filaments entering into the composition of the thoracic ganglia from which the splanchnic nerves are given off. These symptoms *Nux vomica* would cause and therefore cure. In relation to the superficial tenderness observed in the first case as a symptom of *Nux*, I would observe that all the dorsal nerves send branches directly to the skin of the abdomen.

The subsultus tendinum in this case I need scarcely say is a symptom of *Nux vomica*, also the choking and rattling in the throat would correspond to its action on the recurrent laryngeal nerve.

The secondary action of the *Nux* on the splanchnic nerves would, doubtless, account for its removal of the tympanitic distension in the second case.

The primary error in diagnosis and its result in both cases is interesting as illustrating the bearing of pathology on rational therapeutics.

* *Pharmacodynamics*, pp. 415, 416.

Convulsions cured by Ignatia. By Dr. TH. RÜCKERT.

On the 7th November, 1871, there was brought to me a boy, æt. 10, of robust appearance, but pale, who until the previous summer had always been in good health, but at that time he got a *fright*, which brought on convulsions of a peculiar character. The medical man who first saw him attributed the fits to the presence of a tapeworm, and pooh-poohed the idea of a fright having anything to do with them. The supposed intestinal parasite was duly assailed. And lo! after several attempts a tapeworm was actually expelled, but the disease of the now weakened boy not only remained as before, the fits even became more frequent and more violent. The parents watched their course for weeks without doing anything, until at length in November they brought the boy to me. I could discern nothing of a morbid character in the state of the boy's health, except that his digestion was rather weak, partly owing to the effects of the vermifuge remedies, partly to the abuse of sweets, which were frequently given him in order to keep him in good humour, for every foolish fancy he had was immediately gratified because any contradiction brought on a fit. On making more particular inquiries about the fright I learnt that in July the boy had gone with some other children to a neighbouring village through the fields when suddenly a hare sprang up in front of him. He ran home trembling with fear, and that very evening had a fit. From what his mother told me I found that he had daily from six to ten fits. He either falls asleep when standing and falls down, or says he is sleepy and lies down quickly, when he remains unconscious for half an hour or for several hours, then with closed eyes begins to clutch his fists, hides under the bedclothes, from which he peeps out timidly, raises his arms and legs and then his whole body, pushes forward his lower jaw, and suddenly wakes up gasping, and his first words are to complain of hunger. In the intervals he is always very frightened, and his hands, fingers and toes are convulsively contracted, as I noticed myself. He complains also of stuffy cold and fulness and heaviness of the head. This was evidently a case for *Ignatia*, so I gave him five doses of *Ignatia* 12, one to be taken every night.

On the 13th November his mother came to me in great glee

and told me that after the first dose he had a severe fit, after the second only two light fits of drowsiness, lasting about two minutes; the frightened disposition was gone, and the contortions of the hands were insignificant. I gave six more doses of *Ignatia*.

Nov. 20th.—The drowsiness during the day is gone; once only when he was asleep at night he had slight twitching of the limbs. I prescribed seven doses of *Ignatia*, one every other night.

Dec. 4th.—The boy is quite well, all except the stuffy cold, and goes to school every day. The medicine had thus cured the disease completely, which I scarcely expected. I prescribed, perhaps needlessly, three doses of *Sulphur* 30, and the boy continued well, as I was able to ascertain quite recently. (*Allg. hom. Zeitung*, 19th, February, 1872.)

On Balsamum Copaiva. By Dr. WOLF, of Berlin.

THOSE medicines which have a limited but decided sphere of action are often indispensable, and do good service when the so-called polychrests leave us in the lurch. Among these remedies I would place *Copaiba*, which has met with little attention from homœopaths. The allopathists, as is well known, employ it only in gonorrhœa, and often in the most absurdly large doses; they do not trouble themselves about its real specific action. Of late years even they employ it but seldom; it has been superseded by the more rapidly acting injections. It is probably being slowly consigned to the medical lumber room, like many another powerful medicine, whose name only still lingers in the books on *materia medica* like the "in memoriam" of a departed friend, of whom it was necessary to say something. Whilst new transatlantic remedies are daily cropping up, the names of which it is hard to remember, it seems worth while to subject to a new proving medicines which have long been in use before laying them quite aside.

The most constant physiological effects caused by the use of *Copaiba* are, in brief, the following:—Copious secretion of urine of balsamic odour, and burning in the neck of the bladder and urethra. Pressure on the bladder, with frequent fruitless urinary

tenesmus and the passage of urine by drops; tickling, inflammation, and swelling of the mouth of the urethra, and pains all along the penis. Mucous discharge from the urethra. Diarrhœa, alternating with obstinate constipation; stitches in the rectum. By its prolonged use painful micturition, retention of urine and bloody urine. Violent emotions, with lascivious thoughts, constant excitement of the sexual desire, aching drawing in the testicles, redness and acrid humour on the scrotum and between it and the thighs, swelling and tenderness of the inguinal glands. In women, forcing down in bladder and uterine region, drawing in the uterus and mouth of the bladder and in vagina, burning and itching in urethra and vagina; milky, acrid, sore-making discharge, with painful micturition, throbbing and pains in ovarian region.

I omit the detail of the other symptoms, which show no distinct action on particular organs, and will only observe that I saw the use of *Copaiba* followed by urticaria, and on another occasion saw an old obstinate urticaria disappear completely under its use. A year has elapsed without its recurrence, whereas formerly never a month passed without, at least, an attack of a week's duration.

The physiological symptoms show the well-known specific action of the remedy on the uro-genital system of both sexes. We here find the picture of vesical and urethral catarrh, with its various accompanying symptoms up to complete retention of urine, also the perfectly similar array of symptoms of gonorrhœa, with indications of the sympathetic inguinal bubo, as also inflammation of testicles and epididymis.

This remedy shows in its symptoms a resemblance to gonorrhœa such as the remedies usually recommended, *Belladonna*, *Cannabis*, *Cantharis*, *Mercurius*, *Thuja*. &c., do not display. It is thus a true simile, whereas the other remedies only correspond to certain stages of the disease, and can therefore be employed to a certain extent only sympathetically.

Balsamum copaivæ is useful in all stages of the disease in question. At the commencement of the inflammation I give the 3rd decimal dilution (which dissolves in strong alcohol, forming a clear fluid), and by the use of this remedy I subdue the inflammatory symptoms, particularly the urinary tenesmus and painful micturition. When this stage is overcome I have recourse to the 2nd, and finally to the 1st decimal dilution. In this way I succeed

in curing completely the disease in from four to five weeks. At the same time I cause the patient to bathe the penis frequently, at first in tepid and afterwards in cold water.

If any gleet remains, which has its seat in the fossa navicularis and, as is well known, is often very obstinate, I have often found the employment of the *Liquor ferri sesquichlor.*, 2nd decimal dilution, very efficacious.

Copaiba is often very useful in urinary difficulties, such as troublesome call to make water, with painful micturition and retention of urine from other causes, *e. g.* taking cold. I may be allowed to cite a few cases.

A mason consulted me for a complaint of the bladder that had lasted a year. He complained of frequent call to make water, and especially of violent pains in the neck of the bladder whenever he attempted to micturate, and of occasional retention of urine. He had never had gonorrhœa, and he had no signs of stricture. The affection was apparently owing to catching cold and indulgence in beer and spirits. He had been frequently treated by many medical men, the last of whom told him he had stone in the bladder and advised him to go into a hospital. Before doing so, however, he was anxious to try homœopathy. I gave him first the 2nd dil. of *Copaiba*, afterwards the 1st, and his malady soon improved; after four weeks of this treatment he considered himself quite cured. I made him go on with the remedy for a fortnight longer, and when I saw him six months afterwards he said he had never felt anything more of his bladder affection.

An old soldier, who in his youth had suffered from love and its consequences in every variety, from gonorrhœa preputialis to syphilitic nodes, had often been quickly relieved by means of this remedy in his ailments caused by old strictures in the urethra. Once in my absence he sent for another doctor, who disdained to use homœopathic drops and attempted to introduce a catheter. But he got no further than the strictures, caused troublesome hæmorrhage, and left the patient with his distended bladder to his fate, declaring he could only be relieved by perforating the bladder, and advised him to go as quickly as possible into a hospital. Another medical man also made fruitless attempts with the catheter, and the following morning I found the poor man in a miserable condition. The penis was swollen, excessively

painful, and firm clots of blood filled the urethra. His abdomen was distended, and he was a prey to the most agonising pains.

Such being the state of affairs I could not promise anything consolatory to his friends, but as they and the patient also begged and prayed of me to try the catheter once more, I made use of a procedure which has spared many patients the operation which the other medical men recommended. As far as I know, this plan is not generally known, and is recommendable by reason of its simplicity. I introduce a suitable, middle-sized, German silver catheter, well oiled, until I meet with resistance which cannot be overcome by cautious manipulation. I now inject through the opening of the catheter about a teaspoonful of warm oil (almond or olive oil), whereby the urethra becomes so lubricated at the seat of the resistance that after one or two repetitions of this process strictures apparently insurmountable are overcome. In this way it is almost impossible to make false passages. By the ordinary method, when an oiled catheter only is used, the oil is soon rubbed off by the passage downwards of the catheter. The moist mucous membrane of the urethra adheres firmly to the smooth metal, whereby the admission of the catheter through a narrow portion of the urethra becomes almost impossible.

In this case, having brought the patient under the influence of chloroform, I succeeded, by the method described, in introducing a middle-sized catheter into the bladder. I evacuated an enormous quantity of fetid urine, at first bloody, and afterwards opaque; I now made frequent injections of water through the catheter, which I kept in the bladder, and got him to drink a good deal of water, whereby the urine soon became clearer and lost its bad smell. After forty-eight hours I withdrew the catheter in the morning, but in the evening I was informed that the patient had great urinary tenesmus, with the emission of urine by drops, attended by pain, and a relapse was apprehended. I now ordered the 2nd dilution of *Copaiba*, three drops every hour on sugar, and the next day found my patient in a satisfactory state. After three doses he had passed a cupful of urine, and on waking after midnight he was able to evacuate the bladder completely. I caused the remedy to be continued, and in a few days the tenesmus, pain, and all other disagreeable symptoms, were quite removed. After this attack the patient was able to pass his water with ease, whereas previously he had to strain for some minutes before he could do so.

On another occasion I was consulted by a young merchant who had had repeated attacks of gonorrhœa. He complained of urging to make water, with inability to retain his urine, which was a great hindrance to him in business, as he was obliged to leave his office every half or quarter hour. At the same time he had vesical tenesmus, pains and stitches in the rectum. An examination showed the following state of things:—There was no discharge from the urethra; its orifice was reddened, and also the mucous membrane of the extremity of the urethra; the attempt to introduce a catheter caused such horrible pain that it had to be abandoned. The urethra was not very tender on being pressed anteriorly, but was so between scrotum and rectum. Examination per anum showed considerable swelling of the prostate, and the aching, shooting pains in this region pointed to chronic inflammation of this organ.

In this case also *Balsam. copiv.* was of great service. At first the 2nd, afterwards the 1st dil., four drops three times a day, completely removed the troublesome symptoms; the subsequent administration of *Iod.* 3 reduced the prostate to nearly its normal dimensions.

After gonorrhœa that has been treated by injections there often remains urinary tenesmus, with frequent emission of urine. The sphincter muscle of the bladder is unable to retain a considerable quantity of urine. Formerly I could only succeed in removing this state of things by introducing a bougie; now I only employ the *Balsam. cop.*, which rarely fails, and renders unnecessary the introduction of the instrument, which is always regarded by the patient with mistrust. When there is a suspicion of stricture an examination of the urethra cannot be dispensed with.

In one case a patient, who had used the remedy for some time for gonorrhœa, informed me that his piles which he had had for years had completely disappeared; and he feared they had gone internally. I cannot say for certain that the medicine was the cause of the disappearance of the piles, and yet it may be that it was, for the physiological effects point to a specific relation to the lower bowel, and particularly the rectum.

As regards the efficacy of the remedy in diseases of the kidneys, womb, and vagina, I have not sufficient experience to enable me to say anything very decided. But it has undoubted influence

over the female uro-genital system. Dilutions above the third decimal do not seem to have any effect.—(*Allg. hom. Ztg.*)

Sudor Pedum.

A young man, aged 20, suffered from sweat of feet of a peculiar kind. He was a great swimmer, frequently changed socks and boots. It was only on the heels that the secretion of a clear serum occurred. The smell might have been owing to the leather of his boots. The secretion was confined to a circular patch on the heel, which was white like soaked salt-fish, full of countless deep holes like a sieve. In twenty-four hours the socks were coloured brown, by maceration of the lining of the boot, like oak bark. The malady had existed for years. *Sulphur* for several months, one dose per week, then *Silica* in the same way, removed the affection, but not until the heel had acquired its normal appearance, the holes had disappeared, and a normal skin had formed, which took two years. I must confess that I have nothing favorable to say of *Silica*, though I have frequently employed it, but always without visible result.

A pendant to this case was that of a young brunette who menstruated regularly. Those about her could not stand the smell of her axillary perspiration. I examined her, and was made aware of the penetrating goat-like smell. Her body-linen was much injured by it. *Sulphur* 15 once a week for four months, followed by *Sepia* 30 once a week, and after a year of this treatment her aunt had no cause to complain of the smell.—(*Allg. hom. Ztg.*, 5th Feb., 1872.)

Rhus in a severe Case of Measles. By Dr. H. GOULLON.

K—, a one-year volunteer, aged 19, had gone to drill on Thursday, but felt ill at the time. He had headache, furred tongue, some fever, and anorexia. I prescribed *Bryonia* 3. On

Friday he was worse. He had bilious vomiting with the cough. The tongue was as white as in gastricismus. Headache worse. Burning dry heat of skin. *Ipec.* 1. All Saturday he was in a state of drowsiness. The measles had broken out all over the upper part of the body. He had quite a piebald appearance. Head swelled, deep red, almost blue. Pulse suspiciously full, as though he would have an attack of apoplexy. Had he been in hospital he had not got off without a venesection or twelve cupping-glasses. I confess that, in the first years of my homœopathic practice, I would have seen in this case an *indicatio vitalis* for bloodletting. Who can tell if it would have been advantageous to the patient! Now we can safely assert that under pure homœopathic treatment the course of the disease was remarkably quick and favorable, although under *Bellad.* 6 every two hours, the night between Saturday and Sunday was the worst he had, almost complete inability to speak, previously he had been very hoarse. Delirium, dry tongue, almost complete loss of sleep, repeated bilious vomiting, and frequent diarrhœa, made me apprehend the worst; besides, on Sunday, in the morning the thermometer showed the temperature of the skin to be 40° (C.), but under the use of *Rhus* 6 a favorable remission set in, so favorable that by Monday morning he was almost free from fever. Although the administration of *Rhus* was followed by two attacks of bilious vomiting, I continued its use, because it corresponded best to the other morbid symptoms. The usual photophobia of measles, the shaking cough, and the hoarse, unresonant voice, lasted for some days longer, the fever, bilious vomiting, diarrhœa, and severe headache, which, before the administration of *Rhus*, was almost intolerable, had completely left the patient. It is noteworthy that during the convalescence the pulse was slower than during health (55 per minute), and in place of the former tenseness and fulness the opposite condition occurred.—(*Allg. hom. Ztg.*, 29th Jan., 1872.)

Painful Swelling on Back.

WE should always note everything that we can observe in the patient with all our five senses. We generally trust to what the

patient says, and it is only after a careful examination that we find him to be suffering from quite another thing than what we first thought. A withered old maid of 60 begged me to give her a remedy for nocturnal pain in the back. The pain commenced at the left of the spine, and twined forwards under the left breast; kept her awake from 12 to 4 or 5 in the morning; the three points of an intercostal neuralgia were painful on pressure; the pulse was not febrile, but slow and rarely intermitted, as it often does in old people. Appetite and thirst normal. Nothing characteristic either when moving or lying still; the warmth of the bed caused no aggravation, for during the period from 9 to 12, which she passed in bed, there were no pains. *Bryonia* 15 caused the pains to cease the first night, so I was greeted with thanks in the morning. The patient could not describe the kind of pain; I only noticed that when there was a spasm of pain the whole body jerked, as when one starts from sudden fright. These electric shocks led me to suspect an affection of the spinal cord. When she was stripped nothing abnormal could be observed on the attenuated skeleton; pressure between the apex of the left scapula and the spine excited the pain, and also a jerk in the extremities, and I felt there a hard place the size of a hazel-nut, without heat or external redness. Every time pressure was made on that spot the above phenomena were produced. The skin could not be moved over the swelling, and I could not determine the nature of the tumour beneath the skin, whether it was an abscess or a commencing anthrax. The patient, to my chagrin, passed eight days in pain before the examination was permitted. One evening I was accidentally with the patient, and found her free from fever, but the pulse intermitted every two or three beats, and never made seven beats without an intermission. In the morning I found the pulse intermittent, but at rare intervals. No longer heeding the secondary symptoms, I administered *Mer. cor.*, 2nd trit., four doses daily, which gave her tolerable nights. Between-whiles I gave *Bryonia* (induratio text. cellularis), *Sulphur*, but I each time repented having done so in the morning after a disturbed night, and I returned to *Mercurius*. Four weeks were required before the insignificant swelling under the skin disappeared, and the pulse intermitted rarely. Of course I had to employ, besides, rubbing with oil and warm linseed poultices. Domestic arrangements did not admit

of warm baths. In order to prevent future attacks of her malady the patient applied a pitch plaster. As it was her back and not mine that was concerned, I had nothing to say against this remedy.—(*Allg. hom. Ztg.*, 5th February, 1872.)

Lilium Tigrinum.

Additional Observations by W. E. PAYNE, M.D.

IN the case of one of the provers, a maiden lady who had safely passed her *climacteric* and whose symptoms are not given by Dr. Hale, almost from the beginning, and during the whole period through which the proving extended, and for several weeks after the last dose of *Lilium* was taken, both the *left mammary gland* and the *left ovary* were severely and persistently affected; in the *left mamma* were severe cutting, sometimes dull aching, and sometimes sharp twinging or stinging pains; or a feeling as if the gland were grasped, or constricted, with a sensation of great heaviness of the breast. The pains extended from the *mamma* around to the base of the scapula, and were increased by lying on the left side; and in the *left ovary* were stinging, darting, cutting, and sometimes grasping pains, with a swollen sensation, and tenderness to firm pressure, but slightly relieved by moderate pressure and gentle rubbing. These symptoms, as with nearly all the symptoms of the *Lilium*, were worse in the night, commencing at about 5 o'clock in the afternoon, extending through the night, and culminating in a very acrid diarrhœic discharge in the morning immediately on rising, when the remainder of the day would be passed in tolerable comfort up to about 5 p.m.

The same morbid persistency that showed itself in the *left mammary gland* and *left ovary* appeared also in persistent *morning diarrhœa* and *urethral irritation*. Diarrhœic discharges occurred every morning, commencing as soon as the prover was on her feet, followed by an acrid, smarting, burning sensation at the anus and up the rectum, as if a hot spray were projected upon the parts; while there was also a frequent discharge of urine, followed by the same kind of smarting, and irritation along the urethra.

The smarting and irritation were not felt at the time of the fæcal and urinary passages, but immediately after. These symptoms were constant throughout the proving, and continued to recur for several weeks after the last dose of the *Lilium* was taken.

In the uterine region there was severe pressing, bearing-down sensation, with the feeling as if the whole internal parts would be forced through the vagina, making the desire irresistible to press the hands firmly against the *vulva* to prevent the parts from escaping; the whole genital organs felt as if swollen, with smarting and irritation of the labia; great tenderness to touch, and acrid leucorrhœa; indeed, the whole of the *female reproductive organs*, as well as those devoted to the *sustentation* of the new being, seemed to be profoundly affected.

In three of the provers the uterus was found, on examination to be *anteverted*, while in the fourth case there can be but little doubt that this was the condition, though the question was left unsettled on account of the opposition of the prover to submit to a physical examination.

In the case of the first prover (May, 1869), who had passed her climacteric some two years, where the uterus was found pressed down very low, with the *os* bearing hard against the *rectum*, and the *fundus* resting upon the *bladder* and *pubis*, there was, earlier in the proving, quite active uterine hæmorrhage—the first discharge from the vagina in two years, but it was of short duration and has not returned now more than two years, nor has there been any evidence of uterine displacement since its restoration under the use of *Holonias*.

There have been fourteen provers in all—five men, and nine women. With the men the *heart* seemed to be more affected, and with the women the *reproductive organs*. The symptoms obtained by the several provers are singularly corroborative, and may be taken as genuine effects of the drug, as the provers generally were unacquainted with each other, and too far removed to admit the possibility of any collusion.

All the provings have been made with the tincture, or attenuations prepared therefrom, of either the stalks, leaves and flowers combined, or the pollen alone, all of which were gathered in the months of August or September, when the plant was in full maturity. No difference was observable in the disease-begetting

powers of the plant and the pollen. Both seemed equally potent in developing symptoms.—(*Am. Hom. Obs.*)

Paullinia sorbilis in Sick Headache.

IN the northern part of this island, when any one communicates as a piece of news something that is already well known, his information is dubbed "piper's news," and he gets laughed at for his pains. Our allopathic friends are constantly favouring us with novelties which to us homœopathists are nothing else than "piper's news." If ever we find an allopathic colleague modestly drawing the attention of his brethren to a new remedy we may be pretty sure that his discovery has been anticipated years before, and if not taken from a homœopathic source has been noticed in our homœopathic periodicals long before it attracted his observation. One of the last novelties of the allopathic school is that mentioned at the head of this paragraph, which was announced by Dr. Wilks in the *British Medical Journal*, and is copied into the pages of our monthly contemporary, *The Practitioner*, as follows :

"Dr. Wilks writes to draw the attention of the profession to *Guarana* as a remedy for sick headache, and at the same time to ask for the experience of those who have already some acquaintance with the drug. His own knowledge of it dates about two years back, when, after the appearance of one of his lectures upon sick headache, he received a letter from Mr. Helmsken, of British Columbia, enclosing two powders which he recommended to him with much confidence as able to cure the complaint. He said, that having heard much of the remedy, 'I resolved to try the medicine upon one of my patients who was always coming to me with sick headache ; and sure enough it acted like a charm, and in place of suffering for twenty hours or so the headache had disappeared in a couple. This accords with what others have told me.' Upon the occurrence of Dr. Wilks' first headache after the receipt of Mr. Helmsken's letter he took the remedy, but only with doubtful effect. He, therefore, did no more than casually mention the remedy to his friends, but did not recommend it. A

few weeks ago, after the appearance of a second communication of his in the *Brit. Med. Journal* upon the same complaint, he received a letter from Dr. Wood, of Montreal, in which he also recommended *Guarana* as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says, 'By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind) I have carried off the attack, and with the first box absolutely put it off for two months, something which had never occurred in my life before.' Upon so good an authority Dr. Wilks determined to try the remedy in a more systematic manner, and requested his neighbour, Mr. Hooper, the chemist, to procure him a packet of the powders. These he has recommended to several patients and friends, and the result is so encouraging that he has hastened to suggest their trial to his professional brethren. One lady speaks most enthusiastically of their power, as she has now on two occasions had the headache averted by their use. The drug has long been known, for mention is made of it in English and French pharmacologies, but it appears never to have come into general use. It consists of the seeds of a tree growing in Brazil, called *Paullinia sorbilis*, and these, according to Johnson, in his *Ohemistry of Common Life*, are used as we do cocoa. The seeds are ground into powder, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimault and Co., No. 7, Rue de la Feuillade, Paris."

In a paper on "Migraine," by Dr. Clotar Müller, in vol. xxi of this Journal, p. 20, occur the following remarks on *Paullinia*.

"I come, finally, to some palliatives and auxiliary remedies in the treatment of migraine. Before all I must quote *Paullinia*. This remedy, which unfortunately has been submitted to no physiological provings, has decidedly a very special effect in attacks of migraine. I have only used it myself on a few occasions, but regularly in half an hour or an hour complete cessation, or at least considerable amendment, has been observed. Also I have questioned a good many migrainic patients who had taken the medicine at their own discretion, and almost always obtained confirmation of this striking result. To be candid, however, this remedy is said to exhibit no effect touching the return of the

attacks, and, what is still more unpleasant, gradually loses its effect by frequent use, as a patient assured me who employed *Paullinia* for more than a year in every attack of migraine, and hitherto had always found benefit. In other respects, this medicine never in any way brings on any perceptible sequelæ or after-sufferings, but acts in a truly surprising and beneficial way, but requires for that purpose a tolerably strong dose. Homœopathic attenuations, at least, are not employed in this instance, for even the first centesimal trituration no longer acts in this way, as I have several times convinced myself. However, it does not require a whole powder, such as is supplied by the trade in Paris; the fourth part of such a powder, according to my experience, succeeds perfectly. Suppose, then, that *Paullinia* acts merely as a palliative, and that its employment in migraine rests merely on general, and not on homœopathic indications; at any rate, it is an important medicine, which, in the present imperfect state of our knowledge and power, ought not to be disregarded. Even at present it offers, in cases where rapid improvement is for special reasons desirable or necessary, a highly valuable and extremely convenient palliative, and it is to be expected that proper provings and exact experiments will convert it into an actual cure for certain definite cases."

So also Trinks, in a paper on migraine in the same volume of this Journal, at page 284, says of *Paullinia sorbilis* :

"This powerfully medicinal plant, brought from Brazil to Europe by Mantius, has latterly been the subject of numerous experiments. In Brazil a paste is made out of the seeds (pasta de guarana) and employed by the natives to cure chronic diarrhœa and dysentery. If I am not in error, it was prescribed in powder by the Parisian physician for migraine as a specific. For some years past these powders are to be had at the apothecaries' shops here at a high price, and I have had many opportunities of observing their effects in migraine. One such powder, taken when premonitory symptoms of an attack appeared, was often able to repress its outbreak; also, if taken at once at the commencement, it had the power to cut it short, though not always; but the oftener these doses came into use the weaker their effects, until at last they were quite powerless. At the height of the paroxysm one such dose and even a second was

quite inefficacious. In no case could the medicine effect a radical cure. Some highly nervous females would have it that they observed an aggravation of the nervous excitement soon after taking it. I can, therefore, commend its palliative effect only a little more than that of strong coffee. It is unfortunate that this palliative effect gets constantly feebler, and soon fails entirely, even if the doses are repeated or increased. Thus, the attacks, after the patients had long used this remedy, remained just as intense and as lasting as before it was tried. The disorder thus had only experienced a momentary diminution. A mixture prepared from this powder proved less effective than the powder itself."

Thus it will be seen that Dr. Wilks is only nine years behind us on the present occasion, and probably we shall not have to wait long before he favours us with other similar discoveries.

MISCELLANEOUS.

Death assisted by Modern Allopathic Practice.

By WM. BAYES, M.D.

THERE is some danger to the public in the saying that modern medicine has been shorn of its dangers, and that the allopathic practice of to-day avoids the severe means by the use of which so many lives were sacrificed to powerful drugs or to the depletions in vogue during the past generation.

Within the last fortnight I have received communications from two patients detailing the manslaughter of friends of theirs at the hands of the modern high priests of Esculapius.

In the first case a relative who had been a sufferer for years died. His wife, greatly fatigued by long watching and nursing the invalid, to whom she had been a thorough, good, loving wife, felt weak and debilitated; about a month after his death she was not very well, and as she had been subject to gall-stones and had pain, sent to her medical adviser, who prescribed an opiate, which she took at once as it was late in the evening. In the morning she could not be roused, and the doctor was sent for in haste, but she expired very soon after his arrival, in spite of all his efforts to neutralize the effect of his medicine. "She left three daughters and a son orphans," says my informant, "having had no time even to bid them adieu."

But this was a very vulgar and bungling way of assisting death; it might have belonged to any age, and can lay no claim to killing by fine art. The following case brings us to a far higher development of the death-assisting art, and belongs altogether to the scientific exhibitions of the medicine of to-day. A year ago the marriage of the young and beautiful Madame — with the heir

to a princely fortune was celebrated by a whole month of festivities. On the 27th of May she died of the "thermometer." It appears that after giving birth to a boy on the 17th, who died a few hours after his birth, Madame — was seized with puerperal fever, which took a typhoid type. The thermometer showed a dangerously high temperature, and the hyper-scientific doctors immediately concluded that the only way to cure was to reduce the temperature down to a safer degree; the patient was sleepless and delirious, and for this a sleep-compelling treatment was also considered indicated. Hence the patient was plunged eight times a day into an *iced bath*, and iced down to a safe standard of temperature, while *Opium* was given internally, and *Opium compresses* were applied externally. On the 27th the patient died.

To me it appears that of all the gross and bungling follies of the present medical day this treatment by thermometer is the grossest and least intelligent; it is not, however, my wish to criticize, but simply to narrate, nor could any comment of mine add to the impressiveness of the climax.

Remedies for Itch. By Prof. VON ROTHMUND, of Munich.

THE remedies hitherto in use for itch, such as Wilkinson's sulphur ointment, Hebra's tar soap, Fleming's solution, &c., are not to be compared for certainty, rapidity, and pleasantness of cure with *Styrax* and *Peruvian balsam*. *Styrax* was first recommended in itch in 1865, by von Pastau, of Berlin. It has shown itself a most efficacious remedy, due to its containing cinnamein cinnamomic acid, and resin. It is used as a mixture:—*Styrax* ʒij, *Ol. olivar.* ʒj; or thus, *Styrax* ʒij, *Alcohol* ʒss, *Ol. olivar.* ʒij. *Styrax* is a good and cheap remedy, its only disadvantage being its very disagreeable smell. For children it is used in the form of soap. *Balsam of Peru* is even better than *Styrax* for the cure of itch. It was first employed in 1853, by Bosck, and was strongly recommended by Bärensprung in 1864, on the strength of an extensive trial of it in the Charité Hospital of Berlin. Its component parts are cinnamein, cinnamomic acid, and resin.

Balsam of Peru is preferable to all the other vaunted remedies, because the acarus scabiei is most rapidly killed by it; because it acts with rapidity, with certainty, and agreeably; because it does no injury to the skin; because it easily penetrates the skin; because baths are not absolutely necessary with it, and because it kills all the acari and their eggs, for when well rubbed into the skin it comes in contact with the eggs. As a remedy for children it is superior to all others. The children are first placed in a warm bath, then well dried, and forty drops of the balsam rubbed well in. This is to be repeated four or five times in the next twenty-four hours, and the cure is complete. It may be used in every form of itch in children with advantage. It has, to be sure, no effect on the eczema scabiei; for this, soap baths, starch powder, or glycerine inunctions, are required. In adults the best plan is to rub in the *Balsam of Peru* all over the naked body, slowly, carefully, and gently, giving special attention to certain parts of the body, especially the fingers. Although in the treatment of itch the rubbing-in cannot act mechanically, yet, whatever substance may be used, the mode of preparing the inunction is of great importance. As the balsam is readily distributed, nine grammes of it suffice for one operation. It is not at all necessary to begin the treatment with a bath; but if a bath is first given the rubbing-in should not follow the bath immediately, as the balsam is more readily absorbed by a dry skin. Hence, in persons who easily perspire the skin should be well dried before the remedy is used. When the operation is carefully performed relapses occur very rarely, and there is never any increase in the eczema that may be present. It is seldom that prurigo occurs after the itch. Should it occur, this disagreeable symptom is more readily removed by the internal use of *Carbolic acid* than by warm baths and soft soap or glycerine. The only objection to *Peru balsam* is its expense. *Carbolic acid*, on account of its efficacy, its facile employment, and its cheapness, deserves to be mentioned next to *Peru balsam*. It must be mixed with glycerine or oleum lini to prevent its caustic action. One scruple of *Acid. carbol.* is to be mixed with two ounces of either of the other two excipients. This remedy has this advantage, that by its action on the peripheric cutaneous nerves it completely removes and prevents the morbid itching, prurigo, and pruritus. In cases of prurigo or pruritus, independent of itch, the

internal use of *Carbolic acid* in the form of pills is an excellent remedy. As the *Carbolic acid* gets pretty quickly into the circulation, it is necessary to give it in very moderate doses, especially where there are parts destitute of epidermis. But as thereby its action is delayed, it is better to employ the *Carbolic acid* in the form of a salt. According to Rothmund, *Natrum carbolicum* supplies all the requirements of a good, rapid, and certain itch remedy. The following is the best way of using it:—℞. *Natr. carbol.* 15 oz., *Aq. destill.* 180 oz. With this the affected portions of the skin are to be rubbed three times a day, and even in the most inveterate cases the treatment never lasts more than two and a half days; relapses are not to be feared, and if the rubbing in is carefully performed no erythema to speak of occurs. During the treatment the patients are in no way hindered from following their usual occupations. One advantage of the *Peru balsam* and *Carbolic acid* treatment of itch is that it is not necessary to disinfect the clothes or bed-linen. In order to make sure, Rothmund recommends an additional rubbing-in to be made some eight or ten days after the cure of the itch, in order to kill any acari or their eggs that may have lurked among the clothes or bed-linen.—(*Bauer, ärztl. Intelligenzblatt*, 41, 1871, quoted in *All. hom. Ztg.*, *Monatbl.* 19 Feb. 1872.)

Ischl and its Sanitary Resources. By Dr. ROTH.

WHILE ON my holiday trip last year I left Vienna for Ischl on a roundabout tour, and passed a few days at Reichenau, situated near the Sömmering mountain, where beautiful scenery and a small hydropathic establishment attract a large number of visitors from Vienna, which, by express, is only an hour and a quarter distant. Besides my old schoolfellow Dr. Hebra, who has built a nice villa on a charming spot, I met there an old friend, the known traveller Dr. Scherzer, to whose agreeable and instructive society I am indebted for many pleasant hours.

Being desirous to see the beautiful scenery of the Austrian Alps, I crossed the Sömmering by rail in an hour and a half, a distance which in 1835, on a pedestrian tour to Italy as a medical student, took me a day and a half. Murray and Baedeker give better accounts than I can give of this beautiful route, which is

the principal one to Trieste. We branched off and passed many lovely valleys in Styria which can quite bear comparison with Swiss scenery. As the railway was not finished we posted about forty miles, stopped a few hours in Aussee, which is surrounded by most lovely and charming hills and mountains; within three hours more we arrived during a torrent of rain in Ischl, at the Hotel Bauer. Although I had telegraphed for rooms, I was disappointed by finding the house full. The proprietor was very polite, but not sufficiently generous to direct me to one of the other hotels, but sent us—I was accompanied by two ladies—to a miserable fifth-class hotel, where it was impossible to stay. Happily, our colleague, my old friend and schoolfellow Dr. Kaan, the well-known homœopathic physician of Ischl, was so kind as immediately to procure for my party very good apartments, although the proprietor of the Hotel Bauer assured us that the number of visitors was so very large, and consequently no room to be had in Ischl. I have mentioned this incident to prevent others from relying on the assurance of the proprietor of the Hotel Bauer, and to save them from passing a miserable night in a low hotel.

Although my engagements did not permit me to stay longer than four days in Ischl, I was, like all those who visit this charming place, delighted by the beautiful scenery and woody mountain, a panorama which changes at every turn.

Within a quarter of an hour's distance there are in all directions of the compass the most pleasant walks, and I can but engage and encourage all my colleagues not to omit, when within a reasonable distance from Ischl, to pay a visit to this delightful watering-place, or to send there patients whose circumstances and state of health permit a rather long journey. I owe it to Dr. Kaan's kindness that I am able to communicate the following notes, which may rouse the interest of my colleagues and induce them to make themselves personally acquainted—in their own as well as their patients' interest—with the sanitary resources of this exquisitely charming Alpine watering-place, which owes its celebrity to the late Dr. Virer, the well-known physician of Vienna, who has the great merit of making Ischl known as a sanitary resort.

About 6000 persons visited Ischl in 1871, and more than 4000 availed themselves of the salt-water bath and whey cure. Ischl

is situated in a valley about 1500 feet above the level of the sea, is surrounded by chalk mountains which are 8000 feet high, and covered by fir and pine forests. The beautiful Alpine meadows called Matlen, the rich vegetation of the Alps, the rapid flow of the river Trann, contribute to the purity and freshness of the balmy air. The patient enjoys the open-air bath without being exposed to dirt and wind, and breathes an air which acts as a tonic, and enables him to bear without injurious effect considerable atmospheric changes. The chalk soil permits the quick percolation of the rain water, and the patients can take open-air exercise an hour after a torrent of rain.

Ischl is in the centre of the Salzkammergut, an hour and a half distant from Ebensee, whence the steamer conveys the traveller to the railway station, Gmunden. Those who prefer a longer journey can post from Salzburg, which is six hours distant; in another direction a stage coach and steamer communicate with the railway station at Vöcklabruck.

Those fond of excursions will find in Dr. Kaan's little book *Ischl et ses Environs*, published by Braumüller, in Vienna, a variety of tours, suitable for the weak and the strong, within a quarter to two and four hours' distance from Ischl.

The following baths can be used:

1. The salt-water bath called Soolenbad contains 25 per cent. common salt. The Soole, a concentrated solution of common salt, contains, according to Schrotter's analysis, at a temperature of 17 Celsius, and at a specific gravity of 1202—

Chlornatrum	24·887
Chlormagnesium	0·859
Brommagnesium	0·012
Sulphate of potash	0·513
„ of soda	0·381
„ of lime	0·384

In the very concentrated Mütter-Lauge traces of lithium, bromine, and iodine are found.

2. The salt-water vapour bath is applied either to the whole body or only locally to the various diseased organs.

3. The sulphur baths. The cold sulphurous spring rises in the Salzberg.

4. The mud or moor-water baths. A ferruginous moor is found near Ischl.

5. All kinds of douche baths.

6. Cold baths in the river. These are taken either in the swimming school or in the river Ischl.

7. The artificial baths, with solution of medicinal salts. These latter are always in store, and brought from Franzensbad, Krankenheil, Vichy, Kreuznach, and other places.

To the sanitary means must be added—

8. The medico-gymnastic establishment.

9. The water-cure establishment of Dr. Porges.

10. The passive exercise in sedan chairs, which is most suitable for weak patients, and which enables them to enjoy an air bath on the surrounding hills and mountains.

11. The Kur-Trink-Anstalt, or the establishment for drinking mineral waters. There are covered walks to enable the patients to walk while drinking the waters.

12. The milk and whey cure consists in drinking milk or whey, either alone or with other mineral waters. The whey is also added to the bath in a smaller or larger quantity.

13. The fresh juice of several medicinal plants is also frequently made use of.

Diseases suitable for Ischl are chronic angina, bronchial catarrh, emphysema pulmonum, tubercles in the *first* stage (these should be sent in July, August, to the middle of September), the diseases of development, sequelæ of pleurisy and pneumonia, and uterine infarctus; milder forms of ovarian tumours, debility after typhus and medicinal poisoning, especially after mercurial treatment; swelling of the testicles, diseases caused by self-pollution and venereal excesses, scrofula, rickets; and Ischl is also frequently used after Carlsbad, Marienbad, and Kissingen.

Ischl offers also many amusements to its visitors. There is a theatre, ball, concert, reading-room, and a casino; strangers from all parts of the world meet here.

The temperature, according to Sigmund, Kaan, and Pollak, compared with Meran and Venice, is shown in the following table:

	Spring.	Summer.	Autumn.	Winter.
Ischl (Réaumur)	+ 6·8	+ 14·1	+ 8·3	+ 0·6
Meran	+ 11·6	+ 17·3	+ 9·9	+ 2·3
Venice	+ 10·08	+ 18·2	+ 10·4	+ 2·0

The season opens at the commencement of May, and lasts until the 15th of October. Drs. Kaan and Brenner are members of the Kur-commission, and intending visitors can order lodgings by applying to these physicians. The principal hotels are Elizabeth, Bauer, Post, Erzherzog, Franz Carl, and Victoria.

The baths are taken according to the prescription of the physicians, and the prices of baths, mineral waters, conveyances, and sedan chairs, are regulated, to prevent the visitors being overcharged. The only drawback I feel it my duty to point out is the bad state of the water-closets and drains, and that the physicians, as well as the town council of Ischl, permit their beautiful river to be polluted by the abominable drains, the presence of which is only too much impressed on the olfactory nerves of the visitors to the promenade, where a band of musicians induces the most fashionably dressed ladies to take a walk in the company of their male companions.

Eucalyptus globulus.

WE have already (vol. xxvii, 681) made mention of the reputation of this remedy as a febrifuge, and we extract from the *Bibl. Hom.* for March last the following particulars respecting it:

The leaves of *Eucalyptus* have for some time past been prescribed by the Paris doctors. They are credited, rightly or wrongly, with great therapeutical virtues. Careful and prolonged experiment can only show in an assured manner if all the assertions made about this substance are well founded. Professor Gubla has devoted two lectures to the examination of the facts and observations announced. For the benefit of our readers we shall give a succinct analysis of these lectures.

Eucalyptus forms a genus of the family of Myrtaceæ, and contains about 100 species, having their habitat in Australia, Tasmania, New Caledonia, and the adjacent islands. The species which we have now to do with—the *Eucalyptus globulus*—is one of the most beautiful representatives of the genus; it is a tree of gigantic size, which grows on all soils and under almost all external conditions, but only attains its true proportions in vegetable detritus. Examples are often met with having a height of seventy mètres, with a girth of twenty mètres at the base;

sometimes they have been found as high as 100 mètres, with a trunk upwards of eight mètres in diameter. The wood is dense and firm, notwithstanding the rapidity of its growth; it furnishes excellent ship-building wood, because it is exempt from the ravages of insects.

All parts of the *Eucalyptus* are rich in aromatic principles, but the leaves and flowers contain them more abundantly than the wood or bark. As these principles constitute the active element, we can understand that the leaves more than any part have been sold in shops and submitted to physiological trials. The leaves are persistent, and contain more of the essence the second year than during the first months; they are only gathered, therefore, when they have come to maturity; green, petiolated, thick, and coriaceous, with a very developed median nervure, *lanceolated falciform*. This last character is very remarkable; moreover, as their growth is dimorphous, two leaves cannot be superimposed exactly unless they are gathered from the same side of the peduncle, otherwise they are only symmetrical, like the two crescents of a parenthesis.

Since 1855, when it was first introduced into France, the *Eucalyptus* has rapidly spread over the southern provinces of France, in Corsica, and Algeria, throughout the circum-Mediterranean region, whose climate is akin to that of its native country. It has been planted in the public promenades of Nice, and also in the squares of Paris, where its remarkable foliage produces an agreeable effect.

In a medical point of view it is an interesting plant, and its aromatic elements ought to recommend it to the attention of physiologists. Belonging to the family of Myrtaceæ, which furnishes us with the clove, the Jamaica pimento, and the cajeput, it would be distinguished among its congeners even had it not offered some peculiarly useful properties.

Forty years ago a remarkable febrifuge action was attributed to it by M. de Salvy, captain in the navy, who, being forced to put into Botany Bay in consequence of a pernicious fever that broke out among his crew, witnessed the cure of his men by means of an infusion of *Eucalyptus*. Since that time the same properties were observed in Spain, from which circumstance it is known throughout the Peninsula by the name of the *fever tree*. Since then French physicians have begun to study its effects, and M. Gubla, in the

lectures we are analysing, has attempted to establish the results of previous labours by his own observations.

According to Cloez, the leaves of *Eucalyptus* contain a small quantity of resin, a large proportion of essential oil and of tannin, similar to that of gall-nuts. This last substance exists in sufficient quantity to enable the leaves to be used for tanning hides. The essence (*eucalyptol*) is oxygenated ($C_{20}H_{20}O_2$), thus resembling *Camphor* in composition; it is dextrogyrous, boils between 170° and 175° , and its density is 0.905.

It is impossible to assert, from what is as yet known, whether *Eucalyptus* contains an immediate crystallizable principle. The attempts to isolate a body of that nature have not been carried out long enough, nor performed in a sufficient variety of manners to satisfy chemists. It is, however, more than probable that its physiological properties belong to the essence, and to the resin which is derived from the former.

Thus, the essential oil is, as far as we know, the most active principle. It presents the following characters and properties:— It has a peculiar and agreeable odour, resembling *Camphor*, lavender, and walnut, but it is not either of those three odours; it is fragrant. Its taste is aromatic, hot, bitter, and somewhat acrid; it excites the salivary glands. In the dose of from one to two grains it is borne as well as the essential oils of the Labiatae; in large quantities it causes gastric derangement. In a word, it produces the general phenomena that follow the ingestion of non-poisonous essential oils—local stimulation—which becomes general after absorption, and manifests itself by acceleration of the pulse. It is eliminated by the lungs, the sudorific glands, and the kidneys.

The leaves, taken in a crude state, cause almost identical phenomena, only modified by the presence of the tannin, of the resin, and of the bitter principles above alluded to.

Thus, the *Eucalyptus* seems to be a medicine allied to the Cruciferae, the Piperaceae, the Labiatae, &c., and to those plants in general which furnish the essential oils, the camphors, the turpentine, and the balsams; however, its chief therapeutic employment is as a febrifuge. The medical men of Australia, Spain, and Algeria, represent it as a substitute for cinchona, or, if not quite equivalent to that substance, at all events as of use in curing intermittent fevers when the latter has failed. One author declines to express

a decided opinion on this point, as he has not had an opportunity of testing it sufficiently and obtaining an adequate number of observations, but, like many others, he testifies to the sort of immunity enjoyed by the countries where *Eucalyptus* grows. Is this immunity due to the medicinal emanations of the tree, or to the nature of the soil where it grows? This question is difficult to answer; but it may be asserted that the aromatic effluvia which abound around the plantations constitute a wholesome—we might say an antiseptic—medium, 'in which deleterious miasms are rapidly annihilated.

We shall not give here in detail the learned discussion in which the professor makes a theoretical examination of the various phenomena that follow the ingestion of *Eucalyptus* or its preparations; that would be to depart from our intention, which is exclusively pharmaceutic, and to trench upon the medical domain. We shall only mention the uses of and the indications for the new remedy. The powder of the leaves, the infusion, and the decoction, may be employed topically for dressing recent wounds; the latter as injections in fetid and suppurating wounds, and in old sinuses. These preparations act as a local stimulant, disinfectant, astringent, and hemostatic. Purulent affections of the urethra and vagina are benefited by injections of decoction of *Eucalyptus*.

When chewed the leaves provoke salivation, perfume the breath, restore their firmness to fungous and bleeding gums, and would seem to be of use in aphthous, mercurial, and ulcero-membranous stomatitis.

The leaves in powder, in the dose of from four to sixteen grammes per diem, as also the aqueous extract in corresponding doses, produce tonic effects, are of use in intermittent fevers and in febrile tuberculosis with profuse sweats.

The tincture is indicated as a febrifuge and hemostatic; the alcoholic extract as a tonic stimulant, which, in combination with *Opium*, might replace *Diascordium* in the treatment of intestinal derangements. Finally, the essential oil, as an active diffusible stimulant, may be given in the dose of from two drops to two grammes in sugar or inclosed in capsules.

Inhalations of the essential oil and cigars made with the leaves seem to us devoid of interest, and destined to but an ephemeral employment.

In conclusion, the air we breathe in districts abounding in the *Eucalyptus* is reckoned highly salutary in the treatment of phthisis; and many travellers from all countries flock to the shores of Australia, where the tree grows abundantly, in the hope of restoring their feeble health, and to fortify in a balsamic atmosphere their lungs that have suffered from the fogs and smoke of towns.

In the *Akhbar* of 1st March, after a number of quotations from various authors, we read the following :

“Strong doses give rise to a somewhat burning taste, which extends to the pharynx and œsophagus, and they cause an over-secretion of buccal mucus and saliva. A sense of heat is felt in the stomach. Large doses (two to four grammes and upwards) produce feeling of weight in the epigastrium, strong-smelling eructations, and the digestion becomes deranged and difficult. This dyspepsia is sometimes followed by a diarrhœa having, like the eructations, the odour of the plant. Moderate doses (from one to two grammes) are generally tolerated, at all events one becomes easily habituated to them. Large doses sometimes cause congestive headache, general excitement, and a desire to keep moving, followed by real fever. The respiratory movements are quickened, the thirst is increased, there is uneasiness and loss of sleep. The contrary takes place in anæmic subjects; the medicine sends them to sleep. All this ensemble of symptoms is of short duration, it rarely lasts beyond a few hours.

“When an excessive quantity of the vapour of the essential oil of *Eucalyptus* is respired in a confined space, it even causes symptoms of poisoning similar to those observed from a sojourn in a chamber newly painted with a turpentine paint, or in which are bouquets of strong-smelling flowers.

“Dr. Picard experienced very severe headache after having taken only one or two deep inspirations of the essential oil.

“In Australia and the adjacent islands *Eucalyptus globulus* is the popular remedy for fevers, but, on the other hand, almost all the facts observed in Europe refer to its utility in marsh fevers. Drs. Tristany, Carvalho, Malingre, Ahernada and Renard agree in speaking highly of the febrifuge properties of *Eucalyptus*. It seems that in the provinces of Valentia, Cadiz, Seville, and Cordova, where the fever tree grows profusely, its employment is attended with great success.”

"It is especially in those cases where *Quinine* and other febrifuges have failed, says Dr. Malingre, that the leaves of *Eucalyptus* produce marvellous and truly incredible results.' 'I have seen patients who had suffered for years from intermittent fevers, and in whom a fatal result seemed imminent, thanks to this remedy they recovered every appearance of health and strength.'

"Dr. Ahernada expresses himself thus:—'I can assure you that an infusion of the leaves of *Eucalyptus globulus* produces marvellous effects in the treatment of intermittent fevers. Could you see the large number of patients who come to me for this remedy, and the despair of those to whom I cannot give the leaves, because my trees are completely denuded of them, your doubts would quickly disappear.'

"On the other hand, the physicians of Algeria record successful cases. But the most important work on this subject has appeared in Corsica. It is by Dr. Regulus Carlotti, of Ajaccio, who adduces his own experience and that of Dr. Tedeschi, a distinguished Corsican physician. The latter has made many trials, and the results are very striking. He has only given the new remedy in very obstinate cases, where the *Sulphate of Quinine* has failed to cure the attacks. There have been, he says, cases of failure and relapses; but the number of successful results is sufficiently great to allow us to conclude that *Eucalyptus* may be ranked along with *Cinchona*.

"Dr. Carlotti is still more favorable to it. Not only does *Eucalyptus* generally cure, but in obstinate cases it seems to have a decided superiority over *Quinine*. The author records several remarkable cases of cure, and he is careful to mention the doses and the mode of administration as well as the physiological effects of the remedy. His work bears the impress of a truly scientific character, and is calculated to carry conviction to the minds of his readers.

"The essential oil of *Eucalyptus* serves to maintain the system in a state of excitation suitable for resisting the bad influence of the locality, and seems to paralyse or to destroy the activity of the pathogenetic cause of animal or vegetable origin. Such is, perhaps, one of the modes of action of the forests of *Eucalyptus* in rendering healthy the places in which it grows, for it is notorious that intermittent fevers never show themselves in these privileged regions, whilst they decimate the Australian popula-

tions in moist and hot localities where this precious tree does not exist. Thus, in the austral parts of Tasmania, where *Eucalyptus* abounds, intermittent fever, according to M. Thazet, is quite unknown. We may thus assume, without any departure from the domain of facts, that the aromatic emanations from clumps of *Eucalyptus* neutralise the effluvia from neighbouring marshes, but it is equally probable that their falling leaves and desquamating bark, like those of the platanus, render wholesome the waters at their feet, which travellers tell us may be drunk with impunity, whereas it would be imprudent to drink the water of other stagnant pools of the same region.

“Whatever may be the interpretation of the fact, the immunity from intermittent fevers enjoyed by countries where the *Eucalyptus* abounds is certainly owing to these balsamic trees. Their cultivation is therefore of importance to hygiene as well as to commerce.

“This magnificent tree already grows in profusion in Provence, in the Maritime Alps, in Corsica, and in Algeria.

“The presence of the essential oil of *Eucalyptus* has a singular effect in preventing the development of cryptogamous plants. Solutions of the salts of strychnine, atropine, morphine, aconitine, and anserine for hypodermic injection prepared with the distilled water of the leaves of *Eucalyptus* preserve their limpidity for several weeks, whilst those prepared at the same time with pure water became filled with confervoid flakes at the end of a few days.

“Will *Eucalyptus* fulfil all the promises made by observers? We must not allow ourselves to be carried away by the enthusiasm of our colleagues; but we would encourage the proprietors of the plain of Mitidja to follow the example of MM. Cordier, Trottier, and Santière, who have large forests of *Eucalyptus* in a flourishing condition. The bad repute of Algeria is owing to its fever. Could we destroy this fever we would increase the value of the land tenfold. By planting the *Eucalyptus* a double end is attained—health and wealth. M. Santière, for instance, has more than 30,000 *Eucalyptus* trees, which can supply annually each a kilogramme of leaves. Reckoning the kilogramme of leaves at one franc (in Paris it sells at ten francs), here is an annual revenue of 30,000 francs which he might derive from the leaves. This should make the most incredulous reflect.”

Ideas respecting the Nature of Menstruation.

By Dr. SIGISMUND, of Budolstadt.

THE prevalent theory respecting the nature of menstruation leaves much unexplained, and is incapable of surmounting some contradictions which need explanation. According to it the essence of menstruation consists in ripening of the ovum in the ovary, congestion and hyperæmia, Graafian vesicle, its evacuation, reception of the ovum by the Fallopian tube, and the periodically recurring sanguineous discharge from the uterus is only to be looked upon as an accessory phenomenon. Thus, menstruation is only to be regarded as a sign that the subject in which it occurs is capable of conceiving, of impregnation; but the menstrual discharge consists of blood, the secretion of the uterine glands, of epithelium and disintegrated mucous membrane, sometimes detached portions of mucous membrane, and in dysmenorrhœa membranacia, entire membranes may come away. But if impregnation of the ovum has occurred the mucous membrane of the uterus, as so-called *membrana decidua*, takes part in the further development of the ovum. The decidua is an hypertrophy of the mucous membrane. It becomes swollen, receives the ovum in its folds, surrounds it like a bladder, and unites with its borders as *decidua reflexa*. It afterwards expands with the growing ovum, and with the rest of the uterine mucous membrane forms the *decidua vera*.

“If we look at the important part played by the hypertrophied uterine mucous membrane in the further development of the impregnated ovum, it must strike us as strange to find it broken up and cast off on the secretion of a new ovum in the process of menstruation. For no one can doubt that the secretions during menstruation consist mostly of the breaking up and casting off of a formed decidua, whose fragments cannot be so distinctly perceived in every individual. But why should this decidua, so necessary for the further development of the impregnated ovum, be destroyed on the occurrence of a new ovum?” The author thinks that in this question there lies an important objection to the correctness of the prevalent theory respecting the nature of menstruation, as also in the frequent observation of impregnation and pregnancy without preceding menstruation.* Impregnation

* Thus, Löwy records the case of a healthy woman who bore six perfect

some time after confinement without previous menstruation is by no means an uncommon occurrence.

The author gives the following explanation of the nature of menstruation.

“The uterus must be in the fittest, most favorable condition for receiving and further developing the impregnated ovum, just before menstruation, as it has then formed the decidua. This structure, which is so important for the development of the impregnated ovum, also receives the unimpregnated ovum. As this is incapable of further growth, the decidua falls into dissolution. Menstruation coming on shows that the pre-existing condition of the uterine mucous membrane has reached its term. The decidua, being no longer required, is cast off. Menstruation is not a proof that an ovum will be excreted, but that an ovum has been excreted and, together with its appendages, is being cast off.

“It is not necessary to conclude that the preparation of a fresh ovum may not be commenced which remains incapable of being impregnated until some time before the next menstrual period. Menstruation is thus an abortus. Even in the case of a virgin it is an abortus, only here it is a normal necessary process, for the chief requisite for the further development of the ovum, the male semen, is wanting, whereas it is present when coitus takes place, so that in the latter case menstruation is not a necessary process. Here, however, it is the same indication, an abortus of an unimpregnated ovum, or a non-adherent ovum, and of the decidual condition.

“Thus is explained in the simplest manner the dysmenorrhœa membranacea in individuals who have never had sexual connexion (for I must not be understood to say that dysmenorrhœa membranacea presupposes previous coitus, I assert distinctly that it can be explained without the occurrence of coitus). It is an abortus of the decidua in large pieces, whereas in ordinary menstruation the membrane is cast off imperceptibly. Thus also is explained the occurrence of menstruation where the ovaries are unconnected with the uterine apparatus, for there is no reason why the periodical formation of the decidua may not take place independently of the formation of an ovum, it being a process incident to the uterus itself, only this process is not repeated if impregnated, and never menstruated until her thirty-first year. It was only several months after her last confinement that regular menstruation set in.

nation has taken place, as in the case of extra-uterine pregnancy, where the decidua remains attached to the uterus until the termination of pregnancy, though it cannot perform its peculiar function. But a decidua, without ripening of the ovum, without a possibility of its impregnation, must undergo the process of abortion."

According to this theory impregnation and pregnancy without preceding menstruation is easily explicable. The virgin before her first menstruation, and the delivered woman before her next menstruation after her confinement, are capable of impregnation, for the ovum must have been previously excreted. All that is required is that the male semen shall meet the first ripened ovum in order that impregnation should take place. The decidua then develops itself further, it does not need to be cast off, no abortus occurs.

In cases of amenorrhœa with periodical pains in the abdomen, which have been referred to ripening of the ovum, we have to do with morbid processes, which admit of various explanations.—(*Berl. klin. Wochensch.*, 1871, 52, quoted in *Allg. hom. Zeitung*, Monatsblatt, Feb. 19th, 1872.)

Note on Plumbum. By Dr. DUDGON.

In the *Allg. hom. Zeitung* for April 15th of this year Dr. H. Hartlaub, of Blankenburg, objects to a remark casually made by me in this Journal for July of last year, where, à propos of a case cured by *Plumbum carbonicum*, I said—"Though there is no actual proving of *Plumbum*, there is no substance whose general physiological action is better known to us through the recorded cases of poisoning." Dr. Hartlaub finds fault with this statement, and refers me to the first vol. of the *Materia Medica*, by his brother and Dr. Trinks, which contains a "proving" of lead, "consisting of more than 1000 symptoms, of which nearly one half are derived from new provings, and not from poisonings or accidental observation."

I admit that the expression I used, "there is no actual proving," is not strictly correct, but I meant to say that there was no proving worthy of the name; for in spite of Hartlaub's statement, any one may convince himself that the symptoms contributed by Hartlaub and Trinks's provers, in spite of their

declaration that they had subjected it to "a careful proving on the healthy by means of moderate doses of the *Acetate of Lead*," are mostly of a very trivial description, and add little or nothing to the knowledge of the physiological action of this metal we derive from other sources.

The total number of lead symptoms in Hartlaub and Trinks's *Materia Medica* is 1020. Of these, 459 were contributed by five provers, viz. Hartlaub, Trinks, Hering, Bethmann and Ng. (Nenning), in the following proportions:—Hartlaub 88, Trinks 44, Hering 87, Bethmann 3, and Nenning 287. Some of the symptoms recorded by Hartlaub, Trinks, and Hering may be characteristic of the action of lead on the system, and I would particularly mention those contributed by Trinks as bearing the greatest stamp of a real action of the drug upon the system, but most of the symptoms recorded by these provers are vague in the extreme, and show that the provings were not carried to any great lengths. As regards the 287 symptoms contributed by Nenning, considerably more than the half of all those proceeding from the provers, they are of the same unsatisfactory, indefinite kind as those this indefatigable symptom-manufacturer supplied to the pathogeneses of so many drugs. Hahnemann himself, we know, only admitted Nenning's symptoms with great reluctance. (See his remarks, *Chr. Krank.*, I, p. 85, and IV, p. 135.) Many distinguished writers on the homœopathic *Materia Medica* are of opinion that all Nenning's so-called provings should be expunged, and I do not believe we would lose much if they were. Thus, though not literally correct, I was, *pace* Dr. Hartlaub, virtually so, in asserting that we had no *actual* proving of lead, for the mostly very colourless symptoms contributed by Hartlaub and Trinks's provers hardly constitute what we understand by a "proving."

Remarks on the Treatment of Itch. By Dr. TILBURY FOX.

"We talk of papular, vesicular, and pustular scabies; whereas the scabies itself is only the acarus in its burrow—the cuniculus with the vesicle at one end (the result of effusion set up by the entrance of the acarus), and the imbedded acarus, showing itself as a white opaque speck, at the other end. All else is merely

secondary to the irritation set up and the scratching practised for its relief. The papules are erected and congested follicles, the pustules suppurating follicles; and these papules and pustules occur as a part of many other diseases in which the skin is subjected to severe irritation. Kill the acari, and the secondary eruption disappears of course. But what do we do usually? We treat, not only the essential disease, the real scabies—namely, the acarian furrow and its imbedded ova and acari—but also the secondary results in the same manner, applying to them the same parasiticide. Yet we should treat the former by parasiticides and the latter by soothing remedies; the more so as we know that the acari are generally to be found in certain localities. In recent cases in adults the localisation of the acari to the interdigits and the region of the wrists is complete; and it is easy to do harm by intensifying the secondary irritation, though the original cause (the acari) may be destroyed by our remedies. Therefore, I say, in recent scabies use the parasiticides, *Sulphur* or *Storax*, *Petroleum*, *Benzine*, or the like, to the wrists and interdigits, and simple unguents to other parts. In chronic scabies the case is different, for here the acari may be more or less ubiquitous as regards the body. But even here a distinction is to be made: the parasiticide should be applied to the small and fine rash, and not to the ecthymatous pustules.

“Error number one, then, in the treatment of scabies, which is often made, is the application of parasiticides to ‘the wrong place.’ Error number two is the use of too powerful parasiticides. We need only use half a drachm of *Sulphur* to the ounce of lard; there is no occasion for a stronger ointment nor for *Hellebore* ointment. Gentle friction for a long time with a milder preparation is all that is required. Error number three is the use of parasiticides for too long a time. The use of a parasiticide for two or three days should be followed by a good washing and the discontinuance of the remedies for a night. If the patient be not troubled with itching during the night he may conclude that the acari are killed, and all we need do is to guard against the hatching out of fresh acari by the light application of our parasiticide once a day to any ‘pimply’ places for a few days longer, taking care that the foul clothes are well heated or scalded. It often happens that the remedy used to destroy the acari is continuously used until it sets up on its own account severe irritation, which is mistaken for an

increase or spread of the scabies. 'Not too strong and not too long' is my rule for the use of remedies in scabies. The occurrence of red, rough, erythematous patches is a sign that the remedy itself is creating a disease.

"I do not like *Sulphur* baths. Don't use them in recent cases; you need only treat the hand with parasitocides. In our new baths we shall cure our patients at a sitting, and disinfect their clothes at the same time. But in private practice you must follow the old-fashioned plan. I prefer, for ordinary use, an ointment made of half a drachm of *Sulphur*, five grains of *White precipitate*, ten drops of *Oil of Chamomile*, five drops of *Creosote*, to one ounce of lard. For chronic scabies *Sulphuret of Potassium* baths or an *Iodide of Potassium* lotion, one drachm to six ounces of water, are good; but I like the first-named remedy as well as any. Should we disinfect the clothes? Yes, by strong heat. I cannot *prove* to you that the clothes convey infection; but I believe it better to be on the safe side."—(*Lancet*.)

Improved Method for the Microscopic Examination of Urine, &c.

WHATEVER can diminish his labour and save his time must be welcome to the busy practitioner. The ordinary method of examining urinary deposits microscopically entails a considerable expenditure of both; and the process has generally to be repeated several times in order to discover all the characters of the deposit. By the use of the simple contrivance of a "submersion tube," first described by Dr. Dudgeon, in vol. xi of the *Quarterly Journal of Microscopical Science*, this labour is greatly diminished, and a large quantity of the urine can at the same time be examined at one operation. The submersion tube is simply a brass tube closed at the end by a thin plate of glass, which is screwed on to the objective, so that the latter may be dipped into the fluid under examination, which is contained in a glass tank or trough placed upon the stage of the microscope. The urinary deposit is, in most cases, quickly thrown down upon the bottom of the trough, and thus the examination of a large quantity of urinary deposit is at one time made quite practicable. The advantage of

such a plan as this will be apparent in many cases; as, for example, in the urine of patients suffering from contracted granular kidney, with few renal casts.

The only points to be attended to in the construction of the submersion tube are, that the length the tube projects beyond the object-glass shall be less than the focal distance of the latter, and that the thin glass plate shall be cemented to the brass tube in a perfectly water-tight manner. As the fluid in the trough must be kept horizontal, the microscope of the ordinary construction must, of course, be used perpendicularly, so that if we wish to be seated while making our examination, the microscope should commonly stand on a low table, or a common wooden chair. Objectives of various powers, fitted with a submersion tube, are very useful for examining minute aquatic vegetable and animal organisms in a considerable quantity of fluid. They are especially adapted for watching the development of the ova of fishes, amphibia, and molluscs, for examining the circulation in the transparent membranes of fishes, and for all other purposes when it is necessary that the object under examination should be immersed in a considerable quantity of fluid. The examination of vomited matters, neglected as a rule by practitioners, will be, in some instances, also greatly facilitated by Dr. Dudgeon's submersion tube.

Mr. Adie, of Pall Mall, or any other optician, can make a submersion tube to fit on to an objective of any power up to a quarter of an inch, and perhaps even to objectives of higher powers, though, for ordinary purposes, it is not necessary to go beyond the quarter-inch objective. It is scarcely necessary to remove the submersion tube when examining objects in the ordinary way between two plates of glass, for the thin glass plate that closes the end of the tubes does not appreciably affect the distinctness of definition of the object seen through it. The glass trough should be made of pieces of plate glass cemented together with marine glue. For examining urine it need not be more than two inches square and one inch deep. We are of opinion, from a careful trial with the submersion tube, that its advantages are such as to encourage and simplify the use of the microscope in the wards and in private practice.—(*British Medical Journal*, March 28rd, 1872.)

OBITUARY.

DR. WILLIAM HENDERSON,
Late Professor of Pathology in the University of Edinburgh.

A GREAT man has passed away from among us, the greatest of all who have dared to investigate, and to avow their belief in, the therapeutics revealed to us by the genius of Hahnemann, and this we say in full remembrance of other illustrious men who have publicly professed their adhesion to homœopathy, while still filling conspicuous posts in the established schools of medicine, such as D'Amador, the Arnolds, Zlatarovich, and others.

The high place in medicine attained by Henderson cannot be better shown than by the obituary notice of him in a recent number of the *Lancet*, which during his life was his most unscrupulous detractor and vilifier, because he had the manliness and the honesty to confess his belief in the doctrines of similars. This memoir will be found at p. 457.

Not long since we passed in review the many services rendered to general medicine and to pathology by our lamented friend. We were induced to do so by the slighting manner in which he was publicly spoken of by Dr. Balfour, Professor of Botany in the Edinburgh University, on the occasion of his retirement from the Chair of Pathology. But though the account we then gave detailed the services he had rendered to our art before his inquiry into homœopathy, we look upon his services after that date as of infinitely greater value to medicine than all that he did previously; and we are convinced that posterity will form the same opinion of his works, and assign to him a high rank among the heroes of medicine for those very achievements which are now either ignored or sneered at by the organs of the dominant sect.

We understand that Dr. Henderson's attention was first called to homœopathy by our colleague Dr. Malan, who was at that time a student in Edinburgh, and that it was by the

advice of the profound and logical Abercrombie that he was induced to prosecute an inquiry into its truth in the wards of the Royal Infirmary; and when that illustrious man heard that Henderson was engaged in the investigation, he expressed his pleasure, and said, "Now we shall know if there is anything in it."

That was how a truly wise and far-seeing medical philosopher like Abercrombie regarded the inquiry undertaken by the foremost man of the rising generation of the medical profession. But Abercrombie was then on the retired list. He had withdrawn from the heat and turmoil of the battle, and could contemplate his art from a stand-point where he was far removed from the meaner influences that are apt to warp the judgment of those actually engaged in the strife.

Very different was the conduct of his colleagues and contemporaries. Most of them expressed their disapprobation by refusing to associate with or even to speak to him; in short, treated him as though he had committed a criminal act. Those who still remained on friendly terms with him—they were but four in all, and we have pleasure in giving their names, as their continued friendship offers an agreeable contrast to the meanness of the others—they were Drs. Skae, John Reid, James Duncan, and George Bell; they remonstrated with him, conjured him to abandon what they considered a suicidal course, told him that the whole profession in Scotland were looking to him as the worthy successor of Abercrombie as chief consulting physician of the metropolis; in short, they used every argument and entreaty they could to induce him to give up, or at all events not to publish the results of his investigations.

Henderson stood firm, and assured his friends that he must act up to his conscientious conviction, and that, whatever he might lose, he dared not tamper with the truth.

How grandly the figure of Henderson, resolute to announce his confidence in a mode of treatment he believed to be fraught with the greatest benefits to humanity, at the risk, nay, with the certainty, of thereby losing friends, position, practice, everything in short that a young medical man holds most dear; how grandly, we say, his figure rises above those of his contemporaries, who would quench the light of truth itself if it stood in the way of the objects of their ambition.

Even in the matter of pecuniary emolument the loss sustained by Henderson by his avowal of his conscientious belief was immense. He was forced to give up his chair of clinical medicine, to resign his appointment at the Royal Infirmary, and his practice fell away almost entirely. And yet the *Medical Times and Gazette* has the effrontery and the meanness to insinuate that Henderson's profession of a belief in homœopathy was actuated by the most sordid motives. This Pecksniff of the medical press concludes a mendacious biography of this high-minded man in these words, "His life is instructive; it teaches that money is not everything, and is not to be compared with the loss of professional estimation."

How bright Henderson's conduct in reference to homœopathy shines when contrasted with that of the chief representatives of modern physic! When his investigations had convinced him of its truth, not all the entreaties of his friends, the threats of his adversaries, the revilings of the medical press, nor the certainty of loss of consideration, status, and pecuniary emolument, sufficed to deter him from proclaiming the excellence of the system, and giving the merited honour to its founder. Contrast this noble conduct with the behaviour of those modern representatives of medical progress, Sydney Binger, Wilks, Murchison, Harley, and the rest, who pilfer from us, and abuse us while they do so—like the gallant Pistol, they "eat and eke they swear." Their conduct reminds us of those ill-conditioned dogs who snatch at the proffered bone growling and snarling the while.

One would have thought that the very circumstance of a man whom his constant reviler during life describes when dead as "a thinker of rare acuteness and force, a physician of varied and profound accomplishments," setting himself seriously to investigate a new system of medicine, and after a careful trial pronouncing in its favour, would have interested his colleagues, and led them also to inquire into the possible truth of homœopathy. But, on the contrary, a howl of disapprobation rose on every side. The certain loss of status and fees was more to be dreaded than the possible rejection of a great truth in therapeutics. So the example of this "thinker of rare acuteness" and, we may add, truth-loving and conscientious physician, was followed by none of his colleagues; on the contrary, they one and all withdrew from association with him and ousted him from his clinical professor-

ship. Led on by Professor Syme they endeavoured to get him deposed from his chair of pathology,* but as he held this chair *ad vitam aut culpam*, they were powerless to deprive him of it; so they tried, but unsuccessfully, to exclude pathology from the obligatory curriculum of study.† The great Simpson himself wrote an elaborate but scurrilous and mendacious attack upon the system,‡ which Henderson answered by a defence of homœopathy distinguished by its calm and judicial tone.§ All the controversial writings of Henderson are models of acute and profound reasoning, playful irony and good-natured banter; and all his essays on practical subjects display an earnest desire to arrive at the truth by painstaking research. There is nothing in our literature equal to his "Letter to the President of the Medico-Chirurgical Society," his "Letter to the Patrons of the University," his letter to Sir John Forbes,|| his replies to Simpson and to Gairdner,¶ his "Introduction to the Study of Homœopathy," and the papers on pneumonia,** on Bright's disease,†† apoplexy,‡‡ &c., with which our readers are familiar.

His whole life showed him to be a man of deep convictions and thorough honesty. His Christianity was in harmony with his general character—deep, earnest, unobtrusive. As a man he was affectionate, kind, upright, and straightforward. As a physician, varied in learning, accurate in observing, swift, decided, and sure in diagnosis. These qualities inspired his patients with unbounded confidence, while his kindly, sympathetic manner and unwearied attention in the time of sickness secured their affection.

He was very fond of field-sports, especially of angling, and those who have had the privilege of accompany him on his excursions to Tweedside testify to the charms of his companionship. He was genial and amusing, brimful of playful wit, and many of his *facetie* are still current among those who enjoyed his intimacy. He drew on his imagination, not on his memory, for his humorous sallies, and he never shone to greater advantage than at some

* *British Journal of Homœopathy*, ix, 620.

† *Ibid.*, x, 156.

‡ *Homœopathy, its Tenets and Tendencies, Theological and Therapeutical*.
By J. Y. Simpson, M.D., &c.

§ *Homœopathy Fairly Represented*. By W. Henderson, M.D., &c.

|| *British Journal of Homœopathy*, iv, 148.

¶ *Ibid.*, xv, 299.

** *Ibid.*, x, 629.

†† *Ibid.*, xiv, 1.

‡‡ *Ibid.*, v, 45.

friendly dinner-table where his sprightly raillery and humour would keep the table in a roar. His wit was of that genial kind that never seeks to hurt, and it sometimes served a good end, as in the following instance, which has been communicated to us by one of his friends:—A native of Ceylon had been examined for his medical degree at the Edinburgh University. He had made a very creditable appearance before each of the examiners, and they were about to pass him when Professor Trail objected on the ground that the candidate could not spell. He contended with great energy that it would be a disgrace to the university to turn out a graduate so utterly ignorant of orthography as he was. "Fancy," added the crotchety professor, "he actually spells the word 'exceed' with one e." "Oh," said Dr. Henderson, "there is an excuse for him; you should remember he comes from the country of the Cingalese." This happy witticism turned the laugh against the professor and saved the dusky candidate.

The intrinsic qualities of the gifted physician speedily attracted a large number of patients to him, many of whom were prejudiced against homœopathy, but sought his opinion as to the nature of their disease. Sir J. Simpson himself has been known to advise patients to get the opinion of "our professor of pathology."

To us his life is fraught with quite other instruction than that deduced from it by the editor of the *Medical Times and Gazette*. We cannot help contrasting the noble conduct of the deceased in reference to homœopathy with the meanness of modern representatives of scientific medicine who appropriate its remedies and denounce it as sheer unscientific quackery. And these are the men a partisan press delights to honour, while the high-minded Henderson is abused while living and traduced when dead. Who can wonder that the profession should have sunk to its present low estimation in the eyes of the public, when a truthful and honourable man is held up to scorn and ridicule, and those whose conduct towards the most important truth in medicine that has ever been enunciated is neither truthful nor honourable, are installed in the highest places, and entrusted with the education of the rising generation of medical practitioners?

Henderson took a prominent share in raising up that rational and scientific school of homœopathy which has been always, we trust, fully represented in this Journal, and which

characterizes, we may venture to hope, nearly all the representatives in this country of the body who confess the fundamental truth of the law of specifics discovered by Hahnemann. We sincerely hope that the scientific spirit that animated Henderson in his life-long labours, and especially in his therapeutic investigations, will still continue to possess the adherents of the British homœopathic school, and that the influence of his earnest and truth-loving mind will extend to the followers of Hahnemann throughout the world.

We may conclude this notice by an account of the last illness of Dr. Henderson, which has been supplied to us by his friend and successor Dr. Bryce.

“In the winter of 1868 he suffered a good deal from obscure pains in the chest, which he attributed to rheumatism of the costal cartilages, but which were in reality the first warnings of the dire disease which, in the very prime of his usefulness, has removed from among us a valuable life.

“In the spring of 1869 he himself discovered the existence of an aneurism of the aorta. After submitting himself to an examination by Dr. Begbie, who was then alive, he resolved to retire from practice, which he did on the 1st of June of that year—the last time he visited a patient.

“It had always been Dr. Henderson’s intention to retire from family practice as soon as his private means and his consulting practice justified him in doing so, and to occupy the leisure thus obtained in condensing and publishing the results of his experience as a homœopathic practitioner. The bad health which caused his enforced retirement, and the rapid progress of his disease, however, completely defeated this project, as he was at a very early period of his illness wholly unfitted for any active mental labour.

“From the spring of 1869 till July, 1870, he was confined in great measure to the house, but was able up to that time to take a drive when fine, and to see a few patients at his own house. From July, 1870, till near close of 1871 he was confined entirely to bed, but after that time was able to spend part of the day in the drawing-room. About the middle of March last the cough became very distressing, and accompanied by a good quantity of purulent bloody expectoration, evidently from congestion (from pressure) of tubes. A few days before his death this ceased, but the

respiration remained very much embarrassed, and finally orthopnoea set in. On the morning of 1st April he became unconscious, and at 10.40 a.m. he fell asleep."

DR. VEIT MEYER.

HOMŒOPATHY in Germany has just sustained an irreparable loss by the death of Dr. Veit Meyer. He was born at Dresden on the 17th February, 1815. His parents were Jews, well off in worldly circumstances, and gave him a good education. He remained to the end a sincere adherent of the religion of his ancestors. He did not take his degree until the year 1842. After his marriage in 1845 with Miss Emma Elb, sister of Dr. Elb and niece of Dr. Wolf, of Dresden, both well-known homœopaths, he directed his attention to homœopathy, and since 1850 he has occupied a prominent position in connection with the homœopathic periodical literature of his country; at first associated with Dr. Clotar Müller in editing the *Vierteljahrschrift*, and for the last eighteen years as sole editor of the *Allgemeine Homœopathische Zeitung*. Our pages have contained several essays of high value written by him,* and he was universally looked up to as one of the ablest representatives and expounders of the system of Hahnemann. He will long be remembered as a man of varied accomplishments, an elegant writer, and a truly scientific practitioner. The *Allgemeine Homœopathische Zeitung*, under his able guidance, attained an influence as the organ of homœopaths of all modes of thinking and practice, such as it had hardly enjoyed under the editorship of its original founders. He died at Leipzig from heart disease on the 22nd of April, much regretted by a large circle of friends, and particularly by his colleagues of the Free Homœopathic Society of that town, in which he had long occupied the post of secretary and occasionally that of president. Dr. Kafka, of Prague, succeeds him as editor of the *Allg. hom. Ztg.*

* See vols. xiii, xiv, xvii, xviii, xxiv.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

CUPRUM : A PHARMCOLOGICAL STUDY.

By Dr. C. HEINIGKE.*

The designation of this remedy with the symbol of Venus by the mediæval alchemists and physicians shows that this elementary substance was used for curative purposes in the early period of the development of medical science. In like manner we find that the oldest metals ascertained to be elementary bodies had their symbolic nomenclature from the names of the heavenly bodies known to the ancients. Thus, *Aurum* had the symbol of Sol, *Argentum* of Luna, *Ferrum* of Mars, *Stannum* of Jupiter, *Plumbum* of Saturn, *Hydrargyrum* of Mercury. Moreover, the supposition seems to be well founded that the alchemists and Spagyristes made a much more extensive use of this metal than the physicians of other schools up to our own time with the exception of those who practise on the homœopathic system and according to the maxims of Rademacher, for the importance of this metal as a remedy

* From the *Internationale homœopathische Presse*, Bd. i, H. 6.

is fully recognised by the adherents of these schools. We may be sure that before Paracelsus the alchemists frequently employed all the above metals for medicinal purposes, and that all the more, as it is probable that the alchemical physicians employed for the preparation of their remedies a solvent unknown to modern chemistry. In a future article I may be able to throw some light on the probable composition and preparation of this alchemical menstruum ; in this place it would lead me too far from my immediate subject. As the secret of the mode of preparing the alchemical oleum æruginis, sive spiritus vel essentia, quintessentia Veneris, sank into oblivion as the adepts, its possessors, died out, so the reputation of copper as a remedy seemed to decline among physicians. This might partly be owing to the circumstance that the indications for the appropriate use of this remedy were lost when polypharmacy became habitual ; partly also to this that the usual large doses produced undesirable symptoms of poisoning owing to the corrosive nature of the preparations (with the exception of *Limatura cupri* and *Cupr. oxydatum nigrum*). In modern pharmacopœias of the dominant school almost the only preparations of *Copper* to be met with are the *Sulphate of Copper* as an ingredient of "croup-powders," and the *Cuprum aluminatum* in solution as an external application in ulcers of the conjunctiva and cornea. Even the *Emplastrum æruginis* (*vulgo* "corn-plaster") as a popular remedy seems to have shared the fate of the "scientific" preparations, and like the once celebrated "antispasmodic" *Cuprum sulphurico-ammoniatum* to have fallen into utter neglect.

All the greater are our obligations to the two able and intelligent physicians, Hahnemann and Rademacher, who, by their studies and observations, endeavoured to elucidate the value of this metal as a medicine, and to draw it out of the cold shade of undeserved neglect into the light. Both contributed to furnish the indications for its use in diseases, each in his own way—one by the results of physiological experimentation, the other by observations *ex usu in morbis*. The observations of both are in accord, and when any

hiatus appears, the physiological proving symptoms are complemented by the clinical data.

Generalities.

Symptoms of Poisoning.—The compounds of *Copper* with *Acetic, Sulphuric, Nitric, and Hydrochloric acids*, when introduced into the stomach, even in small doses, act as corrosives, and occasion violent retching, vomiting, pains in the stomach and bowels, diarrhoea sometimes mixed with blood, general debility, anxiety, small pulse, fainting, and convulsions. Chronic *Copper-poisoning* is characterised by metallic taste, derangements of digestion, nausea and vomiting, colic, delirium, nervous affections of various kinds amounting to paralysis of single parts, greenish coloration of the hair, cachectic conditions sometimes with febrile phenomena. Corrigan and others have pointed out the purple line that forms at the border of the retracted gum and goes off but slowly. Much depends on the condition of aggregation and the quality of the chemical combination in which the *Copper* is introduced into the organism. Many persons display a considerable degree of immunity for *Reguline Copper* and *Oxyde of Copper*. Städeler and Langenbeck made some experiments on dogs in order to ascertain the action of fatty acid salts of *Copper*; they found that the solution of *Oxyde of Copper* in fats and likewise the salts which contain fatty acid with a high atomic weight, as *Stearate* and *Oleate of Oxyde of Copper* are but slightly hurtful and never fatal; but that *Salts of Copper*, which contain volatile fatty acids, as *Butyric acid*, act as strong poisons.

Dr. Mair, in his experiments on animals, particularly alludes to the increased biliary secretion and the lax character of the parenchyma of the liver. In the bodies of those poisoned by *Copper*, especially with the basic *Acetate of Oxyde of Copper* (verdigris), Rokitsansky found the mucous membrane of the stomach injected in various degrees, ecchymosed, bleeding, at the same time swollen

and puckered, hæmorrhagic erosions. The mucous membrane of the small intestines appeared similarly affected, the solitary follicles and Peyer's patches swollen; the former often infiltrated with pus or even ulcerated. The mucous membrane of the colon also showed considerable losses of substance, the peritoneum was sometimes injected with flocculent exudation.

Orfila and some chemists regard copper as one of the constituents of the organic tissues of man; probably the view of other chemists and physiologists that the copper found on analysis is an accidental constituent is more correct.

Rademacher classes *Cuprum* along with *Ferrum* and *Natron nitricum* among his "universal remedies;" though he confesses that these three do not include all the universalia of the Spagyrist. Rademacher was no theorist, and did not wish to be one; on the contrary, he was the opponent of all theory. However, he needed a clue in order to connect his experimental facts relating to the actions of medicines one with another, since he had recourse to his division of medicines into universal and organic remedies. The intelligent Dr. Kissel changed the term "universal remedies" into "blood remedies;" and at first sight this transformation of the idea appears very happy. But, in the first place, the blood in respect to its quality is itself the product of the functions of many structures, and cannot be permanently altered in its composition unless the blood-making organs are *first* altered in their functions. In the second place, the process of reasoning, whereby a medicine is dubbed "blood-remedy," is faulty, as it proceeds from a *petitio principii*, so far as it is held to cure a preconceived certain quality of blood-disease. With equal justice could *Sulphur*, *Calcar. carb.*, *Phosphorus*, and many other medicinal substances be termed blood-remedies. The remarks made by Rademacher as to the employment of this substance in diseases deserve attention as clinical hints. He says that it deserves to be borne in mind when a premature—as far as the patient's age is concerned—exhaustion of the general strength in cases of illness is observed, whereby the

danger of acute maladies is increased. The favorable effect in the course of an acute disease, he says, is shown after repeated and frequent doses of this medicine after twenty-four hours' employment of it, at least in the subjective direction of the patient's feeling of betterness.

As a further criterion for the continued use or the leaving off of the medicine after the lapse of the above period, he mentions a peculiar phenomenon in connection with the renal secretion. When, for example, the urine, from being passed in small quantities, of acid reaction, cloudy, and dark-coloured, becomes, *ceteris paribus*, lighter coloured and clearer, this, in conjunction with the improvement in the subjective sensations of the patient—even though that improvement should be but slight—speaks for the favorable action of the remedy, and is an indication for its continuance. When, on the contrary, the urinary secretion is not quantitatively increased, but is rather diminished, its colour is deeper, the cloudiness goes on to the formation of a sediment, then we cannot hope for any amendment from its continued use, it is unsuitable for the case in hand.

If, finally, the urine during the employment of *Cuprum* becomes alkaline, this constitutes an indication for the employment of *Ferrum*. In the employment of this as of other remedies in acute diseases, the epidemic constitution of the diseases must be carefully considered. It cannot be denied that attention to these hints would be of use to physicians in their practice.

Dr. v. Grauvogl, who has also paid much attention to the effects of copper in diseases, in his explanation of the mode of action of this remedy, seems to rely chiefly on physical experiment, according to which copper in a state of minute division (consequently in the molecular form) possesses the power of absorbing large quantities of ozone, and to this capacity of absorption he ascribes its faculty of stimulating the functional energy of organs by increasing the processes of oxydation in the interior of the tissues. According to this, the increased organic function must be regarded as solely due to the physical process of an enhanced mode of oxydation. If it cannot be doubted that in general

the so-called vital functions go hand in hand with the physico-chemical and morphological processes, neither can the accuracy of these facts, observed experimentally in particular, be denied. But it may be thought that Dr. v. Grauvogl's explanation will not suffice as the sole and only explanation of all the observed effects of *Cuprum* on the organism under all conditions. As this subject is of homœopathic interest, I may be allowed to elucidate somewhat more fully the import and the extent of this explanation.

Let us take an example:—We have before us a patient who is temporarily affected by frequent asthmatic paroxysms; let us suppose that the group of symptoms accompanying the asthmatic attacks corresponds with the symptoms of *Cuprum*; let us admit, with Von Grauvogl, that the character of the corporeal constitution of the patient must be held to be carbo-nitrogenous, and that, finally, the epidemic influences prevailing at the time indicate the employment of an ozonising remedy; then we would, in strict conformity with Von Grauvogl's views, prescribe for this patient *Cuprum acet.* 3^x, with the direction to take frequent doses, at short intervals, of from three to five drops mixed with water, and as the patient's state improves by this, we allow the remedy to be continued until a radical cure is obtained. This cure takes place in strict conformity with the homœopathic principles; so nothing can be said against it. Let us now consider the explanation of the organic processes. In order to illustrate the various views entertained on the subject, I will set forth the principal of these as follows:

A says: In this patient the oxydative processes of the tissue elements of his organism being imperfectly performed cause these paroxysms of asthma, I administer *Cuprum* minutely divided in the above form and dose, I thereby supply him with innumerable molecules of an element which greedily attracts oxygen out of the surrounding medium, and thereby makes the carbonaceous and nitrogenous compounds retained in the organic molecules capable of being excreted. The red blood-corpuscles being now completely oxydized, give off the oxygen to the brain and spinal chord, which they require in order to perform their normal

functions; the respiratory and vaso-motory nervous centre thenceforward does its duty, the nervus vagus acts energetically, circulation and respiration come into play—consequently the asthma must disappear. By this mode of treatment I seize hold of the disease by the periphery, but by its means penetrate to the centre until I have radically removed the anomaly.

To this B replies: Granted the correctness of the premises and the consequential characters of the deduction in this case, it does not follow that the conditions observed in this case must be present in all cases of asthma (let alone other anomalies curable by *Cuprum*), which have really been cured or may be cured by *Cuprum*, and that the course of the changes effected by the remedy must follow the order described. Analogous cases are cured quite as radically by a couple of globules of *Cupr. met.* 30, dissolved in a glass of water, of which the patient swallows a mouthful from time to time. Under such a treatment it seems rather far-fetched to assert that this proportionately small number of finest copper molecules would be able, in their character of ozone-bearers, so to alter the constitution of the mass of blood as to decarbonize and oxydize its hypercarbonized constituents. A much more plausible explanation seems to me to be the following:—*Ipecacuanha* and *Veratrum album*, when given to healthy individuals, cause asthmatic attacks, and cure similar affections in the sick, without giving us reason to suppose that the molecules of those remedies exert any immediate influence on the oxydative processes of the blood-cells by their contact with these. On the contrary, we must explain their curative action by the immediate contact of the medicinal molecules with the delicate nervous ganglia which are grouped on the calamus scriptorius of the medulla oblongata, where they act as a stimulant to the function of this nervous centre, whereby a certain series of tolerably well-known changes are set up in the direction of the periphery of the organs and tissues. In like manner it is highly probable that it is the contact of the molecules of *Cuprum* 30 with the organic molecules of the respiratory and vaso-motory nervous centre, which, as a

function-stimulant, sets up the well-known succession of changes following on its administration, and effects the cure of the asthmatic patient. Whilst in the first explanation the medicine is supposed to act from the periphery to the centre, I attack the affection at once at the centre and then work outwards to the periphery. Admitting, that in the disease in question, states of hypercarbonization and oxydative processes of organic molecules play an important part, in the explanation I have proposed the series of changes produced by the medicine takes place in the reverse order, whereby the several links in the chain of the causal nexus are preserved unimpaired.

Finally C thus expresses his views: Both explanations are right; but the first is not tenable without the second, whereas the second is correct without the first. When A adduces the physico-chemical explanation alone, he overlooks the circumstance that the molecules of the 3rd decimal dilution still come in contact with the organic molecules of the medulla oblongata, according to the laws of organic affinity, and influence the functions of this group of cells. Thus the molecules of this dilution act not only on the periphery, but also on the centre; in this case, therefore, the affection is simultaneously attacked at its centre and at its periphery. In such cases it is probable that this therapeutic manœuvre attains its end as rapidly as it is possible to do so. In general, however, when it is a question of molecular actions, the functional explanation must be preferred.

I may make but a passing allusion to another objection to this ozonizing theory, and that is, if we consider the several groups of the physiological symptoms of *Cuprum* it is scarcely possible to explain the ensuing changes from the normal states on the supposition of increased oxydizing processes: so we shall always be forced to seek for another explanation.

All the manifestations of the action of copper on healthy and sick persons go to confirm the view that this metal, in its molecular condition, is a powerful remedy for the functions of the whole nervous system in the directions of

sensibility, mobility, and reproduction. Proceeding from this point of view for the better understanding of the medicine, we shall arrange the symptoms derived from provings according to the tissues in which they manifest themselves most distinctly, and which we may accordingly term the specific correlates of this drug.

SPECIFIC CORRELATES.

I. *Brain and cerebral nerves.*

That *Cuprum* exercises no inconsiderable influence on the functions of the ganglia of the central hemisphere and of the cerebellum, is evident from the phenomena enumerated in Hahnemann's register of symptoms from 1 to 55. The intellectual, as also the somatic sphere of the sensibility are shown to be affected in various ways, so that symptoms such as irritable humour, fearfulness, melancholy, irresolution, dislike to all occupation, absence of thoughts, weakness of memory, diminished power of thinking, sleepiness, as signs of diminished functional energy, are observed as frequently as, under other conditions, are states of exaltation; such as spasmodic laughter, deliria of various kinds, insane ideas, violent maniacal paroxysms. Along with these we meet with anæsthesias, paræsthesias and algias of various degrees. The symptoms of heaviness in the head and vertigo, heat and redness of the skin, and increased turgor of the cellular tissue increase to the most violent headaches and to the group of symptoms constituting meningitis.

Under such circumstances we cannot wonder when we find some of the cerebral nerves functionally affected. Thus the *nervi oculo-motores, trochlearis* and *abducens* in the phenomena of nystagmus, inability to open the lids, staring look, dilated pupils. We find the *pars sensitiva nervi trigemini* affected by the occurrence of hyperæsthesias and neuralgias within the sphere of its ramifications, and its *pars motoris* in the occurrence of trismus. The implication of the *nerv. hypoglossus* betrays itself by the symptom of

aphasia with unimpaired intelligence. The functions of the nerv. facialis appear disturbed in the symptoms: altered features and spasmodic distortion of the face. The nerv. glosso-pharyngeus shows abnormal character of the taste and in the sphere of its motor fibres exhibits paretic states of the mm. contractores pharyngis, betrayed by the noisy deglutition of fluids. Whether it be through the agency of the facial or of the sympathetic nerve, we find an increased action of the salivary glands. Whether the symptom of deafness and the sensation of fluttering in the left ear (S. 86 and 88) must be referred to an idiopathic affection of the nerv. acusticus, or whether these symptoms must be viewed as results of abnormal states of the circulation inside the ear may be undecided; this much is certain, that in the vascular sphere connected with this organ—as far as the carotid system ramifies—states of temporary hyperæmia as well as anæmia are observed.

As phenomena belong to this section, I may mention conjunctivitis and angina tonsillaris. The abnormal functions of the nerv. vagus will be mentioned under the correlated organs.

Physicians of Hahnemann's and Rademacher's schools have in their clinical experience corroborated the curative powers of *Cuprum* in—

1. Deliria and maniacal states of various kinds.
2. Meningitis.
3. Apoplexy.
4. Cephalalgia.
5. Prosopalgia.
6. Paralysis of the abducens nerve.
7. Conjunctivitis and its consequences.
8. Glossitis.
9. Ptyalism from abuse of mercury.
10. Angina tonsillaris.

II. *Spinal chord.*

The affections of the spinal nerves show themselves as neuroses of sensibility and mobility. The diminution of all

functional energy is remarkable; a greater number of symptoms derived from provings point to great general debility and muscular weakness, with tendency to trembling of all the limbs and syncope on the slightest exertion. In the lower extremities, especially the left leg, positive symptoms are more conspicuous than in the upper extremities, although "weakness and paralysis of the hand" (S. 283) and "numbness and shrivelling of the fingers" (S. 289) have been observed. The pareses of sensation appear to manifest themselves from the periphery to the centre. Algias come as so-called "rheumatoid" pains in all directions of the spinal nerves on the nape, back, shoulders, loins, sciatic nerves, and their ramifications. Sometimes they come on in jerks and make the convulsions often occurring after *Copper*, e. g., of the abdominal muscles or calves, all the more intolerable.

The influence of *Cuprum* on the cerebro-spinal nervous system is peculiar, inasmuch as it generally manifests itself in the form of clonic (more rarely tonic) spasms. These convulsions are sometimes epileptiform and in well-marked paroxysms without loss of consciousness. When it does not go as far as paroxysms of convulsions the affection of the motor sphere shows itself as temporary jerking, and shocks, and as trembling of some limbs or groups of muscles.

Clinical observations show curative effects in—

1. Rheumatic affections of various parts.
2. Paralysis.
3. Chorea S. Viti.
4. Epilepsy and convulsive paroxysms.

III. *Organs of respiration.*

Not only is the mucous membrane of this system affected with catarrh, but we conclude that even the parenchyma of the lung is affected with congestive states. Along with the nasal, laryngeal, and bronchial catarrh we frequently find an extraordinary debility. The hoarseness is attended with

fits of coughing of long duration, generally followed by slight expectoration, but besides the muco-purulent sputa sometimes blood is coughed up. This extravasated blood, with the concomitant symptoms of feeling of pain in the thorax, sense of pressurè and tightness when breathing, dyspnœa increasing to violent asthmatic paroxysms, fully justifies this conclusion, that besides the manifestations of a neurosis of sensation of the vagus nerve, the vaso-motor and trophic part of its fibres is also affected, whereby the unmistakable hyperæmic states of those organs are produced, which, when of longer duration, are attended by exudations.

The therapeutic observations belonging to this section show the good effects of *Cuprum* in—

1. Laryngeal catarrh with hoarseness.
2. Croup.
3. Bronchial catarrh, bronchitis capillaris.
4. Pneumonia.
5. Fits of coughing, hooping-cough.
6. Asthmatic affections.

IV. *Organs of circulation.*

Through the medium of the branches of the vagus, of the respiratory nervous centre generally, and probably, also, of the cardiac ganglia, the function of the cardiac muscle, and the tension of the walls of the vessels are variously modified. We find the symptoms of small, irregular, quick pulse, retarded pulse and violent palpitation frequently occurring among those poisoned by copper, as well as among provers. The whole vascular system participates, inasmuch as a congestion of blood in the central parts, generally only of a temporary character, occurs whilst the peripheric parts are proportionately bloodless. This occurs often with distinctly perceptible febrile movements. The skin, according as the alternate states of hyperæmia and anæmia are present, has at one time the appearance of increased turgor, with redness, heat, perspiration; at another time the pale, lax,

cool character of collapse. The suppression of the reproductive functions, the general turgor vitalis, and prostration of strength, characterise, as a rule, the chronic action of *Copper* on sensitive subjects. Vesicular eruptions not unfrequently ensue on partial cutaneous hyperæmias.

The clinical observations belonging to this division refer to curative effects of *Copper* in—

1. Endocarditis and acute rheumatism.
2. Eclytic states, syncope.
3. Acute exanthemata, such as scarlatina, rubeola, variola, erysipelas faciei. (It is especially indicated in suppressed exanthemata, or such as came out with difficulty.)
4. Eczema impetiginodes.
5. Intermittent fever.
6. Phlebitis and lymphangitis.
7. Chlorosis.

V. Digestive organs.

Cuprum irritating the phrenic nerve causes spasmodic contractions of the diaphragm in the form of fits of hiccough. We find, also, a series of abnormal states in the gastric functions of the vagus nerve, accompanied by simultaneous inflammatory affection of the cœliacplexus. According to the quality of the preparation, to the size and frequency of the dose, and to the conditions of the individual organism, *Cuprum* causes loss of appetite or craving hunger, but most frequently nausea, inclination to vomit, vomiting of the contents of the stomach and of mucus, bile, and even blood. The retching and vomiting is generally attended by colicky pains. Not unfrequently there accompany the vomiting, diarrhœic stools, which may even contain an intermixture of blood. But attacks of cardialgia proceeding from the cœliac plexus may occur without nausea and retching. We also notice an analogue of this symptom, namely, neurosis of the plexus mesaraicus; along with these may be soft, bilious stools, but also, sometimes, constipation. We may say that, as a rule, the "nervous" symptoms predominate over

the catarrhal and inflammatory. The entozoa in the bowels are usually killed by *Oxyde of Copper*; this is particularly the case with tape-worm, the joints of which die off in succession.

We find the confirmation of these effects in practice by the cure of a number of cases of—

1. Intestinal catarrh with diarrhœa.
2. Dysentery.
3. Cardialgia.
4. Hæmatemesis.
5. Cholera in the first stage.
6. Colic.

VI. *Uropoietic and sexual organs.*

We find repeatedly in our provings of medicines and in cases of poisoning, that medicinal substances that affect the functions and structure of the heart also exert a marked influence on the state of the kidneys and their secretion. This circumstance is partly explained by this that the pressure of the column of blood which exercises its effect on the parenchyma of the kidneys is modified by the state of the heart's function, so that disturbances of the circulation, caused by anomalous conditions of the texture of the heart, produce derangements of the structure of the kidneys and anomalous functions of those organs. On the other hand, we are aware that certain medicinal agents, *e. g. Arsenic, Aurum, Phosphorus, Coccionella*, and also *Cuprum*, inasmuch as they act on the nervous centres of both organs, affect the functions and structures of both. Thus we must assert for *Cuprum* a specific affinity for the kidneys, manifested by their increased secretive function; for the diminished secretion noticed must be regarded as secondary action, as the subsequent sinking of the functional undulation curve. Conformably with this we find also the condition of catarrhal affection in the mucous membrane sphere of these parts extending to the orifice of the urethra, which may even go the length of balanitis.

Although the results of provings in the female are defective, we may, judging from therapeutic experience, take for granted that the effects of *Cuprum* on the female uro-sexual organs are analogous to those in the male. But we should not overlook the fact that in males *Cuprum* causes an increased flow of blood towards the organs in question, and an exaltation of the *nisus sexualis*.

Clinical facts, showing the cures effected by *Cuprum* corroborate and complete our information as to the power of this medicine in the following diseases :

1. Nephritis with albuminuria.
2. Anasarca of the lower extremities resulting therefrom.
3. Uterine neuralgia (especially following suppression by a chill of the menstrual function).
4. Oophoritis.
5. After-pains.
6. Metritis.

According to the above we possess in *Cuprum* a true polychrest, the importance of which is still more striking in certain epidemic morbid conditions.

CUNDURANGO IN CANCER.

By Dr. C. MÜLLER.*

IN the first or second year of my medical practice I was summoned late one evening to an elderly gentleman, who, after a rather long walk, had suddenly been seized with very violent pain on the dorsum of the right foot. Examination showed a considerable tense red swelling of the soft parts of the foot from the ankle-joint to the toes, very painful to pressure and on movement. There were no signs of a sprain nor yet of an arthritic affection; the patient had never before suffered from gout or rheumatism,

* From the *Internationale homöopathische Presse*, Bd. i, H. 6.

nor did he then complain either of fever or any other discomfort except fatigue. The boot had not pinched nor fretted his foot. The only thing that could be ascertained was that the malady had come on after over-exertion in walking. I prescribed *Arnica* externally and internally, and left with the comforting assurance that by means of *Arnica* and rest the affection would be quite removed in the course of a few days. The next morning I was much astonished to find the patient already on his feet, and not the slightest trace of pain or swelling remaining. I was about to launch out in praise of the curative power of *Arnica* in all such affections when I was told that as it was so late last night it was resolved to delay sending for the medicine until to-day, and that on account of the disease having disappeared this morning it was not sent for at all, so that neither *Arnica* nor any other medicine had been used.

Five years afterwards an unmarried lady, of thirty-three years, came to me in tears complaining that for twelve months she had remarked a hard painful swelling in the right mamma, which occasionally caused peculiar pains extending to the right shoulder and arm down to the finger. Her fear and anxiety respecting it allowed her no rest day or night, took away her appetite and sleep, and compelled her to come to me notwithstanding her disinclination to let her disease be known. Examination showed a hard swelling the size of a pigeon's egg in the upper half of the right mamma, not very painful on being pressed, not smooth and rounded, but with sharp borders and angles, and united to the skin above. In the axilla some glands were swelled and tender; nothing abnormal could be detected in the arm, only a small painful protuberance on the bone in the first and second phalanx of the little finger. Complexion pale with a yellowish tint, considerable emaciation, great irritability. First of all I attempted to soothe the patient, who was much excited; I advised her to be patient and persevering, and commenced my treatment without much hope. In the course of about five months I had employed various remedies, such as *Belladonna*, *Calcarea*, *Conium*, but with-

out any effect ; the tumour had grown larger, and caused at least as much pain. The increasing fears of the patient and the persuasion of friends made her resolve to have the advice of a surgeon. Professor B. Günther was selected, and I agreed to meet him with pleasure, as I know him to be a conscientious and experienced physician, who, indifferent to all else, only followed the dictates of truth and honour. He was decidedly of opinion that scirrhus was present. But his experience had taught him that all operative interference was useless and injurious ; an operation could only be of use at the commencement, and then probably because the diagnosis was uncertain, and possibly the tumour was not of a malignant nature. He held the best practice to be, to do as little as possible, particularly externally. He advised that my internal treatment should be continued, he knew of nothing better. So then, nothing daunted, though with but slight hopes of doing good, I recommenced giving my homœopathic medicines according to the law of similars, which, as we all know, in such cases, often gives us but an indifferent guide on account of the dearth of symptoms. But to my greatest satisfaction the most decided effect at last occurred. For, although during the next few months I felt very much disposed to throw up the sponge on account of the apparent inutility of all my prescriptions, and though the patient became more and more hopeless, and at each visit showed me a sadder and more resigned countenance (none but a doctor knows how depressing and wearing it is to go on with such a hopeless treatment), after about half a year the swelling commenced to grow smaller and softer, and the pains decreased more and more, so that after eighteen months there only remained a small painless lump, and every other morbid symptom had vanished entirely, and the patient was again strong and cheerful, and had lost all her fears. Since then fifteen years have elapsed, and never a symptom indicative of relapse has occurred.

These two cases, which in themselves are of little interest, as every practitioner has probably met with similar ones,

were yet in a certain respect of great significance to me, and have served me as lode-stars, by the aid of which, I think, I have been able to avoid two of the most dangerous rocks in judging of clinical results. When my first case occurred I was as yet a young practitioner, who, full of illusions in accordance with the actual belief in the curative power of homœopathy, was an ardent worshipper of the *post hoc, ergo propter hoc*; it taught me in a very trenchant and humiliating manner that very striking and rapid cures may occur without any medicinal interference, and therefore, that the practitioner should act cautiously and in a sceptical spirit in judging and deciding upon direct cures by medicine.

On the other hand, the second case convinced me that the physician may sometimes succeed in obtaining a direct action and a cure by properly chosen medicinal agents even in desperate cases pronounced incurable by the wisdom of the schools, that, with all indulgence in scepticism, a residuum of firm and unchangeable confidence in the direct curative power of medicines must remain. It is these two rocks in the sea of the practitioner, blind trust and scepticism pushed to the extent of utter unbelief in the curative power of medicines which have done much mischief in the last thirty years of the development of medicine in general, and of homœopathy in particular. They may truly be called the Scylla and Charybdis of medical men. He who in his professional career has had active and passive experience of these two currents, is alone able to form an accurate idea of the immense number who have been shipwrecked in one or other of these dangerous whirlpools. When I was young, the most unnatural orthodoxy and the grossest superstition regarding the curative power of drugs prevailed, and I know right well how this imputed omnipotence and miracle-seeking blinded the eyes of even sensible people, and how difficult it was to fight against it without incurring the reproach of being a heretic or an apostate. I remember that I once publicly stated in the *Allg. Hom. Zeitung* that, as many centuries ago faith had been universally preached

throughout Christendom, so we must now preach disbelief throughout the medical world. And to this day I have never repented those words which I indited in my youthful zeal, for they were then and are still completely justified, for neither superstition nor faith have any business in science, and ought never to take captive the senses and judgment of the physician. But I regret that for some years past this disbelief has become exaggerated into indifferentism and nihilism. For though science, and particularly medicine, has no need of faith, it requires fidelity and firmness of conviction. This is to a great extent lost, and a thoughtless and undisciplined materialism is but a poor substitute for it. All exaggeration and excess, even should they proceed from the most correct principle, lead to the by-ways of error. And this has already occurred to some degree, and it will increase until it will be found that we have gone too far and must retrace our steps. Progress and development in the culture-life of man do not proceed at a regular pace, but by leaps and pendulum-swings, and medicine makes no exception to this rule.

Even in homœopathy this current of radical scepticism and of reliance on the absolutely palpable has not been without influence, though its manifestations have chiefly been limited to causing a decline of zeal and readiness to share in works for advancing the system. But such an indirect consequence, which may be gradually followed by a weakening of confidence in the capability of our remedies to do good, is deplorable when it becomes excessive and should be combated. I again assert that the most unprejudiced criticism and the utmost caution must be exercised in judging of curative results and in the acceptance of clinical drug-effects. But we should beware of imposing conditions for these which cannot be fulfilled, because they resemble or involve mathematical demonstration. He who demands or attempts the impossible must fail and invites disenchantment and discouragement. He who, in medicine, will only reckon with complete sums and full indubitable quantities should establish a banking

business and practise book-keeping by double-entry, but should keep away from medicine. Facts produced and repeated at will for the purpose of establishing proof, *i. e.* cures of diseases, are not to be had in medicine, or at least in a very limited degree, and he who waits for these in order to build up a system of therapeutics in consonance with nature, must be content to wait until the abrogation of the axiom that we can only reckon with quantities similar in kind. In place of expounding this subject in this place I would refer the reader to the dialogue in the 12th vol. of the *Hom. Vierteljahrschrift*.*

I am, as may be imagined, well aware of the difficulties and of the unfavourable judgments I, in a measure, provoke by my present attempt to estimate the value of a new remedy in a certain form of disease. It is certainly far from my intention to pronounce an immature judgment on the importance and efficacy of the remedy in question, or to enlarge the circle of our so-called practical experience by means of it. I am not one of those who from one or two successful cases manufacture an experience and publish the result as a cut-and-dry indication for treatment. I aim at nothing more than to contribute a few building stones, and at the same time to induce others to undertake further trials. It must be borne in mind that the question is not about a remedy already proved on the healthy, but only about the confirmation of a general recommendation on the ground of a diagnosis of disease. At present the remedy can only be regarded as a specific in the sense of the old school, and, strictly speaking, it has nothing to do with homœopathy.

About six months ago, soon after the news of the curative action of *Cundurango* in cancer came from America, I received from two trustworthy sources a large quantity of this drug in the form of undiluted tincture and powder. The portion I received from a personal friend in America I had every reason to suppose was pure and unadulterated. It did not differ much in appearance and smell from that obtained from a homœopathic laboratory

* See *British Journal of Homœopathy*, vol. xix, p. 597.

here. I had the 1st and 2nd dilution and the 1st trituration prepared from it, and resolved to try it in all suitable cases in the dispensary and in my private practice. This I have done in about twenty cases, all of which, however, did not belong to the category of cancerous degenerations; some were pure undoubted scrofulous enlargements of the glands of an indurated character. And here I may remark that in cases of the latter description I have never observed the slightest effect—neither amelioration nor aggravation. Neither have I succeeded in curing or even improving any case of scirrhus indurations. They remained completely unaltered in respect to size, hardness, generally also in respect to painfulness and the shooting pains in neighbouring parts. I had an opportunity in two cases, in which after operation there remained indurations in the mamma, or new ones had been developed, of testing the effects of the remedy, but after giving it for months I could not observe the slightest curative action, for the disease appeared to continue its course unchecked and unaltered.

On the other hand, I have seen in several cases of open cancer a marked beneficial effect, which, as far as I and others could judge, was undoubtedly caused by the *Cundurango*, though we were prejudiced against it by the sanguine *à priori* recommendations of it. This occurred in three cases, full details of which I must give in order that my observations may lay claim to greater value than if they were merely vague recommendations.

The first case was that of a man, 42 years old, who had suffered for six months from cancer of the lip and had been treated by a surgeon with all sorts of caustics and ointments, particularly red-precipitate. The dirty and uneven ulcer itself was about as large as a sixpence, the surrounding hardness and swelling was much more extensive and closely connected with the skin. The pains were burning and only severe when he talked or chewed; in consequence of the swelling, the form of the teeth was impressed on the inside of the lower lip, as is frequently the case, although the whole of the lower lip was much everted outwards. The

patient was at the same time emaciated, perhaps only owing to his difficulty of chewing, and to the circumstance that his poverty did not allow of his obtaining appropriate food. The general health was not otherwise deranged, the colour of the skin, though pale, being not cachectic. The patient got at once *Cundurango* 1, five drops night and morning. In ten days the pain on moving the lip had become less, and after another ten days the appearance of the ulcer had visibly improved, its surface being cleaner and its borders less elevated and smoother. Continuing the medicine in the same way, the ulcer became quite healed in ten weeks, and the surrounding hardness diminished to a minimum, so much so that the impression of the teeth on the inside of the lip was no longer visible. He was therefore dismissed cured from the dispensary, and up till now (three months) he has not returned, as he promised to do in case of a relapse. I should mention that nothing was employed externally to aid the cure.

There can scarcely be a doubt that in this case the curative effect of *Cundurango* was manifest. There is here a combination of all the conditions the most exacting experimenter could require. Constant increase of the disease in spite of the previous treatment, exclusive employment of the medicine internally without any accessory means, immediate commencement and constant progress of amelioration while using the remedy until complete cure resulted. On the other hand, it is not positively certain that the disease was really carcinoma. Beyond what I have mentioned, I can furnish no further proof that it was so; and I must further admit that ulcers sometimes appear on lip, tongue, and gums having all the external signs of cancer which is not borne out by further investigation or by the course of the disease.

The second case was a peculiar complicated disease in a man aged 42, who came to the dispensary in the previous summer after he had been treated for several years by various practitioners. On the right wall of the thorax, especially round the nipple, were several swellings varying

in size from a pigeon's to a hen's egg, two of which had suppurated and formed uneven, discoloured, foetid ulcers, with elevated borders. The nipple itself lay upon such a hard and painful swelling; the axillary glands were also swollen, and the whole body emaciated and cachectic. The disease gave the general impression of lupus, only that the tubercles in this case were much larger. *Arsenic* and *Mercurius* produced no alteration, but under *Cundurango*, given as in the first case, the ulcers soon put on a better appearance, and the painfulness of the lumps gradually went off. In short, after a two-months' employment of the remedy, both the ulcers were healed and well cicatrized, and the lumps, especially that below the nipple, had become much smaller and softer, and was not even painful on being pressed, so that the patient declared himself cured of the disease, and only continued to seek advice for another affection that caused him much anxiety and fear. A considerable time before coming to the dispensary he had observed a swelling on the right maxillary joint, which gradually increased in size and did not cause any particular pain, but was a great hindrance to opening the mouth and chewing. It felt rather hard and tense at its base, which extended from the parotid to the angle of the jaw, was the size of the palm of the hand, and was intimately adherent to the skin. It was difficult to determine whether it proceeded from the bone; at all events, it was not movable. As far as the little way the mouth could be opened allowed of examination, nothing morbid could be discovered on the inside of the mouth. Hitherto the continued use of *Cundurango* has not had the slightest effect on the swelling; on the contrary, it becomes constantly larger, so that the mouth cannot be opened above two or three lines wide at the incisors, and even this opening can only be attained in the morning after sleeping by prising it open by means of a knife introduced between the teeth. The patient in consequence can only take liquids into the mouth, and is very insufficiently nourished, and, as can be easily understood, is much troubled with the fear that, should the disease in-

crease, he will be quite unable to open his mouth and must be starved.

In spite of the inefficacy of the *Cundurango* as regards the latter affection, it cannot be denied that, in this case it had a decided curative effect upon the ulcers and tumours. It cannot be with justice alleged that these were only cured because the affection of the lower jaw was aggravated. Such metastases do not occur either in lupus or in cancer; on the contrary, we often observe in these maladies that the occurrence of a new deposit is not followed by any decrease in the growth and progress of the older disease. However, I am not in a position to establish a diagnosis of real cancer in this case; it may appear doubtful whether we may not with equal justice denominate it an abnormal kind of lupus, or some other disease. But this dubiety about the diagnosis does not detract from the value of the observations in proving the curative power of *Cundurango*. It is, no doubt, true that it proved useless for the tumour in the maxillary joint. It confirms what I previously stated, that *Cundurango* seems to have no action on swellings and scirrhus indurations, but has in open carcinoma and cancerous ulcers.

The third observation was made on a shoemaker, 42 years old, who came to the dispensary on the 6th June of last year on account of an ulcer seated below the right false ribs, of the size of a fist, which, as the patient declared, had a year previously been developed from a small hard spot and had continued to increase in size. With its high narrow borders, its deep surface studded over with small islands of half-destroyed connective tissue and muscular fibre, and with its acrid, ichorous secretion, it had quite the appearance of a carcinoma; the pains were very severe, the inguinal glands swollen and painful, the colour of the skin decidedly cachectic, the whole body much emaciated, so that in spite of its being a rare seat for cancer, the diagnosis hardly admitted of doubt. There was little to be learned from the previous history of this case; he formerly enjoyed pretty good health. He had

had syphilis many years since, but there were no traces of this disease to be seen either in the throat, on the skin, or the bones, so that there was no call to consider the ulcer of syphilitic nature. He first got *Sulph.* and then *Arsen.* for a considerable time, without producing any effect on the disease. The pains remained just as violent, and the ulcer was, if anything, larger and worse. From the 7th October *Cundurango* was given, in the same way as in the other cases. After the first fortnight the patient declared he had far less pain and could move better, and at the end of five weeks it was evident that there was an improvement in the ulcer. Some spots showed a cleaner ground and a kind of granulation; others had still their former appearance and the ichorous fetid secretion. The borders were still unchanged, jagged, and everted. *Cundurango* was continued, externally nothing but charpie and beef fat. Improvement went on slowly but continuously, so that now after six months' use of the *Cundurango* the ulcer is not quite healed, but diminished to one half its former size by the border on the upper side first becoming smooth and then gradually giving place to a firm, bluish red cicatrix. In the centre of the ulcer also small spots have formed which are nearly healed. The external appearance also of the patient has altered for the better, as also sleep and appetite. The patient is still under treatment and may certainly anticipate a complete cure of his malady.

The above are the three cases in which the remedy has given me proof of a certain and remarkable action. For though captious critics may object to the diagnosis of cancer, still all these cases were very serious diseases, which had hitherto resisted the most powerful medicines and would certainly not have got well without some direct medication. Among the other cases, too, in which *Cundurango* was tried, there were several in which a favorable effect, particularly in diminishing the pain, was unmistakable; unfortunately the patients removed themselves from further observation, by ceasing their attendance

at the dispensary. On the other hand, as before said, *Cundurango* showed no effect in several cases of scirrhus and scrofulous induration.

Any way, as far as I may judge from my experience, *Cundurango* deserves further attention in carcinomatous and dyscrasic ulcers, and further experiments will doubtless be made with it.

In connection with this subject we give the following letters which originally appeared in the *Chicago Medical Examiner* and were transferred to the columns of the *Medical Press and Circular* of July 10th, 1872 :—

The first letter is from the Surgeon-in-Chief of the Army of Ecuador, Dr. Oblonoxato Auriboje, and is as follows :

Guayaquil, Jan. 12, 1872.

Senor Dr. Andrews :

Dear Sir,— I have the honour to answer your valuable letter of Nov. 15 last year. The reason why I did not do it by return steamer, was because I had been absent from Guayaquil for thirty days.

Concerning *Cundurango*, I can assure you that it is a very efficacious remedy in the syphilitic affections of the mucous membrane; in several diseases of the skin, especially the herpetic; in several eczemas, and in most of the diseases which arise from impure blood.

In rheumatism it is a powerful resource, especially in the fibrous and muscular forms, after first having suitably prepared the patient.

In cancerous diseases it is a powerful alterative—above all if the disease is not very old. Of cases of radical cure I only know two—one a cancer of the tongue, whose history you will see in the periodical *El Nacional*, No. 100, and the other a case of cancer (not ulcerated) of the right breast—terminated successfully under the use of *Cundurango*. Great improvements of ulcerated cancers are seen every day. To-day I have a case of an enormous cancer of the right breast. That the progress of the disease has stopped is indubitable. It is about eight months old.

It seems as if the action of the medicine is more certain in young persons than in subjects of old age. In external diseases I make use of local applications of different preparations of *Cundurango*. Internally I have used infusion, and experience has shown me that this is the best mode for use.

I shall have much honour in communicating in the future all relating to scientific works on *Cundurango*.

Yours truly,

OBLONOXATO AURIBOJE, M.D.

Surgeon-in-Chief of the Army.

From this epistle it appears that the distinguished writer values the remedy most for its anti-syphilitic power, but that he has also great confidence in its ability to cure some cases of cancer.

The second letter is from Dr. Camilo Casares, Professor of Surgery in the University of Quito. It will be seen that the Professor relied on his published documents, to be forwarded by the next steamer, to place me in possession of his observations. Unfortunately these have not yet arrived, so that I can only say, in general terms, that he appears to endorse the efficacy of *Cundurango*. I have written again for the papers, and when they arrive will acquaint the readers of *The Examiner* with their contents. Here is the letter:

Quito, 27th of December, 1871

Senor Dr. Edmund Andrews, Professor of Surgery,
Chicago Medical College.

Dear Sir,—I have the pleasure of answering your valuable letter, dated in Chicago on the 15th of November, 1871, assuring you that by the first steamer you will have all the data which I have been able to collect in the hospital which is in my charge, as well as in my private practice, in regard to the properties of *Cundurango*. The many contradictory opinions which this plant has roused, has induced me to publish an article, if not scientific, at least with truth and sincerity, since so important a discovery can with difficulty be judged in the short time which this has had.

I am happy to avail myself of this opportunity to offer you my friendship.

Our communications, which no doubt from this time onward will be established, will be easy and secure by the favour of my much esteemed friend, Col. Rumsey Wing, American Minister in Ecuador.

I wish you had correspondence with Dr. Bliss, and you would deign to give him my respects. The rudeness and want of justice with which this gentleman has been treated in the *Times* for his opinions in regard to *Cundurango* have vividly excited my sympathy for him.

From your friend and obedient servant.

CAMILO CASARES,

*Professor of Anatomy and Surgery in the
University of Quito, Ecuador.*

Fourth Street, No. 36, Quito.

The third letter is from Dr. Augustin Ruiz of Loja. This town Loja, is the capital of a province of the same name in the heart of the Andes, and is in the region where the *Cundurango* grows, and where its qualities were first experimented on. It will be seen that Dr. Ruiz offered to sell me the article, delivered in New York, at two dollars a pound, when Bliss and Keene were doling it out at forty dollars a pound. It will also be noticed that the old Indian in Loja who first took it, and is reported by Dr. Bliss to have been thereby cured of cancer, is stated by Dr. Ruiz to have had nothing but tertiary syphilis; and, further, that he is not aware that *Cundurango* possesses any power to cure cancer. He is, however, like the other Medical gentleman of Ecuador strongly impressed with its anti-syphilitic power.

Loja, January 14, 1871.

Prof. Edmund Andrews.

Dear Sir,—I have received, on the 6th inst., your most valuable letter of November last year, wishing me to communicate to you my opinion of the efficacy of *Cundurango* in the treatment of syphilis and cancer, together with some of the facts which have come under my own observation. In reply to this I shall state the following :

The *Cundurango* was only known in this province as a poison, with which dogs were killed, until a woman—whose husband,

æt. 50, who was suffering with constitutional syphilis, from which almost his whole body, and especially his face, was ulcerated—wishing to get rid of him as she was unable to support him, resolved to kill him with the plant in question, and began to give him a decoction of it under the pretext that it was a remedy which she had been advised to use for him. The poor old man took his first portion, which his wife hoped would settle him. But seeing that her object was not accomplished, and attributing the bad result to a too small dose she continued to administer it to him daily. But to her great surprise, at the end of eight days, her husband commenced to get better rapidly, and at the end of one month he was completely cured. The husband, on the other hand, was also surprised at having recovered from a disease which he had had two or three years, and with which he had expected to die, and he asked his wife what the so miraculous remedy was which had produced in him such a famous cure. She disclosed to him that it was *Cundurango* which she had given him, and which had done him so much good. This, sir, is the origin of this discovery. Since then the town, which was overflowed with syphilis has known this remedy, and it has never failed yet, during a period of about forty years. I have used it for about six years in more than thirty cases of tertiary syphilis, and in none has it failed to produce a radical cure in less than forty days.

Chronic rheumatism, and some kinds of incipient paralysis dependant on the same, have been treated and cured by *Cundurango*, and with good result. I have administered it in two cases of this disease, and in both obtained the most happy results.

As to its anti-cancerous action I can say nothing, as I have not tried it in this disease, no well confirmed case of this kind having ever presented itself to me. But let me tell you that this remedy acts as an alterative in all diseases of the skin, modifying and curing most of them. This is all what I, as a physician, have observed about *Cundurango*.

The *Cundurango* on which our observations have been made, is the one which grows in our province, Loja, although it is said to grow in other parts. As I, however, know only ours, I am unable to say whether the others possess the same medical virtues. We have only administered it in decoction. Cort. *Cundurango*, ʒss to aqua Oj, boiled down to ʒiij. This decoction to be taken

daily, divided into three draughts. After twelve days we have increased it to ʒj of the bark, to the same quantity of water.

If you need a few quintils (100 lbs.), I shall be able to afford about 50 quintils of the genuine bark, sent to Guayaquil or to New York, at the price in Guayaquil of 80 dols., and in the United States of 100 dols. If you need any inform me when convenient to send.

Your most obedient servant,
 AUGUSTIN RUIZ.

The last letter is from Dr. Jose Maria Eguiguren, brother of the Governor of the province of Loja. Dr. Eguiguren was the first physician to experiment on the article, and though he afterwards abandoned his practice to go into political life, his reports were the means of causing Prof. Casares and Surgeon-General Auriboje to take up the investigation. The doctor says that the Indians, from whom he first obtained the remedy, use with it another plant, which very powerfully increases its efficacy. Of this other plant he gives no description, and the specimens which he promised have not yet arrived.

Loja, February 3, 1872.

Senor Dr. Edmund Andrews.

Dear Sir,—When at the receipt of your favour of last year, I did not answer it immediately, it was because I wanted to give you an exact account of all the observations in regard to *Cundurango* which I had made in my practice. Know that it is the terrible whip which the human species has against the syphilitic diseases; likewise against the cancerous affections, in certain cases of which all the resources of the art have proved so inefficient; also, in diseases of a rheumatic character; in various neuralgias, otalgias, cutaneous diseases, and in many of those which arise from impure blood. Although it has proved a specific in so great evils, it nevertheless gives excellent results in others—for instance, in dysentery of a putrid character. Unfortunately, a criminal fraud has given discredit to this so famous plant. There have been introduced into the market others of various families in excessive quantity, and of much inferior quality to that which has been made use of in our observations. Like the cinchonas, it has been wished

that all varieties should enjoy the same reputation. There are recognised in our regions five varieties of *Cundurango*: 1st. The red, which although very scarce, is superior in activity to all the others; 2nd. The yellow, which also is very scarce; and the three others, which only differ by their fruit, are found in great quantities. As we owe this discovery to the natives of our soil, these have also presented us with a powerful help in the efficacy of the mode of using this plant, uniting it with an extract drawn from a bark called *oriental*. I do not doubt that your attention will be called to the miraculous mode of operating of this other substance. It is not only commendable for its emetocathartic action, but it is a purgative worthy of all confidence, and it has an admirable effect in the various diseases of the liver, stomach, and intestines. Being an excellent purifier, when used in cases of impurity of the blood of a cancerous or syphilitic nature, it will lend an assistance so powerful that *he who administers so precious a vegetable will never see his hopes fail*. So, also when used in all the cases of diverse skin diseases, as these diseases seldom have any other origin than the disturbance of the different fluids of the human body. As a purifier, it frees the blood from all its impurities, and gives a freshness to the skin, so that the patient has nothing more to wish. I should have much more to say if I should mention all which has come under my observation in my practice; but I wish you to form your own judgment over all that has been said, and give me the pleasure of receiving your letters.

I take this opportunity to offer you my friendship, and subscribe myself your most attentive and sincere servant,

JOSE MARIA EGUIGUREN.

**EXPERIMENTAL RESEARCHES ON THE NATURE
AND CAUSES OF CATARRHUS ÆSTIVUS (HAY-
FEVER, OR HAY-ASTHMA).**

By CHARLES H. BLACKLEY, M.R.C.S. Eng.

(Continued from page 449.)

**CHAPTER V.—ON THE GREATER PREVALENCE OF HAY-
FEVER AND ON THE INCREASE OF ITS PREDISPOSING
AND EXCITING CAUSES.**

§ 251. It would seem that hay-fever has, of late years, been considerably on the increase. It is possible that the fact of my attention having been closely directed to the disorder, for some time past, has brought more cases under my notice than formerly, and that the increase has not really been so marked as it has appeared to me to be. But even if some allowance be made for this probability it will still appear that the disease was less frequently seen fifteen or twenty years ago than it is at the present time. There is no possibility now of determining the exact time at which the disorder first showed itself; but, for reasons which will presently be given, it is probable that it was not only very rare but that it was, in early times, almost, if not entirely, unknown.

§ 252. Every writer on hay-fever has recognised the existence of a peculiar condition of the constitution which gives a proclivity to attacks of the malady. This peculiarity is generally regarded as extremely curious and as one which stands, as it were, outside the pale of those constitutional conditions which give a liability to other forms of disease. Why it should be so regarded is, however, not easy to explain. Probably the yearly recurrence of the disorder and its regular departure at a given time have, more than any other circumstances, led to its being regarded in this light. If its causes had been as inscrutable as those of some of the more fatal disorders and had

manifested their power at irregular periods ; and, more especially, if death had been the not unfrequent result of an attack we should probably cease to look upon the predisposition as a thing which is out of the usual course.

§ 253. Another point upon which most writers are agreed is the fact of hay-fever being, as has been before stated, a disorder which is almost wholly confined to the educated classes. Some exceptions there may be to this rule, but there can be no doubt that that condition of the nervous system which mental training generates is one which is especially favorable to the development of the disorder ; and it is curious to observe that those belonging to, or indirectly connected with, two of the learned professions—theology and medicine—seem to be more liable to it than any other class. Of sixteen patients, whose cases have come more or less directly under my own notice, three are clergymen, three are relatives of clergymen, two are medical men, one is the son of a medical man, two are military officers, one is the wife of a military officer, and three are engaged in mercantile pursuits. The remaining one is the son of a manufacturer, and all may be said to belong strictly to the educated class. Probably when the statistics of the disorder have been more fully and carefully taken these proportions will be somewhat different.

§ 254. One very curious circumstance in connection with hay-fever is that the persons who are most subjected to the action of pollen belong to a class which furnishes the fewest cases of the disorder, namely, the farming class. This remarkable fact may be accounted for in two different ways : it may, on the one hand, be due to the absence of the predisposition which mental culture generates ; or, on the other hand, it may be that in this disease there is a possibility of a patient being rendered insusceptible to the action of pollen by continued exposure to its influence. If this latter hypothesis be correct it shows that, in one case at least, the enjoyment of health does not merely depend upon the presence of a high state of vitality, but also, to some extent, upon the acquisition of a certain degree of insusceptibility to the action of the exciting cause of the

disease. In this instance I believe that the immunity enjoyed is as much due to the latter influence as it is to the absence of that predisposition which education brings. How then has the disorder arisen, and why has it become more common in these later times? A glance at the state of education and at the condition of the town and rural population five or six hundred years ago, as well as at a few of the changes which have since taken place, may throw some light on the subject and may partially answer these questions.

§ 255. There was a time in the history of this country when education, such as it was, was for the most part confined to the members of the various monastic orders, and even amongst these it was very unequally distributed. With the nobility even learning was not by any means general, and in the class which stood between these and the working classes education was as much the exception as it was the rule, whilst for the latter class it could scarcely be said to have any existence. If, therefore, it is true that the condition which mental training induces acts as a predisponent to attacks of hay-fever we should expect that at this early period this predisposition would be very sparingly developed.

§ 256. But even if we admit the existence of a certain amount of the predisposition in these early times there were other causes at work which would help to make the disease comparatively rare. One of these causes was the smallness of the area of land under cultivation: but not only was there less land under cultivation but upon that which was in use less hay-grass would be raised than is now obtained from the same breadth of land; whilst on some of the land vegetable products of quite another kind were sometimes grown as food for cattle. Buckwheat (*Polygonum fagopyrum*) was one of the plants formerly grown for this purpose in several of the English counties.* Gerarde,

* Some years ago when the branch line of railway was being made between Eccles and Tyldesley (near Manchester), whilst passing a portion of the cutting my attention was drawn to the exceedingly luxuriant growth of the *Polygonum* there was at this spot. Along a portion of the embankment where the soil had

who wrote in the early part of the 17th century, mentions the fact,* and states that buckwheat was not only grown as food for cattle, but in times of scarcity—which in these times were not unfrequent—the seeds were mixed with other grain, and ground and made into bread. The anthers of buckwheat are very much smaller than those of the cereals and most of the grasses; and if this plant was at all extensively cultivated, in lieu of the grasses, a much smaller quantity of pollen would be generated than would be formed by the growth of hay-grass on the same breadth of land. Thus, whilst on the one hand, there was a dearth of those influences which lead to a predisposition to hay-fever, there was, on the other, a comparatively small quantity of the exciting cause of the disorder produced.

§ 257. But there were also other influences at work which brought about important changes. Some of these, for a time, checked the development of the disorder, but others not only tended to increase the aggregate quantity of pollen produced at certain seasons, but also caused this increase to occur for the most part in comparatively limited areas. Some of these influences had also the effect of increasing the number of persons susceptible to the action of pollen.

In very early times the cultivation of the soil was the principal occupation of a large portion of the people, but at the same time the ability to take part in the manufacture of some of the simple fabrics then in use was much more general than it is now. The two pursuits were often so blended together that if, for a time, the manufacturing occupation predominated, the individuals so occupied were seldom entirely removed from the influence of a country

been turned up a few months before from a depth of twenty to twenty-five inches, the plants were as closely set as if they had been planted there for some special purpose. It is probable this was a relic of the old Lancashire husbandry, and that in the process of cultivation the seeds had by some chance been buried too deep in the soil to permit them to germinate, and that in this position they must have lain dormant for two or three hundred years.

* *The Herball or General Historie of Plants*, gathered by John Gerarde, of London, Master in Chirurgerie. Very much Enlarged and Amended by Thomas Johnson, Citizen and Apothecarye. London 1633.

life. As time passed on, however, there was a tendency for the various arts and manufactures to be taken up as separate occupations, and for the workers in these to locate themselves in the towns. This tendency had a great impetus given to it in the reign of Edward III. During this reign a number of Flemish weavers, skilled in the manufacture of the finer sorts of woollen cloth, came over and settled in various towns in England, and for greater security the manufacture was principally carried on in walled towns.* But in these times some of the largest towns would not be larger than many of our villages and smallest country towns are now ; and even when the division of labour had been carried so far as to cause a considerable number of the people to be specially devoted to trades and to manufactures, whatever happened to be the nature of their occupation, these would be subject to the atmospheric conditions which prevail in the country to a far greater extent than the inhabitants of our towns are at the present day.

§ 258. After a time the domestic manufacture of woollen cloth as an article of sale began to grow, and it was not unusual for the cultivation of the soil and the manufacture of some kind of woollen cloth to be followed by the same individual. At this period, too, a system sprung up which has continued more or less up to our own time. It was the custom for the clothier, who at that time occupied the place of the millowner of the present day, to deliver to the weaver a certain weight of wool to be made into cloth at his own home in the country. This system of domestic manufacture was pretty equally distributed over the whole country. The consequence of all this would be that, with one part of our population the life would be essentially rural whilst with the other, or town population, the condition would, so far as atmospheric influences are concerned, very closely approximate to that of the country manufacturer of a later time.

§ 259. In the early history of the linen, cotton, and silk

* *Wade's History of the Middle and Working Classes.* Edinburgh: W. and R. Chambers, 1842.

manufactures a similar system prevailed. It was at this period not unusual in some of the northern counties of England to see the business of the farmer and small manufacturer combined, and for the workmen employed by the latter to give a helping hand at farming operations at certain seasons if required. As in the case of the woollen manufacture it was quite common for many of the workpeople engaged in the cotton, linen, and silk trades to follow their occupation at their own homes in the country. In these days the click of the shuttle of the hand-loom weaver could be heard almost daily in most of the villages of Lancashire, Yorkshire and parts of Cheshire, as well as in other parts of the country which have since become manufacturing centres. Attached to each cottage there was generally a patch of ground, the cultivation of which furnished occupation to the inmates in their leisure hours and when work was scarce. Now the whole thing is changed. The farmer and the manufacturer have formed two distinct classes, or if the occupation of the former is still retained by the manufacturer it is as a small addendum to the business of the latter; and seldom are the workers in one employed in the other. Although the practice of following their occupation at their own homes still lingers among the workpeople in some branches of trade, it is now rarely seen. The hand-loom weaver has almost died out. His place, as well as that of many other outside workers, has been taken by the mill-hand. Thus a large portion of the rural population has been transferred from the country cottage to the mills and workshops of our towns.

§ 260. Whilst these changes have been going on education has been spreading. Not only does it permeate more completely all grades of society, but in every grade it is of a higher quality than in former days. Competitive examinations are now the rule where they were formerly the exception. At all the examining boards in the United Kingdom the standard of excellence has been raised, and there can be no doubt that it now requires a much greater amount of book-learning to reach certain positions in the social scale than

it formerly did. Whether all this forcing is an unmixed good is a question I need not enter upon here.

It is true there are parts of the country where some of these changes have not taken place, but these are parts where the population has not increased very rapidly, and which have been, and still remain, purely agricultural; but even here the surplus population has been to a large extent drafted off to feed the ever increasing demand in the large towns, and in this way also a considerable number of individuals have been withdrawn from the preservative influence which a rural or semi-rural life exercises and have been placed under conditions which are favorable to the development of the predisposition to hay-fever.

§ 261. In addition to the spread of that kind of education which consists of regular training and book-learning, there has been a vast advance made in another kind of education; and although this latter is not capable of being formulated or of having its quantity estimated in the way that of the former can be, it is nevertheless of immense value to the country. It is in fact a hidden, but perhaps irregular and somewhat fitful, stream of true technical education which affects, more or less, all below a certain grade in society. The immense progress which has of late years been made in every department of trade and manufacture, and the greater complication and intricacy which have been introduced into these have led to a demand for skilled labour which was not dreamed of in former times. This kind of labour has had, to a large extent, to be formed out of the raw material furnished by the unskilled labourer. In this process of training, faculties, which would otherwise have laid dormant, have been called into play. Intellect of a certain kind has been developed, and, although there may not be many instances of the possession of extraordinary acquirements, there are not wanting examples of remarkable success in various walks of life, amongst those who have had only this irregular kind of training; and there can be no doubt that by this alone the intellectual capacity of the nation has been raised several degrees, and that the constant tendency has been for a certain number of the individuals belonging to this class to

be transferred to the educated class, and thus to increase the relative proportion of the latter.

§ 262. Along with all these changes there has been an immense increase in the population of the country at large, and especially in that of nearly all our large towns and cities.* This, combined with the growth of commerce and the general increase of wealth and luxury must have led to a very large demand for the article upon the growth of which the presence of the active cause of hay-fever depends, namely, pollen. These circumstances must not only have led to an increased aggregate production of hay-grass, but also to a large local production. In ordinary times it does not pay to carry hay very long distances, and whatever increase there happens to be in the local demand there must to some extent be an increase in the local production. Thus it must be that in the neighbourhood of all large towns, there will be a greater amount of pollen generated, than will be found in other parts; and in estimating the relative frequency of cases of hay-fever at the present day, it should be borne in mind that this increase occurs for the most part close to the places where a relatively large number of persons susceptible to the influence of pollen are to be found.

§ 263. We have thus seen that at one time the influences which lead to a predisposition to hay-fever were very scanty, and that the production of the exciting cause was at its lowest point. We have also seen that at a later period a large proportion of the population was subjected to the protective influence which a rural occupation seems to afford,

* At the close of the 17th century the population of England and Wales was about 5,500,000. London had a population a little over half a million. Manchester at this time contained only 6000 inhabitants, and is said to have had neither printing press nor hackney-coach in it. Leeds had a population of 7000, whilst Sheffield had only 2000 inhabitants.

At the present time the population of England and Wales is nearly 23,000,000. That of London is nearly *ten times* as great as it was in 1700, whilst that of Manchester is *sixty times* as great as it was at the period named. Leeds at the present time contains about 260,000 inhabitants—about *thirty-eight times* the number it had in it in 1700. Sheffield seems to have far exceeded other towns in the rate of its increase. At the present time it contains 240,000 inhabitants—*one hundred and twenty times* the number it had in the year 1700.

and I have shown that large numbers of the people have been transferred from the country to the workshops and mills of the towns, and have thus been placed in circumstances where the predisposition to hay-fever would be most rapidly developed in those who rise to a place amongst the educated class. And lastly, I have shown that the production of the exciting cause has of late years been largely increased.

Taking all these circumstances into account it is highly probable that hay-fever was at one time altogether unknown, and it is tolerably certain that it has not only been much more frequent of late, but that, as population increases and as civilisation and education advance, the disorder will become more common than it is at the present time.

CHAP. VI.—ON THE SYMPTOMS AND NATURE OF HAY-FEVER.

§ 264. Beyond the circumstance of the predisposition to hay-fever being more common amongst the educated than it is amongst the illiterate, we have scarcely anything to guide us in forming an opinion as to the class of persons, or the kind of individuals, most likely to be affected by the malady. In this respect it does not much differ from many other diseases. If a number of individuals belonging to any class of society were taken promiscuously and examined, it would, without some knowledge of their proclivities, be impossible to say beforehand whether, and to what extent, they would be liable to be affected by any disease with the exciting causes of which they might be brought in contact. It is precisely the same in hay-fever: we have no marks by which the liability to the malady can be recognised, nor do we know of any signs by which the severity of the attacks can be foretold. The disease seems to affect persons of all temperaments and all kinds of constitution, but if there is one temperament which, more than another, predisposes to attacks of hay-fever it is the nervous temperament. Upon this point, however, sufficient evidence to base a conclusive opinion upon has not yet been obtained.

§ 265. Age exercises some influence upon the commencement of the attacks. So far as I am aware there is no instance of the disease having shown itself for the first time after the age of forty. It may, however, begin at a very early age: I have had placed under my care recently a patient who is only four years old, and who had his first attack during the hay season of this year (1872). Generally the malady shows itself later than in this case. According to a table given by Dr. Phœbus*, showing the age at which the disorder commenced in fifty-six cases, one patient only was below six years of age (five years and three months). The greatest number—eleven—were found to have had their first attack when between fifteen and twenty years of age; but although the disorder may come on at any time up to the age of forty, the period between the ages of five and twenty-five years gives a much larger number of cases than the other periods. Out of the total number—fifty-six—thirty-seven of the patients had their first attack in one of the years of the period named. I have already shown (§ 251) that hay-fever is on the increase, and if its causes continue to increase as they have done of late years it is very probable the disease will be seen to commence both earlier and later in life than it hitherto has done.

§ 266. No information that can be relied upon has yet been obtained upon the effect which attacks of other diseases have upon those of hay-fever. In one case a mild attack of gastric fever, attended with congestion of the lungs, seemed to cause the attacks of hay-fever which followed it to be milder in character than they usually were; but, as no experiments on the quantity of pollen in the atmosphere were made at the time, no inference of any value can be drawn from this case. In a certain number of cases patients who suffer from hay-fever are also affected with urticaria, but generally at times of the year when the former is absent. The number of those who do thus suffer is relatively larger than we find in those affected with any other disease. From this it would appear that there was some connection between the

* *Der Typische Frühsommer Katarrh oder das sogenannte Heufieber Heu-Asthma*, von Philipp Phœbus, M.D., &c., Giessen, 1862, p. 71.

two disorders but as we find that many persons who suffer from urticaria are not affected with hay-fever and that many who are victims to the latter are entirely free from the former, if the connection does exist, it is scarcely probable that it is a very close one; consequently we cannot say that the presence of one disorder is a certain sign of the existence of a tendency to the other. Nevertheless it is not improbable that it may be found that some diseases have considerable influence in preventing or in predisposing to attacks of hay-fever.

§ 267. If the chemical investigation into the nature of pollen had been fully carried out it might possibly help us to form some notion of the general character and scope of the symptoms produced by it; but unless it can be shown that pollen contains some powerful substance of the nature of one of the poisonous alkaloids, or of some other equally powerful class of bodies, the investigation will not help us much. It is in fact probable that, like many other diseases producing substances, pollen is a body with qualities essentially *sui generis*; and that these depend not merely upon the number and nature of the elements which form it, but also upon the mode in which they are combined and upon the relation which the body itself has to the organs whose healthy action it is able to disturb. If this view of the case be correct it is obvious that, as has been before intimated, any investigation which disturbs this mode of combination will alter this relation and may at once destroy the disease producing property of the body.* As, however, no such investigation has yet taken place, we are left to the observation of the effects which pollen produces in attacks of hay-fever and when used in the way of experiment. The question of the vitality of this body has been alluded to before, but need not trouble us here, as our present object is to

* In a few experiments with the spectroscope, kindly undertaken for me by Mr. Thomas Harrison, of Manchester, two metals—sodium and barium—were found in the pollen of *Lolium perenne*, and also in the pollen of *Secale cereale*. So far as a few experiments of this nature could show, they corroborated the remarks made above on the difficulties that must attend the investigation of the properties of pollen by chemical tests.

ascertain the nature and extent of the derangement which it produces, but not to determine the nature of the power which causes that derangement. This may be due to the vitality—or at least may be partly due to it—or may possibly depend upon the presence of some substance which may yet be isolated. The settlement of this question will have to be left to future investigations, but is not without interest in the bearing it has upon the study of the nature and mode of action of other causes of disease.

§ 268. First attacks of hay-fever are generally milder and less persistent than they are after a patient has suffered for some years: this is no doubt due to the fact that the susceptibility to the action of pollen is not so marked on its first appearance as it is at a subsequent time. There is also in some cases a tendency for the disorder to take on the asthmatic form in later years. In the case of the young patient I have mentioned, although he lives in the country the attack only came on when he was in the midst of a meadow of hay-grass in full bloom. In my own case when the attacks first commenced they were induced only when I was in the immediate neighbourhood of hay-grass in full flower; now it is sufficient for me to be anywhere outside the city to have the symptoms unpleasantly severe at any time during the hay season.

Whether the actual attacks increase the susceptibility or whether this increase is due to other causes cannot at present be determined; but whatever may be the cause there does, in most cases, appear to be a tendency for the susceptibility to become more marked in each succeeding year. It should, however, be borne in mind that, for the reasons already given (§ 262), there must be a continued increase in the quantity of pollen produced and that by making the attacks more severe this may cause an apparent increase in the susceptibility. But even if we make considerable allowance for this circumstance there will still remain an undoubted tendency for the susceptibility to become more marked as time passes on.

§ 269. Dr. Phœbus divides the symptoms into six groups; viz., into the head group; the eye group; the nose group;

the throat and mouth group; the chest group; and the general symptoms. Useful as this classification may occasionally be there is, in most cases, no necessity for this minute subdivision. For all practical purposes the simple division into the asthmatic and the catarrhal forms of the disorder will answer quite as well as the elaborate classification given above. If any other arrangement is necessary it would be better to have one which is not only founded on the differences in the structure and function of the parts affected but that would also throw the symptoms into fewer, but at the same time well marked, groups. Such a classification as this would give us four groups; viz.—1st. The symptoms caused by the action of pollen on the mucous membranes of the nares, fauces, and buccal cavity; 2nd. Those caused by its action on the lining membranes of the larynx, trachea and bronchial tubes; 3rd. Those caused by its action on the conjunctiva and the structures adjoining; 4th. General symptoms.

A patient may suffer from one or from all the phases of the disorder, but whatever difference there may be in the symptoms the malady is one and the same and due to the same cause. In a very large number of instances the disease is purely local and whatever may be the function of the part affected we shall find that we generally have one special morbid condition present and that this condition in each case gives a peculiar character to the symptoms. Whatever classification we adopt, the symptoms will tend to form themselves into the two groups spoken of above, and will exhibit themselves in this way to the eye of a casual observer. In one form of the disorder—the catarrhal form—we have not much pain and scarcely any dangerous symptoms. In the other, or asthmatic form, though there is very little actual pain, the distress and suffering is often very great and frequently the attacks appear to be very dangerous.

§ 270. Hay-fever is said by some writers to have premonitory symptoms: these are said to consist of a feeling of weakness, languor, repugnance to food, coated-tongue, constipation alternating with diarrhoea, sleeplessness, irritability

of temper, and a feeling of exhaustion when the weather is hot. Dr. Phœbus gives three stages of the disorder:—1st. The stage of development; 2nd. The paroxysmal stage; and 3rd. The stage of convalescence. In speaking of the first he does not seem to view it as a true premonitory stage; "it lasts" he says "only a few days at most" and as a rule even a less time than this: sometimes not more than an hour elapses before the paroxysm shows itself, and in some cases the latter comes on at once. In one case which Dr. Phœbus mentions the attack came on immediately when bunches of ripe grass and wild flowers were brought to the patient by some friends.

If there are premonitory symptoms in hay-fever these must be produced in one of two ways, namely, either by the causes of the disorder itself or by causes which have no necessary connection with it. If produced by the former they must be of the same nature as those of the acute stage of the disorder, differing only in degree. But if produced by the latter they may be more or less different in character, and since they may thus differ and are produced by unlike causes they cannot be a necessary and invariable antecedent to attacks of the genuine disease.

§ 271. This view of the case is supported by the fact that the malady can, by the application of the requisite quantity of pollen be brought on at any time without the development of premonitory symptoms; and especially by the fact that however often and however slowly or rapidly these artificial attacks may be produced they are never preceded by symptoms such as have been spoken of. In the case mentioned by Dr. Phœbus the attack came on suddenly and without any such symptoms. I have, as has been stated, several times had similar attacks when brought suddenly into contact with pollen, and there are scattered through the works of writers on hay-fever records of many similar cases. But in order to test the matter more fully a series of observations was made on the temperature and on the pulse of a hay-fever patient during two months of the year 1867. The observations were commenced on the 28th of April—six weeks before the attacks of hay-fever usually

came on—and were continued to June 28th, this being the period at which the quantity of pollen collected was generally at its highest point, and, as a matter of course, the time at which the attacks were also at their highest degree of intensity. The time was divided into two equal periods, viz., one comprising the days occurring between the 28th of April and the 28th of May, and the other those between the 28th of May and the 28th of June. In the first period we have generally, in this part of the country, no symptoms of hay-fever showing themselves. In the second, the disorder commences and goes on from its lowest to its highest point. The average temperature observed during the first period was $97\cdot0^{\circ}$ the maximum being $98\cdot0^{\circ}$ and the minimum $95\cdot4^{\circ}$. In the second period the average temperature was $97\cdot4^{\circ}$, the maximum being exactly the same as in the first period, viz., $98\cdot0^{\circ}$, whilst the minimum was $95\cdot7^{\circ}$. In all cases the temperature was obtained by placing the thermometer in the axilla. The pulse varied relatively almost as little as the temperature. In the first period the average was 70·22 beats per minute; the maximum being 78, and the minimum 60. In the second period the average was 68·8, the maximum 78, and the minimum 64. During the first portion of the time, and also during the earlier part of the second, no symptoms were seen to which the term premonitory could be properly applied—if by this term symptoms are to be understood which differ in nature from those of the fully developed disease. These experiments along with the facts previously given show that in some cases, at least, there are no premonitory symptoms and that these cannot therefore be a condition essential to the proper development of hay-fever. In a very large majority of cases no such symptoms as those named at § 270 will be found to precede attacks of this disorder. I have, as I have stated above, watched the development of the disease in my own case and also in the cases of the patients I have had under my care, and in no instance have I seen it to be preceded by phenomena such as those referred to.

§ 272. In some few cases, however, premonitory symptoms

may be seen, but only in a few. From the time that pollen first comes in contact with the mucous membranes of a patient, during the ordinary attacks of the disorder, there must be some action going on, but it is not certain that this can be perceived by the patient in all cases. In my own case I found that if the deposit on the glass slide (§ 189) did not amount to more than an average of ten pollen grains in the twenty-four hours, the disturbance in the action of the mucous membranes was not perceptible to me. In some instances I do not doubt that the insusceptibility may reach a much higher point. Probably in these cases a portion of the deposit is rapidly thrown off, just as other foreign matters are, and that up to a certain quantity the membranes are able to tolerate its presence without their action being in any way disturbed, but once let this point be passed and we have all the phenomena of direct and reflex action exhibited which pollen is capable of producing.

In some cases, however, it is probable that, after the pollen grain has burst in the manner described at § 147, a portion of the granular matter makes its way through the walls of the capillaries into the blood current, but just as we find a certain degree of tolerance for the action of pollen when in contact with the mucous membranes, so we may have a similar degree of tolerance for the presence of the granular matter in the blood. Then again I believe that not only the power of resistance varies in different individuals, but that the power of elimination also varies. In some cases the granular matter may be thrown out of the circulation quite as quickly as it enters, and so long as this is the case no symptoms can be noticed; but where the power of elimination does not equal the rate of absorption, an accumulation must take place and, sooner or later, constitutional disturbance must be set up; and this disturbance may, in some cases, be seen before any local symptoms have been manifested. In this way premonitory symptoms and a stage of development may be induced, but if by the latter term any such action, as that which occurs during the period of incubation in zymotic diseases, is to be understood, we must refuse to accept the definition because it has never yet been

shown that pollen has any of the properties of a ferment. As I have before observed the premonitory stage will be seen in very few cases; why it should not be seen in all it is not possible to say, any more than it is to say why the exciting causes of other diseases do not affect all who suffer from them in the same way.

§ 273. The first symptom of the presence of pollen is generally itching of the parts with which it is first brought in contact. This is sometimes so mild as scarcely to be perceptible, but it may go on to a degree which is very severe, and which has more or less of a burning feeling with it. Generally the irritation is first felt on the hard palate and the fauces, then in the nostrils, and lastly in the eyes and face. If the wind is moderately strong the irritation may be felt in the eyes before any other part has become affected; and if the wind is at all cool the patient may imagine that this latter has been the principal cause of the derangement, whereas it is mainly due to the extra quantity of pollen which the increased velocity of the wind brings into contact with the conjunctiva.

When once the production of pollen has, during the hay-season, passed beyond a certain point the quantity may increase so rapidly that in twenty-four hours, or even in less time, the attack may pass from its most incipient condition to the true catarrhal stage. This is characterised by the discharge of thin watery serum from the nostrils, by violent attacks of sneezing, and in some cases by a tendency to lachrymation. Generally the violent attacks of sneezing precede the discharge from the nostrils, but the coryza may be the first symptom of an attack. In the earliest stage of the disorder the fits of sneezing are not very long or very severe, but when the malady has become fully developed they become so violent and seem to take such entire possession of the patient, when they do come on, that, for the time being, he loses all control over himself. In some cases the patient will sneeze twenty or thirty times in succession, and whatever he may be occupied with when the fit comes on he is obliged to set it aside and resign himself to the paroxysm until it is over. In a certain sense the patient has some gratification

in doing so. The impulse is so strong that he must yield to it, and he feels a degree of satisfaction in giving way fairly to the paroxysm.

§ 274. After the attack has lasted for a short time the submucous tissue in the nasal passages begins to swell, and if the quantity of pollen in the air becomes moderately large this will go on increasing so rapidly that in a short time no air whatever can be drawn through the nostrils. This swelling and stoppage in the nares often alters in a very curious and apparently unaccountable manner. After both passages have been equally closed for a time, if the patient gets into a recumbent position, so as to lie on one side, the nasal passage which is uppermost becomes after a short time quite open, whilst the lower one becomes still more completely occluded. This change is caused by the fluid in the submucous tissue gravitating towards the lowest part, and as often as the position is changed this alteration in the condition of the two passages will take place.

During the hay season most patients not only have paroxysms of sneezing in the day, but frequently also during the night, and especially when the disorder is just arriving at its highest point of intensity. I have myself had such attacks often, and knowing that pollen was seldom present in the air of a bedroom in quantity sufficient to bring them on, I was not able to account for them. After some time, however, I noticed that these attacks only came on when the nasal passages had been more or less occluded for a time, and that so long as there was no change in the condition of the two when they were swollen, the sneezing in the night did not occur by any means so often as it did when one of the nares suddenly became permeable to air. On trying the experiment I found that the paroxysms of sneezing could be brought on by changing from side to side whilst in the recumbent posture, so as to give time for the fluid in the submucous tissue to gravitate and close the lower passage whilst the upper one became patent. It seems as if the sensibility of the Schneiderian membrane becomes lessened by the pressure of the fluid, and as soon as this pressure is removed by the gravitation of the fluid,

not only does the normal amount of sensibility return, but for a short time some degree of hyperæsthesia is acquired. In this way some of the violent attacks of sneezing which occur in the night may be accounted for. Whether this is the true explanation or not it is quite certain that in most cases pollen is not present in sufficient quantity to bring on an attack, and as there is neither light nor any other presumed cause of hay-fever present, the explanation here given seems to be the most reasonable. But there are other important symptoms which this change in the position of the effused fluid will help to account for. To the consideration of these I shall return presently.

§ 275. In most cases, and especially in the earlier years of the disease, the action of pollen seems to concentrate mostly in the nasal passages; next to these come the eyes, then the buccal cavity and the fauces, and lastly, the larynx, trachea, and bronchial tubes. This order is, however, subject to much variation in different patients, and although the symptoms brought on by the affection of the parts last named are often very prominent, and apparently very dangerous, it is, as I shall be able to show, not because of the greater amount of irritation set up in the parts, but because of the importance of the function which they discharge.

So long as the supply of pollen is kept up the sneezing and discharge of serum continue, but the frequency and severity of these do not in all stages of the disease entirely depend upon the quantity of pollen inhaled. The degree of occlusion in the nasal passages varies in the day as well as in the night, but not to the same extent. If the occlusion has been tolerably complete in one or both nostrils for some hours, and by any chance suddenly lessens, the patient may have a violent attack of sneezing, notwithstanding that he may be inhaling a very small quantity of pollen at the time. If the average quantity is large, however, the swelling of the submucous tissue continues—subject to the variations above alluded to—the *alæ nasi*, as well as the lining membrane of the nares, become tender and inflamed, and have a tendency to bleed slightly if rubbed. The patient frequently finds that air can only be drawn through

the oral aperture, and if he sleeps he finds on awaking that the tongue and the whole buccal cavity are more or less parched. As the disorder progresses the discharge from the nostrils becomes more inspissated and puriform, especially early in a morning. This I found to be more marked in the descending scales, shown in Tables I and II*, than in the ascending scales. Occasionally, in the latter stages of the disorder the puriform mucus is slightly tinged with blood, but this is generally not arterial, and gives to the discharge something of the colour of pneumonic sputa in the latter stages of this disorder.

§ 276. After the disease has lasted some three or four weeks—varying in time according to the kind of season and the susceptibility of the patient—it begins to decline. If the season is a very favorable one for hay-making it will decline rapidly, and this, as every one knows, is generally the most favorable with a very high temperature. When any of the cereals happen to be in bloom at the time hay-making is about finishing in any district, patients residing in this district will find their attacks to be prolonged, and if it happens that a second crop of grass comes into flower before the harvest has got over, the attack may seem almost continuous from May to September.

When once the stage of convalescence has set in, if the patient keeps free from the influence of pollen, the recovery is very rapid. This may, however, appear to set in two or three times in the course of a season. If there is a fall of rain for three or four days in succession, and especially if this is tolerably continuous, the symptoms moderate so quickly that the patient may think the stage of convalescence has commenced. Unless the hay has been got in, however, he may generally expect a return of the disorder before the season is over. When the patient does get fairly from under the influence of pollen, however, the change is very marked. A single night is sufficient to produce a very agreeable change. However profuse the discharge from the

* By a mistake on the part of the binder, the accompanying tables were not inserted in their proper place in the last number. They should have faced pp. 423 and 433

nostrils may have been, it rapidly lessens and becomes more inspissated and puriform. The swelling of the submucous tissue subsides, the heat and tenderness of the *alæ nasi* and of the lining membrane of the nares lessens, and in the course of three or four days the patient considers himself quite well. Generally, however, the convalescence is much more slow than this, for the reason that in most seasons the quantity of pollen diminishes slowly. So much depends upon accidental circumstances that no rule can be laid down. A rapid growth of hay-grass with a very favorable hay-making season will make a short—though it may be sharp—attack, and *vice versâ*.

§ 277. It seems to be taken for granted by some writers that redness and some degree of inflammation of the mucous membranes are present from the first onset of an attack. In most instances, I believe, this is not the case. We have seen (§ 138) that the application of pollen to the abraded skin produced no redness or irritation whatever when this substance was used in the experiments given. To some extent I believe the same rule holds good in respect to the mucous membranes in ordinary attacks of hay-fever. The application of pollen to the mucous membranes of the nares will not directly produce any congestion. It is only when the discharge of serum commences that the membranes become inflamed. In this case the effused fluid seems to act just as the fluid of an œdematous limb does when the integument has been pierced to allow the fluid to escape. As every one who has watched these cases knows, the parts over which the fluid passes soon become red and inflamed. It is the same with the serum which is discharged from the nostrils in hay-fever; it is the continuous discharge of this fluid and its contact with the lining membrane and other parts of the nostrils which causes these to be excoriated and inflamed.

The mucous membranes of the fauces and of the buccal cavity do not seem to be so sensitive to the action of pollen as that of the nares. This may, however, be more apparent than real. If swelling of the submucous tissue does occur, it will not be so much seen on account of the struc-

tures being soft and yielding; and if fluid is thrown off by the mucus follicles, this will be much diluted by the ordinary glandular secretions of the buccal cavity, and will be rapidly carried off. Nevertheless some degree of congestion of the mucous membrane and swelling of sub-mucous tissue do occur, but not by any means to the extent they do in the nares.

§ 278. If active exercise is taken when the disorder has become fully established the irritation in the hard palate, the nostrils, and the fauces will become very marked. The fits of sneezing also will become more violent and prolonged. When we remember that the quantity of air inhaled in violent exercise is three to four times the quantity we take in in a state of rest, it is easy to see that rest and exercise must make a wide difference in the severity of the symptoms. Many patients have thought that exposure to the heat of the sun has made their attacks more severe, but the real reason has been that whilst they have been taking active exercise in the open air they have been inhaling a much larger quantity of pollen than they would have inhaled in a state of rest. It was for this reason that Bostock had the symptoms more severely developed whenever he ventured into the open air whilst residing at Ramsgate.

Dr. Phœbus notices that exercise—especially that of a fatiguing nature—causes exacerbations, but this he says is often “only by causing the patients to be heated or rather by getting cold after being heated.” The great difference between the amount of air inspired in a state of rest and during active exercise seems here to be completely lost sight of, as is also another important fact. Active exercise, if indulged in for any length of time, is generally taken in the open air, whilst rest is usually taken in a house, and I have shown that the quantity of pollen in the air of an ordinary dwelling house is as a rule very small, whilst that in the open air may be very large.

At the commencement of an attack of hay-fever the difference between the amounts of the pollen inhaled under the two conditions will not be very marked, but when

the disorder is getting near to its height the difference in the gross quantity is very great.- If at the commencement the number of pollen grains daily inhaled is twenty-five, and if we suppose that exercise increases it threefold we shall have seventy-five pollen grains deposited on a given space of mucous membrane. If at the height of the disorder, however, the daily deposit amounts to one thousand pollen grains (sometimes the number goes considerably beyond this), and if we allow the same ratio of increase, we shall have a deposit of three thousand whenever the patient takes active exercise in the open air. In the first case we have an addition of fifty; in the second we have an addition of two thousand in the same space of mucous membrane. These facts furnish us with abundant reasons for all the differences observed, and show that there is no necessity whatever for framing any hypothesis on the influence of heat. But the increase is in reality much greater than that given above, as will be seen when I come to give the results of a short course of experiments tried for the purpose of determining the amount of pollen which is made to impinge upon a given space of the mucous membrane of the nares in ordinary respiration during the height of the hay season.

(To be continued.)

A PRACTICAL INVESTIGATION OF THE EFFECTS OF THE PREPARATION KNOWN AS LIQUOR SODÆ CHLORATÆ.

By ROBERT T. COOPER, M.D., T.C.D.

HAHNEMANN observes in his proving of *Muriatic acid* that the workmen in salt manufactories are affected with putrid ulcers on the legs; they become dropsical and cachectic from inhaling the vapour of the *Muriate of Magnesia*." This directly contradicts the experience of a patient of mine, an old *employé* of the Lymington Salt Works. According to him there never were healthier or more long-

lived men than his companion labourers ; the contradiction may be accounted for, perhaps, by the peculiar process resorted to at Lymington for preparing salt, but anyhow it is difficult to imagine why the dyscrasia engendered should *necessarily* be laid to the charge of *Muriatic acid*, and it seems equally unfair to charge *Magnesia muriatica* with symptoms that ensue from bathing in the North Sea. (See its proving.)

My informant, an extremely intelligent man, who worked for some twenty years at the Lymington Salt Manufactory, says he never knew of there having been an epidemic, or even any serious illness among the men, and that without exception they all enjoyed good health.

I mention this to show what I believe to be the case, that *Chlorine* administered by inhalation more nearly approaches to the character of a harmless disinfectant than any substance chemistry has presented us with.

It is with great pleasure I now bring to the notice of the profession some original observations upon the action of a preparation I am morally certain is destined to hold a very high rank among our uterine remedial agents.

The *Liquor Sodæ Chloratæ* is defined by Squire, in his *Companion to the British Pharmacopœia*, as "a mixed solution of *Hypochlorite of Soda*, NaO, ClO, *Chloride of Sodium*, and *Bicarbonate of Soda*;" it will therefore be apparent that it is, with a vengeance, a compound preparation; but I maintain it is a legitimate compound, that is to say, it is of known and definite composition, and can always be obtained of equal strength.

The cures effected by it of uterine disease show that it takes rank side by side with, if it does not greatly surpass, *Palladium*, *Platinum*, *Argentum*, to which we feel inclined to add *Nitric* and *Muriatic acids*, with *Magnesia muriatica*, *Magnesia carbonica*, *Natrum muriaticum*, *Natrum carbonicum*, *Nux moschata*, *Actæa racemosa*, *Ignatia*, *Nux vomica*, *Hydrastis*, *Ferrum*, *Arnica*, *China*, *Graphites*, *Ammonia muriatica*, and *Ammonia carbonica*.

My attention was directed to the *Liquor Sodæ* when using it for leucorrhœal discharges ; it seemed to accomplish

more than one might expect from a disinfectant simply, and it naturally occurred to me that something more might be looked for than its disinfecting properties, and that the probability was paramount that it possessed a specific uterine action; this impression became fortified by a case which presented features of severe uterine congestion: fierce sacral pain, and aggravated uterine bearing down, and for which many remedies had been given without producing any effect, if we except a temporary relief from *Hydrastis*. As considerable leucorrhœal discharge existed, *Chlorinated soda* was prescribed, but while it failed to affect the leucorrhœa it acted with a decided effect upon the womb, the bearing down ceased, the sacral pain lessened, and the womb became, for the time, well braced up. But improvement was short, the symptoms set in with their old violence, and the patient, who was much inclined to despond, and had suffered much from physic and physicians, soon dropped off attending. The idea rivetted itself upon me that the *Chlorinated soda* ought to have been given internally, and that Hahnemannian teachings ought not to have interfered with a patient's chance of cure. Thus was I a-thinking when a similar case looked up.

Before we proceed, however, I may mention that there are no cases where the action of medicines has disappointed me more than in these congestive uterine diseases, especially when attended, as they are sure to be to a more or less degree in their chronic stage, with prolapse. *Ferrum* will cure them in their incipient stages if the affection is limited to the external surface of the os uteri, but its influence is much subordinate to that of the agent under consideration, that is to say, it is much less frequently indicated, and its effects are not nearly so penetrating.

In prolapsus ani of children we have no better remedy than *Ferrum phosph.*, using, if necessary, the more readily soluble *Sulphate*. As an injection this treatment will readily cure a prolapsed anus, if unaccompanied with hidden mischief, and the same may hold good of uterine prolapse for aught I know to the contrary; but what I am certain of is that *Ferrum* has not in my hands proved curative in

displacements of the womb, retroflexion, &c., and that children's prolapse has not met with anything like a specific in either *Ignatia* or *Podophyllum*. This is my experience up to the present, but I can quite understand having to retract my words at any future time.

I have already remarked* what a deleterious substance *Sulphur* is in chlorosis and allied affections. Now, Dr. T. K. Chambers entertains a very high opinion of *Chlorine* in the form of hydrochloric acid baths, as being an agent of great value, and directly restorative, in anæmia, from which we may infer that they contrast in this respect with each other; it would seem as though *Chlorine* controlled the ovaries and uterus as *Sulphur* does all the viscera.

Pathologists dispute the cause of prolapse of the womb; some, as Bennet, will have it that inflammation is invariably the starting-point, and that such is its position that sudden and violent strains can exercise little, if any, influence upon it; others believe that a slight concussion as that produced by jumping from horseback can bring it down; it seems evident that for the womb to fall there must have been previous prolapse of the anterior vaginal wall and retroflexion of the organ itself. One of the most recent authorities (Protheroe Smith) attributes its frequent occurrence to a lessening of the natural curve of the spine, "which, by the alteration of the spino-pelvic angle, renders the contents of the pelvis subject to the depressing force of the abdominal viscera." In his paper in the *British Medical Journal*, May 18th, 1872, a paper that it would be difficult to characterise in sufficiently high terms, he remarks, that the round ligament is, as a rule, little strained, but that, "when procidentia uteri is complicated with retroflexion of its fundus, there is necessarily a strain on its round ligaments."

As the alar mesentery (broad ligament) takes only a little part in supporting the uterus in its normal state, it is evident that in the erect posture the chief suspending power of the uterus resides in the utero-sacral ligaments, which, when strained, lose their natural course round the

* See page 281 of this volume.

forepart of the rectum, diverge and become straight, and, so long as they remain uninjured, they prevent any pull upon either the broad or round ligament; *but when the sustaining power* of these utero-sacral ligaments is lost or impaired, the uterus falls down and pulls also upon the broad and round ligaments. Assuming this, the view universally admitted, we may infer that any remedy capable by its internal use of correcting a prolapsed uterus must act strongly upon the utero-sacral ligaments whatever may have been the primary cause of the displacement.

In the following cases we give the symptoms as described by the patients, and then a short analysis of them. We omit dates and mention of past treatment as unnecessary, and explanation of reasons for our diagnoses as uncalled for; the cases were observed by ourselves, and we claim to be in the best position to estimate them. We have used appreciable doses as being preferable for such an investigation.

CASE 1.—Mrs. C—, æt. 28, has suffered from symptoms of prolapsed womb since she had a miscarriage five months ago. A great weakness in the hypogastric region and constant bearing down of the womb when in the erect posture, greatly increased on the slightest attempt at walking fast, intense pain in the sacral region, with additional pain between the scapulæ, both of which exertion aggravates; also pain in the left submammary region, sometimes shifting over to the corresponding right side. A good deal of leucorrhœa of a yellowish colour and thick stringy consistence. At the monthly period the loss is excessive. Bowels are regular and the appetite fair.

Prescription.—℞ *Liq. Sodæ Chloratæ* gtt. xij, *Aquæ* ℥viij, *Misce*. Capiat ℥ss ter in die.

In a week the report she gave was that the medicine suited her admirably, all the pains were much less severe, while that between the shoulders was quite gone; altogether she had gained much strength.

In less than a month she had no complaint whatever to make.

Analysis.—Uterine prolapse cured; effect on menorrhage

undetermined, probably cured; sacral, interscapular, and vertical neuralgias prevailed and were cured.

We now select a case of somewhat similar import with a view to determining its effect upon metrorrhagia.

CASE 2.—Eliza P—, æt. 24. Metrorrhagia for the last seven weeks; previously to and since her confinement seven months ago, an unusual flow at the catamenia, which appeared every three weeks and lasted eight days, but this time there has been no cessation and feels much pulled down.

At the age of fifteen was treated for the same; complexion florid, hair of a light brown.

Bearing down is much worse some days than others, especially bad after walking about, and, as a rule, for the first two days of the catamenial epoch. No sacral pain, submammary very intense, sinking in gastric region between meals as if she were hungry. No leucorrhœa.

Movement increases the flow, os uteri patulous and highly congested, soft to the feel.

Prescription.—℞ *Liq. Sodæ Chloratæ* gtt. v, *Aquæ* ʒij. Misce gtt. v ter die in coch. med. aquæ.

Third week.—Metrorrhage ceased, sinking in epigastrium gone as well as the submammary pain; feels quite strong, again.

Analysis.—Compared with Case 1 effect of drug the same, uterine prolapse less marked, menorrhagia severer and decidedly cured; gastric inertia, submammary, sacral and vertical neuralgias present, which were removed. As it is more than probable that it controlled the metrorrhage in Case 1, and certain that it did in Case 2, we may conclude that it can moderate uterine hæmorrhage, but not, as I know from experience, unless very plainly indicated; it may be one of our remedies for this complaint, but certainly does not promise to prove the chief; the loss of blood is too serious a matter to justify our temporising with any remedies for it that do not offer an almost certain promise of success.

In Case 1 the utero-pelvic ligaments were evidently

much stretched; in Case 2 the symptoms pointed to intense congestion with less dragging upon the sacral region.

CASE 3.—Harriet P—, æt. 23, a phlegmatic girl, has been ill two years with prolapsed womb, which came on after an illegitimate confinement, and was attended with much metrorrhagia. The *bowel* comes down, with a faint sickly feeling, whenever she suffers from constipation, and the left groin is often swollen.

The *womb* also comes down after standing about with the same sickly feeling, and she has to press up against the parts to prevent complete protrusion; it is not always caused by standing, but suddenly seizes her much more some days than others, and much oftener of late than ever and without any apparent reason.

The monthly period has not come on naturally for two months, and the last time the discharge was black and clotted, and came away in strings. A great deal of leucorrhœa, which is exceedingly fœtid, and excoriates the external parts.

Pain in the pit of the chest, extending to the throat, and causing hoarseness; has to loosen her clothes from the swelling of the hypochondria. Pain in the lower part of the back (the sacral region) when sitting; has to stand to relieve it.

The urine often contains stringy mucous clots.

Prescription, same as for last.

Analysis.—Paroxysmal prolapsus uteri, evidence of backward pressure probably coming on whenever the fundus retroverted, with weakness of the utero-sacral ligaments. Reflex spinal depression, gastric inertia, and sacral neuralgia present.

Second week.—Has suffered more. Very much pain and tenderness in the right groin, which occasions an uncontrollable desire to urinate, and goes through to the back, there causing a feeling of stiffness; this is a very decided pain, and seems due entirely to the medicine, and so great has been the downward tendency of the womb

that she has not ventured out of doors. Leucorrhœal discharge has lessened.

Constant expectoration of little bits of phlegm in the evening. To be without medicine.

Third week.—Decided improvement. The pain in the right groin, with tenderness and swelling, are quite gone, as well as the accompanying enuresis. There is still much back pain, but its character is changed, and it is not now connected with the pain in the right side. No prolapse of either bowel or womb; the bowels act better, and the urine is quite clear.

There was here a very evident aggravation from the *Liquor Sodæ*, hence our reason for discontinuing it, and, observe, the aggravation pointed to a decided weakening of the uterine supports. Unlike the others, this patient did not suffer from any congestion, the weakness was paroxysmal and more neuralgic than congestive. We also get two symptoms that require a word, "*A pain in the pit of the chest, extending to the throat, and causing a hoarseness,*" and "*a sense of swelling in both hypochondria.*" Both of these are characteristic uterine symptoms, the former is, with variations as to the laryngeal discomfort, almost as much so as the submammary pain of Simpson; the latter of them, when not the product of dropsical or flatulent accumulation, is also a characteristic uterine, as well as a chlorinated soda-pain, that is to say, the *Soda* has produced and cured it.

The uterine sacral pain is, besides other varieties, of two kinds—a sense of dragging, which occurs in prolapse, and, like that of hæmorrhoidal irritation, is often accompanied by a sick fainting feeling, the dragging reacting upon the spinal cord, and a fierce aching, with stiffness and an inability to stoop. This is a mere "pelvic symptom," that is to say, it may arise from any irritation within the pelvis, independent of the womb. In our patient the stiffness in the back, coexisting with the pain in the right groin, and desire to urinate, was of this nature.

In practice we find both these pains much relieved by *Terebinthinate* applications to the back; the poor are much in favour of a plaster made by spreading shoemaker's wax

upon thick brown paper, and the plaster sold as "Sterry's" gives almost instantaneous relief. Whether their efficacy is owing to stimulation or to specificity would be worth investigation.

The pain in the right groin, with stiffness in the back, assumes, as a *L. Sodæ* pain, various forms, being sometimes confined to the side without tumefaction, at others, accompanied by swelling and tenderness; it seems to be ovarian, from which we may infer an ovarian affinity on the part of the *Liquor Sodæ*, and possibly too on the part of other chlorinated solutions, as *Chlorate of Potash*, which may owe its occasional success in ovarian dropsies to a specific action upon these glands.

CASE 4.—JANE S—, æt. 49, ill three years; climaxis completed three years ago.

Hands become numb after washing, and remain very painful until sensation again returns, at other times also they occasionally die away like this, and always feel "nummified." Sense of enlargement in the throat; a pressure preventing breathing; submammary pain in the left side; is hysterical. I gave her triturated *Sulphur* in the second decimal attenuation. This effected no change, and I then further ascertained that she had cold chills, followed by hot flushes, and a great deal of bearing down; the bowels are confined, and she is troubled with piles, and also with leucorrhœa. The submammary pain obliges her to press against the side when undressing. The *Liq. Sodæ* was given, as in other cases, with marked improvement of the uterine symptoms. We then lost sight of the patient for some months in consequence of her having caught cold going home, but on returning she said that the bearing down, piles, and submammary pain had ever since remained away, though the anæsthesia was unchanged.

Analysis.—Post climaxem, partial prolapse, submammary pain, and bearing down are removed. Nervous debility prevails, and is unrelieved.

CASE 5.—Sarah J—, the care-taker of business premises,

æt. 53, came complaining of "bearing down pain of the womb," and of a brownish discharge streaked with blood. She attributes the bearing down to strain produced by excessive bilious retching, to which she is much subject, each bilious attack leaves the womb worse than it was before; this, of course, makes her feel very weak, and the parts that suffer most are the lower back and between the shoulders (*vide* Case 1).

A year ago the uterine weakness seemed to commence; she then had a very bad bout of biliousness, with passing of blood by stool, which left the womb much weakened; and lately, a month ago, it has, as I learned from examination, completely prolapsed. Submammary pain well marked; severe neuralgia of the right side and back of the head accompany the bilious attack; in the paroxysms she loses the sight of the right eye.

At the first consultation, not at all suspecting a procident condition of the womb, I gave the *Liquor Sodæ Chloratæ* gtt. iiii, *Aquæ* ʒij. Misce: gtt. v in coch. med. ter die. Cessation of the retching and bilious feeling followed as well as of the submammary pain, but the discharge from the womb and the back pains increased; seeing this, I made an examination and found the womb protruding externally and forming a tumour as large as a goose egg. Of course I gave up all hope of curing such a severe case with medicines alone, and intended treating it with pessaries, &c., but thought that, before applying them, there could be no harm in prescribing *Chlorinated Soda* as a lotion as well as by the mouth, half a drachm to eight ounces of water; to be used on cloths with equal parts of cold water. In three or four days after I called to apply the pessaries, and was not a little surprised to learn from her husband that the womb had gone up and that she was actually at the time of my visit attending a public meeting. What adds to the value of the case is that the womb has remained in its place for the last two months, that very little bearing down is felt, and that she scarcely ever has a bilious attack.

Whatever exception might be taken to a case like this

individually, it yet must needs carry great weight collectively; a remedy that can, in spite of the most unfavorable circumstances, to wit, advanced age, and occupation obliging constant assumption of the erect posture, lend support to the uterine ligaments, must be simply an invaluable addition to our *Materia Medica*. *Our Materia Medica!* alas, no! the facts I am now communicating are too valuable to remain long in the possession of our school; allopathy both mends and ends when she purloins our articles, and observations upon one of her own preparations will doubtless be specially acceptable.

CASE 6.—Mrs. S—, æt. about 37. Seventeen years married, miscarried shortly after marriage, and to this she dates her uterine symptoms. Sterile since then.

Six years ago was crossing the river, and caught a chill across the stomach, followed by severe neuralgia of the diaphragm, which necessitated confinement to the house for a whole year, and since then she has always had neuralgic pains in some part or other of the body.

Two years ago had it very badly in the left teeth, and took quack pills, which dislodged the pain from the face, but only to have it fixed in a worse form in the left sub-mammary region, as well as in various parts of the body. Prior to taking the pills the neuralgia used to come on invariably at night, the pains reaching their height at midnight, gradually coming and going; now they come on at all hours.

At present troubled with a tugging pain affecting the left side of the head and vertex cavities; the pains are more constant in summer than in winter, and just at present (December) they are very bad. The paroxysms, though irregular as to their onset generally, are sure to appear about the time of the monthly illness, along with the invariable catamenial accompaniment—severe biliousness, becomes sick about the second day, and then the neuralgia is extreme; sometimes the biliousness occurs towards the close of the epoch.

The slightest excitant will induce biliousness, *e. g.*,

Chlorodyne, any form of stimulant, any strong allopathic medicine, such as *Quinine*, &c. Bilioussness is preceded by violent pain in the right side of the face, which, when vomiting commences, changes to the left side. The pain is truly agonising, and causes her to writhe in agony on the floor.

Before the period she has much fulness and bearing down in the pelvic region, that lessens upon its appearance, and is always felt after much exercise.

Leucorrhœa continual between the periods, and very offensive.

Back-pain and palpitation of the heart during period.

Prescription:—*Liquor sodæ chloratæ*, gtt. iij; *Aquæ*, ʒij. Misce. Capiat gtt. v ter in die.

Report after the first month.—The monthly period passed off without any bearing down, and the usual bilious attack came on more suddenly, and was unaccompanied by headache—an unprecedented occurrence.

Since she took the *Liq. sodæ c.*, she has had a vertigo, which comes on when she lies down in bed and goes off on getting up in the morning; it is a symptom to which she has never been subject, and it kept her awake all night; was aggravated during the monthly period; and taking into consideration the form of uterine disturbance, and the fact that her food was almost always rejected with frequent bilious attacks, I gave *Pulsatilla* 1^r and with entire relief.

Three months subsequently to the above report she got a very smart attack of neuralgia, and just after a very severe paroxysm I gave the *Liquor sodæ*. It acted like magic; the pain, as my patient says, seemed to be charmed away. Her general health in the mean time has become astonishingly good; there is no leucorrhœa, and the sick headaches have gradually worn off.

Analysis.—Chronic uterine congestion, neuralgia of the face and head, and continued sick headaches prevail and are cured.

CASE 6.—Phœbe D—, æt. 26, living in a damp locality, had an illegitimate child before marriage, sterile since;

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temperament lymphatic; was treated at Southampton Homœopathic Dispensary a year since for swelling of the right side of the face from parulis, with coated tongue, shooting pains extending down to the shoulder, great prostration, and a painful feeling all over the body. She then complained of confined bowels, dyspnœa when walking, and a feverish feeling throughout the entire system; for these symptoms *Nux vomica* by day and *Sulphur* at night were exhibited, and she returned at the end of a week feeling much improved, but was drowsy and stupid and suffered from bleeding anus—internal piles, as she supposed. Suspecting pelvic congestion, I gave *Opium* in the first decimal potency, and since then she has not had any bleeding, to which we may mention she was very subject.

The above is a necessary preface to her case, as on her reappearance, six months after, her symptoms were very nearly the same—swelling of the right side of the face, and pain down the neck along the lymphatic chain. She suffers, she says, “from the piles” still, but they never bleed, and indicate their presence only by causing great pain about the seat before and after stool. She complains very much of pain in the lower back, and of bearing down before and after the monthly period. *Sulphur* ϕ was prescribed and the womb examined next day; the os uteri was found nodulated and patulous, and a distinct hard swelling, as though the womb were retroverted, was felt towards the rectum; this presses back, as her sensations imply, against the sacrum; there is a pressing forcing down of the womb, which makes her think the womb will come down altogether “if not looked to.” The external os bleeds freely when touched with the sound, and the internal os resists its passage into the uterine cavity.

The *Sulphur* quite cured the state of the face, and we now attended to the uterine organs. In the left ovarian region there was marked fulness and a feeling in the vagina as if the womb were pushing up whenever she sat down. I now gave her for some days with decided effect the *Liquor sodæ*, but changed it for *Mercurius corrosivus* in the third decimal solution, which did no good, however,

and she began again to feel the bearing down, with hot flushes and pain in the left side of the face. *Liq. sodæ chlor.* was resumed and again relieved, the bearing down quite subsided, and the pain in the left side of the face and shortness of breath went away, and she then complained only of nervous tremblings, which also ceased after being three weeks under this remedy; but there now set in a neuralgia, that I am inclined to think (though, of course, it is quite possible it was not) was due to the continuance of the *Liquor sodæ*. A tugging pain in the left side of the face, aggravated by taking anything warm, coming on every half hour and flying up the side of the head to ear, &c. *Nux vomica* failing, *Mercurius sol.* relieved this.

Examined the os and found it greatly reduced in size—indeed, of natural feel and dimensions. On passing the finger up behind the neck of the womb, the swelling, as from retroversion, did not appear to have undergone any alteration.

Analysis. — Congestion from previous inflammation cured; retroflexion unchanged; sacral pain and downward tendency of womb removed.

(*To be continued.*)

AUDIATUR ET ALTERA PARS!

By K. VON ROCHLITZ, M.D.

THE January number of the *British Journal of Homœopathy* publishes an essay by Dr. Roth "On Hahnemann's Merits, Errors, and Critics," which touches such highly important questions, questions so closely connected with the most essential and vital principles of homœopathic treatment, that I cannot pass it unnoticed, and without raising my feeble voice in the defence of what I consider a just cause.

I must find fault above all with Dr. Roth for that

anomaly, which would astonish an enemy of homœopathy even more than it did me—that, writing on Hahnemann's merits and errors, the "tales" respecting his merits are told on three pages, whilst the other "tales" dilating on his errors fill nearly forty pages. Hahnemann's great discovery needs no panegyric; his merit is so fully admitted by the hundreds of medical men who have adopted his principle of *simile simili*, and hundreds of thousands of patients who have been benefited by it, that the single voice of the ablest amongst us must necessarily appear too inadequate in praising him, who is the object of the veneration and praise of millions. In fact I am driven to remark that Dr. Roth would have done more appropriately in omitting from his treatise the three pages speaking in favour of Hahnemann, (for they remind me, compared to the other forty pages, rather strongly of, "But Brutus is an honourable man,") and styling his treatise simply "On Hahnemann's Errors and Critics," for that is what it is in reality.

No thinking man will doubt the truth of it if I say that there is no progress possible in science without sceptics. But every one of us must beware lest his scepticism should degenerate into disbelief and an uncontrolled negation. A well-trained mind will feel instinctively that the right to doubt imposes upon him the duty of an inquiry. To pronounce sentence without inquiry is the habit of the negator. The disbeliever may be brought to the inquiring experiment, but his mind is so strongly biassed against every new discovery that he will sooner doubt his own senses, suspect foul play, and dishonesty, than admit a fact which he cannot explain. Every inquirer into natural history must be aware, above all, of the truth that our knowledge of facts is a great deal further advanced than the sciences which should explain them. The necessities of life taught people to invent many things which science cannot explain yet. Ask the aborigine of Australia to tell you scientifically what is happening whilst he is rubbing two handfuls of dry grass together. He knows simply that the grass will ignite, and this fact is just as sufficient for him to repeat the experiment as often as he requires fire as it is at present to us to know

that we can send along a metal wire a telegraphic message so many thousand miles within a few minutes, though we do not know what electricity is to which the above fact owes its origin. The use of certain medicines for the cure of diseases, chosen according to experience only, or guided by the law of *simile simili*, is another of these facts, and the efficacy of high attenuations again another. It is the want of proper mental training which prevents yet so many amongst our professional brethren from accepting the truth of homœopathy as an undeniable though unexplained fact, and the same reason militates amongst our ranks against the admission of the efficacy of high attenuations. I have nothing to say to those amongst us who think it fashionable to put the sign of interrogation to every notion of ours which does not date from the last fifteen years; nor to those who, awed by modern physiology—this embryo of a future giant, whom they believe to be full grown already—mistrust their own senses and the experience of so many years' earnest labour. But I have to warn those who are led by a desire to see the two schools united again not to sacrifice to that fancy of theirs any of our conquered ground, to remember that the opponents of homœopathy will never stand with us on the same ground as long as the basis of our resistance remains the law of the *simile simili*!

Well, it is an old English saying that medical men differ, and I for my part would give everybody the liberty of having on any subject his own opinion. But these critics of Hahnemann, whom Dr. Roth has thought it becoming to bring forward now, that they may fight their half-forgotten battle of old anew, are using some weapons which I did not expect to see in their hands. We homœopaths have often had to repudiate indignantly that argument of our adversaries, "knavery or insanity," little thinking that some of our own brethren would take up the filthy weapon and use it against the venerable founder of our school. "Hahnemann gave palpable doses in the early times of his discovery, and continued to give them for a long time; it was only when aged that he approved of infinitesimal doses; therefore he must have been already imbecile!" To understand this reasoning

you must complete it by premising—"I, the infallible, consider a high attenuation to be nonsense, and people who can believe in the efficacy of a 30th attenuation insane; but as Hahnemann did believe when in his old age in such attenuations, therefore he must have been at the time imbecile!" Why, is not such language a disgrace for any one who call himself a scientific man? What have we to expect from such reformers?

There was a time when I did not believe in homœopathy, for neither physiology nor pathology could be brought to prove the correctness of its leading principle. A few remarks of an intelligent layman made me aware at last that there are many facts in the world which science cannot explain, and which are facts nevertheless, and that homœopathy may be one of them, and that at any rate I had no right whatever to give an opinion on a subject which I did not know. This induced me to visit Dr. Wurmb's hospital in Vienna. A few visits were sufficient to convert me for ever; and as the medicines in use there at the time were tinctures of the 30th attenuation,* I could not help believing in them. But I did not believe at the time, nor for many months longer, in the efficacy of medicated globules, and I would have thought it committing a very unreasonable foolish thing to use globules of any size. At last I got ill myself and had to return to my native place. I was very glad to find there one medical man practising homœopathy. It was an old gentleman, treating his patients almost exclusively with globules, of which I got some myself. I did not dare to suggest to him to give me tinctures instead, for I risked his telling me to go to somebody else to get what medicines I wanted. There was nothing left to me but to take globules, and to my great astonishment they did me a great deal of good. Dr. H— was occasionally using high attenuations—Jenichen's 200th too. They were tiny little globules of the size of poppy-seed, and bought from Dr. Rentsch, going by the name of Jenichen's high potencies; but of course I could not vouch for their being what the label said—the "*lege artis*"

* The 30th *decimal*, i. e. the 15th *centesima*.—Eds.

prepared 200th attenuation. All I know is, that Dr. H— gave me some occasionally, and I found them to do me good too.

After such experiments I could not help believing, not only in the efficacy of medicated globules, but of these so-called Jenichen's high potencies too; and as the use of globules is almost unavoidable in the treatment of children, and as they offer so much greater facilities of their being carried about in a pocket-case than tinctures, I did not hesitate to adopt them since that time for general use. I bought some of Dr. Rentsch's high potencies at the same time, but I must confess that I did not use them often, not because they did not answer, but because I had an aversion to use medicines the preparation of which I did not know. Should I have a reliable preparation of the 200th attenuation, and find it to act quicker than the 30th, I would, of course, drop for ever the 30th and use exclusively the 200th attenuation. For nothing but experiment can guide us in the use of different attenuations; we know just as little of the "modus operandi" of the mother-tincture as of the 200th attenuation.

We must, speaking about therapeutics, not forget, above all, that there is no "rational scientific therapia." When commencing my medical studies and attending the first lecture of Professor Hyrtl, I was somewhat rudely shaken up from my dreams and put on my guard. Professor Hyrtl, on entering his lecture-room, and seeing that we were assembled in an unusually large number, told us that, instead of lecturing on dry bones, as he intended, he would lecture on a bit of real life, as, judging by the unusually large number in which we assembled to commence our medical studies, he was led to believe that we had no one at home to give us sound information on the question, What is the scientific and social position of a medical man? what his prospects in life compared to other professions? It was a most ingenious lecture, speaking bare truth, which at that time we could not appreciate. Amongst other things he said that we may not indulge in any illusions as regards therapeutics, for there never was nor is there at present a

scientific therapia. "Ars medendi," not "scientia medendi," is and was the name of the healing art, and if we examine it closer still, we shall find that it is an unshaped ill-assorted agglomeration of facts, found by one member of the fraternity or another by way of experiment or chance experience. "In fact," did he continue, "to tell you the plain truth, 'the art' of healing which doctors possess is simply a 'knowledge' which differs from that of old quacking women only in as much that, whilst these women tell each other their experiences verbally only, the medical men have newspapers at their command to communicate their experiences to each other by print." I was hurt to the quick by this degrading comparison of the profession I had chosen for life, and thought that Hyrtl could speak so only because at the time when he passed his medical examination physiology and pathological anatomy were neither taught nor examined in. Three years later I could not help agreeing with Professor Hyrtl on every point, and I cannot take up a medical journal of any kind, our homœopathic (especially *American*) included, without being forcibly reminded of Hyrtl's drastic comparison. Of what earthly use is it to a true homœopath to have medicines recommended for names of diseases, if you cannot give him a good reliable proving of the medicine? And of what use is it to communicate a cure performed with a medicine of which there is a good proving in every medical man's possession? It was that sort of quacking—recommending a remedy for a certain disease—which drove me from allopathy, for all the fine scientific talk with which it used to be sugared and gilded could not induce me to shut my eyes and to swallow it. I cannot do it now either, not even when labeled "American homœopathy" or "eclectic medicine."

In fact, I got so sick and tired during my first medical studies of all theories respecting physiology and therapeutics, that even when turning homœopath I avoided them, like the most superfluous ballast. I never read yet, though practising homœopathy for the last fifteen years, any of the several editions of Hahnemann's *Organon* nor anybody else's *Organon* except Dr. Stens's work *Die Therapie unserer Zeit*.

As I cannot overlook our ignorance, more particularly in questions concerning physiology and pathology, I cannot help smiling, when I see some authors on *materia medica* draw, with evident complacency, from some symptoms, unwarranted conclusions as to the kind of nerves affected by a medicine, and become quite exhilarated on seeing somebody lose his temper when speaking of G. H. G. Jahr's works. It was a very true remark of Dr. Yeldham's I noticed in the January number of this Journal, that every practising homœopath becomes in time a routinist. As a fashionable dentist requires a separate pincer for the extraction of every tooth, whilst the village surgeon does it just as well with one and the same pincer in every case, so does a practising physician reduce his "apparatus medicamentosus" with every succeeding year, finding out in time his most reliable friends amongst his medicines as well as amongst the different medical authors. I must confess that it is Jahr's *Handbuch* and his *Klinische Anweisungen* which have guided me almost for the last twelve years in my practice.

I was a great admirer of Hartmaun's when reading his first work on *Homœopathic Therapia*, but was just as much disappointed by his *Acute and Chronic Diseases*. I do not know a single instance in which I could come to any definite choice when consulting the old gentleman's chatty book. Now, as for Jahr's *Handbook*, there are many symptoms which ought not to occur in a book containing the physiological provings of medicines only. But the author tells me beforehand that he has put in other symptoms too besides the physiological ones, and as he does not fail to mark them by certain signs, and as all of them have nevertheless some relation to the medicine under consideration, I can pay as much or as little attention to them as I like. I can sympathise with the late Dr. Trinks and others in their longing for a "physiological and practical" *materia medica* instead of Jahr's and Possart's "asses'-bridges;" but as long as the other desideratum does not come, we may just as well use what we find to answer best.

Jahr's *Manual* has one great advantage, that if you take care not to read the introduction you do not meet with any

theories of the writer which could mislead you, as in other materia medicas and works on therapeutics. You meet the dry facts, if not perfectly, yet on the whole very usefully chosen, and after being informed about your whereabouts you are at liberty to consult for more extensive study either his large *Codex* or Hahnemann's *Materia Medica Pura*, &c.

Well, then, "experience" is the watchword at present even with a homœopathic practitioner, experience is our best and most reliable apostle in spreading homœopathy; and if any one of my allopathic brethren asks me to recommend him some work on homœopathy which could give him a correct idea of what it is, I beg of him not to read any of the host of pamphlets treating on this subject, but to buy a case with forty-eight medicines, and either Jahr's *Clinical Guide* or Hirschel's *Hausarzneischatz*, and to give homœopathy a practical trial. It is a vain effort to try to prove scientifically, as Dr. Gutwill tried to do lately in the *Internationale Homœopathische Presse*, the correctness of *similia similibus*, but it is easy through practical experiment. It was because I have seen good results follow the homœopathic treatment that I adopted homœopathy, and because I can say as truly as if questioned on oath that I have never seen a case improve by a lower attenuation after having tried in vain a higher one before, but, on the contrary, immediate improvement follow the change from a lower to a higher attenuation—that is the simple reason why I prefer the latter to the former. I may be permitted to illustrate my statement with a few cases from my diary.

A lady, living a long way out of town, visited me on one occasion with her little son, a few months old, suffering from diarrhoea during dentition. The motions and their concomitant symptoms were so characteristic of *Chamomilla* that the mother had no difficulty, when consulting Laurie's book, to find it out herself, and as she had a large case with homœopathic medicines in her house, she gave the child *Chamomilla* for several days, without, however, any result. I asked her whether she remembered the number written on the label, whereupon she told me it was 3.

As I could not change the medicine, for all the other symptoms besides those of the bowels pointed to *Chamomilla*, I gave the child some of my own globules, 30th attenuation, telling the mother at the same time to be prepared to see this morbid state of the child return from time to time, and to use the globules which remained after the cure of this attack should the same kind of diarrhoea appear again. A few weeks later Mrs. D— came to see me on her own account, and told me that my medicine cured the child's diarrhoea at the time of her first visit, and a second attack of it too, in both instances within a very short time. Having no more of my globules left she would ask me to name the medicine or to give her some more of my globules for future relapses. My readers can imagine her surprise when she heard that it was *Chamomilla* 30 which cured her child. Of course nothing but some more of my globules could satisfy her. Months after, meeting her again, I heard of her that, as the child was doing well for a long time, she was induced by her husband to go to see some friends on a distant station. Returning home after a few days' absence she was met by the old nurse with an anxious look, telling her that the child was suffering for the last two days from the diarrhoea of old, as she could not find my globules, and the *Chamomilla* 3 from the large chest did not do the child any good. Mrs. D— found my globules at once, and cured the child's loose bowels within the next twenty-four hours.

Mrs. F—, 36 years of age, looking very pale; brownish spots on her face and on her chest. She came to consult me for a faceache within and around the right eye and its orbit, and for occasional headaches, which used to come at night, increased the faceache, and produced such a tenderness of the scalp on the right side that she could not bear the least touch of it. When she told me that she arrived but a short time ago from the East Indies, where she was dosed to excess with *Calomel* three years since for a supposed inflammation of the liver, and that she never had these face- and headaches before this treatment, I did not hesitate to

give her *China* 30. She came a few days later to see me with a joyful expression in her face, thanking me for her rapid cure. . I gave her some more of my globules, to keep them in readiness for a relapse, for I told her candidly that I did not consider her cured yet, though I fully expected that this medicine would, after a few more relapses, perform a permanent cure. Some weeks later Mrs. F— came again to tell me that she was so delighted with homœopathy that she had bought a case of medicines for her own and family's use, and she begged of me to tell her whether the medicine which did her so much good was contained in the case. I showed it to her, and she left. Weeks after, I was desired to visit her at her residence. I found her looking, not only ill, but with an expression in her face as if greatly annoyed. It was rather embarrassing to me to hear, not only that she was suffering from her usual face- and headache these last three days most severely, but that the *China* of her medicine case did not do her the least good. It was *China* 6. I emptied the vial and filled it with *China* 30 from my pocket-case and left. This was her last attack, it got rapidly well from my globules, and never returned for the next two years, during which I had occasion to see this patient now and then.

I could fill many pages of this Journal were I to mention all the cases in which the lower attenuation of a medicine was given from the family's medicine case without success, whilst the high attenuation of the same medicine, which I gave from my pocket-case, relieved at once, or in a very short time at least. I found this to be the case more particularly with *Pulsatilla*, and even more with *Belladonna*. I have several cases of amenorrhœa in which *Pulsatilla* 2 or 3 was given for weeks with no result whatever. I ordered *Pulsatilla* 30, three globules, two or three times a day, and in a few days generally the menses set in. *Pulsatilla* was a favorite medicine of mine for sick-headache. Such headache, once relieved by *Pulsatilla* 30, could not be relieved on its return by *Pulsatilla* 6, but got better immediately on changing to *Pulsatilla* 30.

That restless sleeplessness at night, accompanied with an

accelerated pulse, great dry heat all over the body, more particularly of the head; dilated pupils; red face and neck; much crying and screaming; *starting* out of sleep as if frightened, followed the next day by an almost comatose state; grinding of the teeth; making faces when asleep, the face being rather pale; throwing up of the food; the bowels inclined to be rather costive—are so many symptoms of a congested brain, which we often meet during dentition. I found on innumerable occasions that the globules or drop-doses of *Belladonna* 8 or 6 did not improve this state, but the symptoms got more threatening from hour to hour, sometimes leading to convulsions, whilst three globules of *Belladonna* 30, given dry on the child's tongue every five hours for thirty hours, *never* failed to cure it. As truly as I can confess to never having cured a case of meningitis basilaris tuberculosa, so true is it that I have checked with *Belladonna* 30 every case of congestion of the brain during dentition; that if called in after the first or several fits of convulsions, and giving the child immediately the three globules of *Belladonna* 30, I never experienced another fit to follow; and that if called in before convulsions set in, though the convulsive twitchings were ever so threatening, no convulsions set in after the use of *Belladonna* 30. I found the symptom "starting out of sleep suddenly, as in a fright," to be the leading symptom during dentition for *Belladonna*. If it was not given (*Chamomilla* has the same symptom) the other cephalic symptoms would appear very soon.

I shall speak in favour of *Nux vomica* 30 on another occasion. I cannot omit to mention now that, on one occasion, when called in consultation by Dr. P— my globules of *Nux vom.* 30, dissolved in water, relieved a most painful micturition by a charm, which *Nux vom.* 2 in drop-doses would not touch, so that Dr. P— sent to me next day, requesting me to provide him with some more of my 30th globules.

On the other hand, I must say that, following Jahr's advice, I used to treat every syphilitic ulcer with *Mercurius*, third trituration, and that I found *Colocynthis* 1 in drop-

doses to do better than *Colocynthis* 30 in cases of ischias, which required *Colocynthis*. Besides that, in some rare instances, finding some medicine of the 30th attenuation to answer, and deciding to continue the same medicine for some time longer, I did not repeat the 30th attenuation, but went to the 12th or 6th (never lower), for I found that I could give them for a longer time before the symptoms which induced me to choose that medicine reappeared in an aggravated form, compelling me to stop the use of the same. This brings me to speak of what Dr. Roth pleases to call "the hallucination of aggravation."

If a man tells me that nature has moulded him without any faith, and therefore he cannot believe in a cure with the 30th attenuation nor in medicinal aggravation, this man signs in my opinion such a *testimonium paupertatis* as a natural philosopher, that, whatever merits he may possess otherwise, he must be excluded from a judge's chair on natural philosophy on account of dulness of perception, or for having an uncontrollably biassed mind. Some people may be misguided by names and authorities, but I have lived and learned long enough to look upon would-be authorities in science with a suspicious eye. Disbelief is no merit in my opinion, and I repeat that we cannot help believing in facts, though we cannot explain them.

I have no experience in the treatment of diseases with the low attenuations, and therefore I cannot say whether they will produce an aggravation of those symptoms which induce the medical man to choose his remedy or not. But I should have to doubt my own existence if I should doubt my experience of having very often seen aggravations follow the use of high attenuations. In fact, it was the rule in painful complaints to see an aggravation follow the protracted use of the appropriate medicine.

I am in the habit of giving the medicine chosen dissolved in water for three successive days, and in every case in which a painful complaint is to be relieved I have to warn my patient to discontinue the use of the medicine on the second day, should the pain increase. I could quote from my diary hundreds of such cases, in which the pain got easier during

the first day of the treatment, increased a great deal during the second, and became unbearable on the third day, but diminished from the moment the medicine was discontinued, and got gradually well without the aid of another remedy. Not only did the pain increase with every day, but my patients used to remark that the pain increased immediately after taking the medicine, or returned if not present at the time. It was, in fact, this circumstance of aggravation I looked for most eagerly in the treatment of all neuralgias, for if it once set in, I could promise my patient a cure with certainty.

One of my most interesting experiences of the kind happened to me in the early part of my homœopathic practice. I was called to a young lady suffering from an eczema on her right outer ankle. The complaint was only a few days old, began with a small blister filled with a watery fluid which formed into a scab the size of a sixpenny-piece, resting on a red irritated skin. About 10 o'clock in the evening a fearful itching used to set in about the ankle, which continued till after midnight. This induced me to give *Mercurius sol.* 30, which failed, however, to do the least good. I changed it, therefore, after three days' use, for *Calcarea carb.* 30, chiefly because the itching was described as burning and at the same time aching. Having read in Jahr's *Clinical Guide* not to give *Calcarea carb.* longer than for one day, especially when treating skin diseases, I dissolved three globules of the 30th attenuation in a wineglassful of water, and ordered the patient to take this during the day, in three doses. I heard next day, to my great delight, that the itching was but very slight, and I could see, that not only did the scab not increase in size, but the hyperæmic state of the skin around it was a great deal less. My patient begged of me to give her some more of the medicine, which did her evidently so much good, but I remained inexorable. The patient's report was next morning better still, not a trace of itching came the night before, and the scab was getting loose in one place. My patient and her mother could not see, however, the reason why I should not give some more *Calcarea carb.*, nor could I tell them

why; I simply followed Jahr's advice, and at last told the ladies that I was very anxious myself to make the experiment and repeat the medicine, if they would not blame me afterwards for it should the leg get worse. After agreeing on this point I repeated the former dose of *Calcarea carb.* that day, and found to my great astonishment next day the scab half its size larger, and heard that the itching returned with redoubled violence. The skin around the eczema was so inflamed that I gave at once *Rhus t.* After a roundabout with *Sulphur*, *Hepar sulph.*, *Sepia*, &c., I finished the cure with a dose of *Calc. carb.* some five or six weeks after its first use.

I do not know any medicine which would answer as well in most cases of chronic indigestion, if accompanied with gastralgia, as *Nux vomica* 30, but I commenced to see these good results only since following the advice of Dr. Lutze, to give five pellets of it dissolved in six ounces of water, which is to be taken in three days' time. Having finished it the patient is to go without medicine for at least a fortnight, by which time the improvement will have set in, whilst on the eleventh or twelfth day an aggravation of the complaint may be looked for. I found every word of this recommendation to be correct, and never failed, when giving *Nux vom.* in such cases, to warn my patients, especially such as were trying homœopathy the first time, against this probable aggravation. In dozens of cases could I hear them say afterwards that, but for my warning, they would have gone back to the old school, which could give them immediate relief, but, relying upon my telling them that this aggravation would not last longer than a day or two, they waited patiently, and thanked me for having warned them. I do not say this without purpose. Any one of my readers who chooses to do as I did can, by using the 30th attenuation of *Nux vomica*, and ordering an appropriate diet (abstinence from coffee, beer, spirits, wines, rich dishes, fried meat, rich pastry, cheese, &c.), see these results for himself, and may see after this first dose of *Nux vom.* full recovery set in in about six or ten weeks time, if his patient adheres to the above diet. I must add, however, that the more the gastralgia prevails in the case the more

is it likely that the patient will not be able to take the medicine, on account of an aggravation, for more than two days; besides that, the case must be one pointing to *Nux vom.*, at least in the main symptoms.

I might pass on now, leaving the medicinal aggravation to the test of such of my professional brethren who earnestly desire to see it, but the word "hallucination" is still ringing in my ear, and I must ask my reader's pardon for troubling him with two striking cases more.

I visited one afternoon a woman suffering from hysteria during change of life. Her chief complaint was a violent palpitation of the heart, which began every morning at five o'clock, and continued till vomiting set in. Her pulse missed every fifth or seventh beat, but there was no organic disease of the heart. I hesitated what to give, but the state of the stomach and bowels, besides the circumstance that her most troublesome symptoms used to appear in the morning, decided me to dissolve a few pellets of *Nux vom.* 80, and to order the patient to take one dose of it at bedtime. Her husband was to report to me next day how she felt. Arriving at home my first action was to consult Jahr's *Handbuch*, and I was satisfied to find there that the symptom, "palpitation of the heart with nausea," occurred in a marked degree with *Nux vom.* I was told next morning that the palpitation was very slight, and that no vomiting followed, the first time for many weeks. I ordered her to continue the medicine, four times a day a teaspoonful. The following day the report was rather bad, for the palpitation returned rather violently, and ended with vomiting. I had a good mind to discontinue the use of *Nux vom.*; I decided, however, at last to go on with it yet, at least for this day. On the following morning, however, my reporter said that the patient was afraid to take that day any more of the medicine, as she thought it was owing to the medicine that she got so much worse this morning. (I sent her the day before some globules to mix in fresh water.) She never had the palpitation so violently before, and thought she was going to die. I discontinued the *Nux vom.*, and sent her powders of *Sugar of*

milk, to take one every evening. She improved rapidly after that; the palpitation did not return the second morning after discontinuing the *Nux vom.*, nor the sickness, though the pulse remained as it was, and the hysteria also.

Visiting a child a few months old, I found it suffering from indigestion, and ordered *Pulsatilla*, pellets of the 30th attenuation, dissolved in a not quite full tumbler of water, a teaspoonful to be taken every two hours. Soon after I left the patient's house messengers were sent out in town in search of me, asking me to return immediately to my little patient. The child's mother received me, on arriving, in a very excited state, telling me that soon after I left the wet-nurse entered the room, and finding the tumbler with the medicine uncovered and noways marked, and not knowing that it contained medicine, she drank part of the water, feeling rather thirsty. Soon after drinking she commenced to feel sickly and threw up her undigested breakfast. Her mistress got not a little alarmed when she heard that it was the child's medicine which acted so violently upon this strong countrywoman. I found, as in many other cases where I had to deal with intelligent people, that a candid confession makes matters smooth in the shortest time. I told the mother that I ought to have examined the wet-nurse too, and prescribed for her as well as for the child. She had taken an overdose of the right medicine by accident, and required for the rest of the day nothing but a proper diet. To save, however, my professional reputation I begged the mother to continue to give the child from what was left by the nurse in the tumbler. Nurse and child were doing well next day, requiring no more medicine.

I think nobody can read these few cases out of a host of others without coming to the conclusion that they are good instances for proving the existence of medicinal aggravation following the use of highly attenuated medicines. As I said before, I have no personal experience with regard to the use of low attenuations, and cannot say whether the first or second decimal dilution of *Nux vom.* or *Pulsatilla* will

produce an aggravation or not. What I know is, that some of our medicinal spring-waters may be compared to these dilutions, and that some of them, more particularly such the specific action of which is pretty well known, and which are consequently recommended with some degree of certainty, offer to an unbiassed observer daily proofs of medicinal aggravation. You often meet with people returning from Karlsbad or Kissingen who, when inquired of how they are doing, will tell you that they do not feel well at all, but that their medical man consoled them by assuring them that they will improve after some time and continue to get better still for months to come. What does this getting worse whilst using the specific remedy, and getting better after discontinuing the same, mean? What else if not a medicinal aggravation? Moreover, doctors at some of these springs know this very well, and I heard, for instance, that the waters at Gleichenberg are ordered to most, diluted with whey, to some in tablespoon doses, in some instances only as a gargle!

But of course to one who is so moulded by nature that he cannot believe in medicinal aggravation all this is no proof. Any aggravation which may occur to him during the treatment of a disease is a mere matter of chance, or the consequence of his patient's sinning secretly against the rules of diet, and will induce him to change the medicine instead of discontinuing it only and waiting for the after-effects.

"Wait for the after-effects, indeed!" He does not believe in after-effects either. To prove to him to his full satisfaction that you have accomplished a cure with a medicine you must give the patient the medicine and say, "Medicine in, disease out," and the patient must be well by that time, for as soon as it takes you a longer time to cure a disease he will think he has a good reason for doubting whether your medicine had anything to do with the cure of the disease. If he is very liberal he will admit a cure to have been accomplished by a medicine, if it happened within a short time and after constant use of the medicine. For he has something of an idea that the disease may be compared

to a badger, and the medicine to a terrier. You let the terrier into the badger's kennel, and he worries the badger out of it within a reasonable time to your full satisfaction. Such ingenious men are found, not only amongst Dr. Roth's quoted critics, they may be found even amongst actual celebrities. Professor Skoda, of Vienna, was such a high aspiring pathologist. When attending his lectures in 1854 I heard him say repeatedly, "Gentlemen, we have here a commencing infiltration of one of the lungs, accompanied with a high inflammatory fever, existing for the last nine or ten days; and to prove to you that we have no medicine worthy the name of an 'antiphlogisticum' we shall give to this man for twenty-seven hours *Aconitum*, the much-vaunted specificum of homœopathy." After this introduction he gave the formula of the medicine:—"Recipe *Aconitini*, granum unum; *Decocti Capillorum Veneris*, uncias quinque; *Syrup. simplicis*, unciam." It never struck him for a moment that *Aconitum* and *Aconitin* are two very different things indeed, and that he could not quote a single instance in which a homœopathic practitioner recommended *Aconitin* as an antiphlogisticum. Next day, of course, the patient was not better; the fever continued and the infiltration was spreading. Now came Skoda's just as logical conclusion. "You see, gentlemen, that the *Aconitum* of the homœopaths did not stop either the fever or the infiltration, and does not deserve the praise it receives from Hahnemann's followers. We shall try to-day *Sublimate* in refracta dosi." Of course, the *Sublimate* failed during the next twenty-four hours, as much as *Tartarus emeticus* the third, and *Nitrum* the fourth, day of this senseless experiment to cut short a fever and an infiltration, which had nine or ten days' time to develop itself in the patient unchecked, and encouraged by the reduced state of his body before getting ill. I wonder what an idea this kind of critics have of the pathological changes which a disease produces in tissues, to expect such wonderfully rapid cures?

A public hospital is altogether an inappropriate place to demonstrate the superiority of any system of therapeutics, for the inmates are coming in generally from among the

working classes, and their greatest evil is not the actual disease, which prompts them to enter at last the hospital, but the reduced state of vitality in consequence of overwork, mental worry, want of proper food, bad lodgings, deficient clothing, &c. When taken care of in a hospital, of whatever school, the patient's diet is studied above all most carefully, and the comfort bestowed upon such a patient cannot fail, within a reasonable time, to raise the standard of his vitality, which will restore the normal function of all deranged organs. Medicine is in most of these cases a secondary consideration, the proper diet is everything, unless the patient's age, long neglect, hereditary or acquired contamination, &c., should militate against him.

I cannot omit to mention yet, before finishing this chapter on aggravations, such cases as came under my notice arising from overdoses administered during an allopathic treatment. I do not mean the host of patients suffering from hydrargyrosis, but some cases in which the proper medicine was given, but continued for too long a time. I had several such cases, and the usual story was that the patient went, for some complaint, to a chemist or a surgeon and got a mixture, which relieved him a great deal. This improvement continued whilst taking the second and third bottle, but changed to worse with the fourth bottle, and continued to get worse still with every next bottle. He feels only somewhat better since he discontinued the medicine altogether. I thought it would be labour in vain to make him understand that a medicine cannot be taken like daily food for any length of time with impunity, and so, without saying anything, I prescribed for him powders of *Sugar of Milk*, and as time advanced I was sure to hear of the wonderful effect of these powders.

And now for Dr. Roth's tales about the "impurity of our *Materia Medica Pura*." Nobody can doubt the unsatisfactory state of the latter, and the difficulty of the task of studying a medicine's physiology from this ill-assorted accumulation of symptoms. But I would be very sorry should its purification be left with Dr. Roth, of Paris, who thinks that

subjective symptoms are unreliable symptoms, and should not be admitted into a *Materia Medica Pura*. The greatest sensitiveness against medicinal influence, viz. idiosyncrasy, is not necessarily a morbid state yet. From idiosyncrasy down to perfect indifference to a certain medicine there are a thousand shades of intensity, which owe their existence only to as many peculiar shades in the organization of different subjects apparently all alike. I have known a chemist of a healthy strong build who fainted when smelling *Jalapa*. He had to sell his business on account of this idiosyncrasy, and give up his calling altogether. Supposing, now, he had been proving *Jalapa*, and had noted down "fainting"—would this have been a mistake? I think not, for though it may not occur in the next 1000 provers, it may appear again in the following three or four. At any rate, it is a fact, not a chance accident: why not note it? Or let us inquire into another substance, "alcohol:" to what different subjective symptoms does it not give rise? When taken in such quantities as to produce inebriation, one person feels very happy, becomes talkative, amative, generous; whilst another is silent, vindictive, rowdy, ready to fight and kill; a third unhappy, complaining, ready to cry, &c. Can there be a greater contrast in the subjective symptoms of a medicine than in this instance? And would it be a pure *materia medica* if somebody would note of these symptoms only such as occur with most of the provers, and omit to mention the hysterical state because it occurred only once in 20 or 100 provers?

I have mentioned already that symptoms known "ex usu in morbis" are not altogether to be neglected, only they should be attached to the physiological proving under a separate chapter, with the heading "Clinical Notes." But the necessity of a purification of the *materia medica* is a long-admitted fact, and the Austrian Re-proving Society has shown us how the purification is to be done in the most satisfactory manner. It is only a great pity that it did not continue its labours, and find imitators. To think of another sort of purification than by re-provings is simply absurd. Let our critics and adversaries laugh at our

belief in certain dreams as indications for the choice of certain medicines ; the truth does not suffer by their laugh—you cannot laugh facts away. I used to have on every occasion, when going to bed with a heavy supper or an undigested dinner, one and the same dream from my sixth up to my twenty-sixth year. The congested state of the brain (so I suppose) made me hear the beating of the carotid arteries, which sound appeared to me like that of a violent storm, whilst I was floating in a sea of porridge, which used to get agitated by the storm into a whirling movement, in consequence of which large mounds of porridge rose before my eyes, threatening to drown me, and were carried away afterwards, making room for others. This dream revealed to me sooner than any other symptoms the deranged state of my digestion, and though but subjective was to me a very reliable symptom. Some of these subjective symptoms of our *materia medica* are of the greatest importance in pointing out the right medicine, and have to be marked particularly as such leading symptoms. I had to treat a young lady of eighteen years, suffering from chorea minor. I was told that one day she felt a pain in the middle finger, as if pricked with a needle, but no sign of such a prick could be seen. Next day this finger commenced to jerk, the others following suit soon after. Within a week the whole arm was jerking, after which the arm of the other side did the same, till, ere eight weeks elapsed, there was not a muscle left in the body which would not jerk occasionally involuntarily. Having heard that the young lady, through getting wet, had her courses suddenly suppressed before this ailment set in, I commenced my treatment with *Pulsatilla*, but, though the courses reappeared at their regular time, the spasms continued to spread as mentioned above, not ceasing altogether even during sleep, as they did in the early part of the complaint. My patient, despairing, became about that time very hysterical, and I thought to see good results now from *Ignatia*. But I was mistaken again ; all I could do with *Ignatia* was to stop the jerking during sleep. The patient's mother desired me

now to meet Dr. B— in consultation. Complying with her request, I was urging Dr. B— to give our patient *Cuprum metallicum*, for it has the symptom of spasms commencing in the fingers. Dr. B— thought, however, to pay more attention to the hysteria, and ordered *Assafœtida* 2 for a fortnight. The result was nought. My patient's and her mother's patience was by this time very nearly exhausted, but they consented to give me another fortnight's trial whilst I ordered *Cuprum m. 30*. It gave immediate relief, and cured the case within a few weeks radically. The reason that the cure was protracted for weeks was that, though the jerkings stopped in less than a week's time altogether, they would return if the young lady's mind became excited or agitated for four to five weeks longer. Now, in this instance there was, besides the one symptom which is found only "ex usu in morbis," not a second which would have pointed to *Cuprum*, and it was, for all that, the specific remedy. I challenge our best men in physiology and physiological pathology to give me the reason why.

Our adversaries and some wiseacres from among our own camp are often laughing about certain symptoms contained in the fifth chapter of Jahr's *Symptomatology*, and should they have the purification of our materia medica entrusted to them, they would most likely condemn the whole of it, and most of Chapter 6. Let them listen to the following case :

Mrs. H. came one day to me, asking me to give her some medicine for her husband, who, according to a telegraphic message she received just now, got out of his mind up the country. As I knew nothing about Mr. H. save that he was a man of considerable literary attainments, of temperate habits, but very bad health, and that his mind's derangement might be the result of mental overwork during the last season, I gave Mrs. H. some *Belladonna*, and advised her to try whether she could not bring him down to town. Some five weeks later, having forgotten all about Mr. H., a gentleman came to my rooms, asking me whether I was Mr. H.'s medical adviser. After some more explanations I heard that Mrs. H. succeeded in bringing her

husband down to town and in placing him in a public lunatic asylum. As he continued to behave pretty calmly there, Mrs. H. induced my informant to sign a security for £50 sterling for the good behaviour of Mr. H. outside the lunatic asylum, whereupon he was brought to Mrs. H.'s house. He continued quiet for another day longer, but this day, being a very hot day, he got very much excited, took a mallet up, was stamping with his feet and talking and gesticulating in such a manner that he made his friend tremble for the £50 security. The latter wanted me therefore to come at once and quiet him, thinking very likely that I am a sort of charmer, who can quiet with his look or a whistle's sound a madman as others can snakes and tigers. I gave him another dose of *Belladonna* for Mr. H. and advised him to keep a policeman or two near at hand should the *Belladonna* fail, promising at the same time to come directly after my consulting time at home. I saw Mr., H. three hours later; he was smoking under the verandah, dressed gaily, and singing a gay tune, which ought to have been a song of Gounod's 'Faust,' known at the time only to the Parisians. He knew my brother very well, and, commencing to speak about him, our conversation never slackened after that, interrupted only occasionally by a laugh or a song of his. I induced him by-and-by to give me the history of his former disease, and I heard then that he suffered when a boy from scrofulous caries of the bones, and within the last years from several very acute and tedious gonorrhœas. Speaking with his wife after, I heard that whilst in a rage he was sitting in a corner of the prison-room, spitting at everybody that approached him. Not being able to see my way among these symptoms, I promised Mrs. H. to send her after a while some medicine, and drove home to consult Jahr. Looking first for "gay insanity," I found so many medicines to suit it that I could not choose one until my attention was arrested by the symptom "spitting," to which *Belladonna*, *Cannabis*, and *Cuprum* answered. As *Cannabis* did suit gay insanity too, whilst *Cuprum* did not, and as I had, owing to my patient's confession, a very strong reason to think of *Cannabis*, I

sent Mr. H. two powders containing *Cannabis* 30 in globules, to be taken dissolved in water, one after the other. On my visiting Mrs. H.'s house next day I found no one at home, and the day after a neighbour told me that Mr. H. was quite well, his friend returned to the country and the H.'s changed their lodging for a neighbourhood where they are not known. Some fifteen months later Mrs. H. came to ask my advice again. She confirmed every word of their neighbour; Mr. H. got so rapidly well after the two powders that he was able to earn something with his pen ere a week was over. He continued well for a twelvemonth, when during the hot season he became deranged again in his mind, in consequence of violent anger. Mrs. H. was ashamed of not having paid my old bill, and delayed her coming to see me for about a fortnight, when, having to call in a policeman for her life's protection during a very violent fit of rage of Mr. H.'s, the latter was taken to the public lunatic asylum. Three months later she took him out of it in a most desperate state, put him under the care of an obscure hydropath, and came at last for me when she saw her husband in a dying state. I refused, of course, to treat a dying man, more particularly after such antecedents.

Such of my readers as have read Dr. Roth's treatise will have noticed that I have omitted to say anything about the "*Psora hobgoblin*." It is such an extensive field of controversy that it requires a very large chapter of its own, if you want to do justice to it.

Psora, diathesis, dyscrasia, constitution, blood contamination, innate and hereditary diseases, are synonyms for ideas pretty much alike. If Hahnemann put too much stress upon the ill-effects produced by a suppression of scabies, he was erring in common with some of the greatest celebrities of his age. It would be, in my humble opinion, more becoming to the present age of physicians to think charitably of these celebrities of past times, and, before condemning them as dupes of their ignorance and want of observation, to assume rather that scabies must have been in the former centuries a disease in many respects different from the present. This supposition is in my opinion not at

all far-fetched, for we know that the acute diseases of the skin which occurred within the last century were very much more virulent than they are at present. This is true, not only in the case of variola, but in every skin disease which produces a specific secretion of its own. It is the inoculation of this specific matter which protects the patients attacked by variola, scarlatina and measles, as a rule, against a second attack, and nobody will contradict me if I presume that this contamination of the blood must pass to some degree over from the parents to the child, protecting thus through a natural inoculation the later generations and breaking the force of every later epidemy. We know that when the "lues" first broke out in Naples amongst the French auxiliary troops, and for some time after, it was spreading like an epidemy through contagion, and not, as nowadays, by contact only. We could not account for the lesser virulence of the syphilitic virus to-day otherwise than by assuming that a natural inoculation of the same, which the first did not possess, protected the later generations.

Now, as for scabies, you need not practise long among a certain class of people without meeting with scabies. Well, you will find an eruption of undeniable scabies, and find from the beginning acari too, and on inquiring into the case you will come to the conclusion that contamination took place through the transplantation of the acari, which produced the eruption.

But in a second case you will find a well-defined scabious eruption on the skin without being able for two or three weeks to find a single acarus or any eggs of it, until both will appear mysteriously, as if grown out of the pustules.

We see something similar happen during the treatment of "eczema capitis." A neglected child can contract "pediculus capitis," and the irritation they produce will make the child scratch its head so violently as to make it sore at last, and give rise to an eczema capitis. But another child is brought to you with a beginning eczema capitis, and you cannot find a single pediculus. Considering the child's condition, you are prepared to see the eruption spreading by-and-by all over the child's head, which you predict to the parents, asking

them at the same time to cut the child's hair very short, in order to keep the head clean. All the mother's care notwithstanding, you will see *pediculi* appear ere three or four weeks are over.

On the other hand, even Professor Hebra meets in his hospital with cases of evident scabies without a single *acarus* during the whole treatment, and cases in which all the *acari* are killed and carried away without curing the eruption. Professor Hebra has, as I was told, a very easy way of explaining it; he supposes that there are hidden *ovula* of the unseen *acari*, which produce and keep up these eruptions. Now, as he cannot demonstrate "*ad oculos*" something unseen, it would be very foolish of you to ask him to prove his statement. If Hebra ventured once to commute the German name of Krath into Kratz-Krankheit, it was, so I fully believe, only owing to his great liking for puns. One minute's earnest reflection would have taught him that, though people afflicted with prurigo do scratch certain affected parts till they bleed, the pustules do not follow it as readily as in scabies, and will never appear in places which did not itch and were not scratched at all.

I admitted frankly that hospitals are not fit places to test the value of different therapeutic schools in treating acute diseases. I must state further that a large ward, receiving daily fresh cases of scabies, which are anointed and bathed at once, is even a worse place for making observations about the natural history of scabies. We should never have been able to make the observation in such a ward as anybody may and I have actually made in my private practice—that in one family, consisting of a mother, five children, three boarders, and two servants, only two of the children were infected with scabies *acarosa* (as I would venture to call it) through the importation of that disease into the house by one of the servants. The grown-up sister and the mother used to sleep with the youngest child, three years of age, which suffered most, and they did not catch the disease. In the same way you will sometimes find that out of two children sleeping on the same pillow the one only is harbouring *pediculi* on his head.

All this proves, if I am correct, that the acarus is a parasite which may be present or absent in a certain eruption of the skin called scabies, just as pediculi capitis will sometimes accompany eczema capitis, aphthæ typhus fever, certain distinct fungi diphtheritic sores, ascarides a chronic catarrhal state of the intestines. An eruption very like scabies, produced by the transplantation of acari (though I doubt whether it will succeed upon an individual in perfect health*), is not scabies itself, nor should we name it so. The disease called scabies is a more or less acute skin disease, spreading by contagion, producing a specific secretion.† Admitting as much, I may be permitted to hope, speaking to homœopaths, and to men of not less scientific training and experience than myself, that I need not tell them how dangerous it would be to suppress such an acute skin disease by some exclusively external treatment. If some of my colleagues have not seen any ill-effects follow the suppression of eczematous eruptions in consequence of washes applied externally, they must wait longer, and take in the mean time the word of such brethren who have had

* See Claude Bernard's *Leçons de Pathologie expérimentale*, 1872, p. 35.

† I was called in once to the last agonies of a child seven months old suffering from convulsions of an unknown origin, threatening the child with suffocation. The child died after bleeding from the bowels set in. A week after the child's death an itching eruption showed itself upon all those who were nursing the sick child (father, mother, an aunt who returned immediately after the child's death to her own family, and a nurse). This eruption developed itself very rapidly into a regular scabies, but, though the father remained for nearly three months under my care, I could never detect a single acarus or ovulum either in his eruption or in any of the three other sufferers. The aunt was treated by her own medical man, who pronounced the eruption to be scabies. Inquiring into the case further, I was told that the wet-nurse, who nursed the child up to the time of the first fit of convulsions, had some itching eruption, which she succeeded in concealing from the parents. When the child had its first fit another servant girl disclosed the secret of the nurse's health. Thereupon she was dismissed without being examined by a medical man about the nature of her itchy eruption. For several weeks none of the two houses' other inmates were affected, but at last the youngest children—the aunt's babe and my patient's son of four years old—showed some few itching nodules, even pustules, without a vestige of an acarus, and without developing further.

such experiences, and seek the truth just as eagerly as themselves.

We must, moreover, confess that our physiological pathology is very little advanced yet in skin diseases, more particularly as regards the affinity of different skin diseases, and their critical value in throwing off effete substances of our organism. The tartar emetic ointment of the old school, the wet bandage of the hydropath, and the *Sulphur* and *Thuja* of the homœopath, all of them serve the same purpose. Only the name of the enemy is changed, which is not essential; the leading idea is true in every case, and no school of medicine can disregard it. Should any one cling too much to the name, or build extravagant air castles upon it, he damages his own reputation, not that of the school to which he belongs.

But here I must stop, and beg my reader's pardon for having ventured to write to him in the same English language which was censured lately by my English critics most unmercifully. I did not intend to teach my readers the proper English style of writing, all my ambition culminating in the hope that they did understand what I wanted to make them understand; but as to the merit of my ideas I like fair play, and do not ask my critics to spare the rod if I deserve it.

BRITISH HOMŒOPATHIC CONGRESS, 1872.

SINCE the revival of our annual Congresses, the meetings have been held so late in September as to render any notice in our October number impossible; and ere our January number has appeared, our *Monthly* contemporary has anticipated the report we should otherwise have given. In the present year, however, the first Wednesday in September was fixed as the day of assemblage; and we are thus enabled to say somewhat of the Congress of 1872.

We must first note that Congresses were held in 1870

and 1871, at Birmingham and Oxford respectively. At the former Dr. Drysdale presided, being unanimously chosen so to act by the British Homœopathic Society, to whom the selection was entrusted. An address was delivered by him on *Modern Medicine and Homœopathy*. This was followed by the reading and discussion of four papers, by Drs. Sharp, Madden, Hayle, and Black respectively—the authors being chosen as representatives of four* of the medical societies which coalesced in the Congress. Dr. Sharp's paper was on "The Action of Drugs;" Dr. Madden's on "How to Study the Materia Medica;" Dr. Hayle's on "Symptomatology;" and Dr. Black's on "The Influence of Homœopathic Treatment on Acute Rheumatism." Exactly fifty medical men are reported as present. The day's proceedings closed with a dinner.

Ere the members parted Oxford had been chosen as the place of meeting for 1871, and Dr. Madden elected (by ballot) as President. Accordingly, the 27th of September in that year found the "British Homœopathic Congress" (now so styled) in the university city. A gloom was cast over its initial proceedings by the absence of the president-elect from severe illness, under the disablement of which (alas!) he still labours. The elaborate address which he had prepared—*On Therapeutics in relation to Modern Physiology*—was read for him by Dr. Hughes; Dr. Drysdale occupied his place at the meeting, and Dr. Dudgeon at the dinner. Dr. Black represented the British Homœopathic Society, and read a paper "On Posology;" Dr. Moore, for the Liverpool Homœopathic Medico-Chirurgical Society, contributed an essay on "Uterine and Ovarian Disease;" and Drs. Dunn and Wynne Thomas, for the Northern and Midland Societies respectively, communicated the results of their experience in the application of homœopathic treatment to surgery. The members present were about forty-five in number.

So far for the sake of narrative only. The full history of each Congress, and the permanent record of the addresses and papers read, are contained in the volumes of the *Monthly*

* The Midland, the British Homœopathic, the Northern, and the Cheltenham.

Homœopathic Review. To the same active and intelligent contemporary we leave the task and privilege of recording the York Congress of 1872. Suffice it to say that the attendance was as good as that of the Birmingham meeting; that Dr. Black presided, and addressed the members on the *Attitude of the Members of the Medical Profession towards Homœopathy*; that Dr. Sharp again represented the Midland Society, and discussed "The way in which the Action of Drugs is to be discovered;" that Dr. Hughes, for the British Homœopathic Society, investigated "The Place and Value of *Baptisia* in the treatment of Typhoid Fever;" and that Dr. Pyburn presented, as the nominee of the Northern Association, the facts concerning "The Action of Serpent Venom." It was determined that the next Congress should be held in Leamington, with Dr. Sharp as its President.

But we desire now to make some attempt to estimate the results of this three years' experience in Congress-holding, and to indicate how such gatherings may best be utilised in the future.

As regards the good-fellowship they have promoted, there can be no two opinions as to their value and success. They have afforded opportunities of acquaintance to men who might otherwise never meet; they have elicited the utmost cordiality, and have sensibly strengthened the brotherhood of our little body. To our neophytes and junior members especially they have been of acknowledged value, bringing them into contact with the veterans of the art, and encouraging them by their ripe experience and undying enthusiasm.

Again, there is considerable apologetic value in the annual meeting of a Congress. That some fifty qualified medical men can come together once a year, often from great distances, shows a sincere confidence in their cause, and suggests that there must be something real in that for which they are willing so to give time, trouble, and money. The reports of the meetings may not spread as widely as we could wish. But as far as they reach, they testify to the earnestness with which the medical men who practise homœopathy regard the creed they profess.

But it is plain that the chief object of these gatherings is

something beyond convivial chat or external testimony. It is the actual advancement, by mutual conference and communication of experience, of the therapeutic method we acknowledge. The original idea of the Congress was an amalgamation for the nonce of the homœopathic medical societies of the island. Its form, therefore, should be that of the meeting of a medical society, but with the elements thereof at their highest and best. That the papers read should be on some subject of general interest and undoubted value, and should have competent men for their authors, will be admitted at once. But we maintain also that they should be such as are capable of eliciting discussion. A paper which would be most valuable in a journal, where its instruction could be digested at leisure, would be unsuitable here. The listening to its reading does not give time for its full appreciation; and when it is finished, the auditors are silent, or rise only to "thank Dr. So-and-so for his paper," and make a remark or two upon some casual points suggested by it.

Now, it cannot be denied that these remarks are pertinent to some of the papers which have been read at the Congresses. We hope that the main end in view, viz. the bringing forward such subjects and in such a manner as may lead all interested in them to join in the subsequent discussion, will be borne in mind by future authors of papers. We would even suggest that, when theoretical matters are treated of, the outline of the argument should be supplied beforehand (say in the *Monthly Review*), that members may come prepared for support or criticism as the case may be. And just one word to members of Congress themselves. If they have anything worth saying on the subjects to be brought forward let them arrange it in their minds beforehand, that when the time comes they may be listened to with advantage. The discussions have been the weakest point of the Congresses hitherto. We have indicated how far the authors of papers may contribute to their improvement; it will be well if the discussers themselves do their part to the utmost of their ability.

HYSTERIA.

By Dr. GUTTERIDGE.

*(Continued from page 464.)*II.—*The hysterical attack.*

THE hysterical attack of some text-books, notably of Reynolds's *System of Medicine*, is principally an affair of sobs and crying, laughter and screams, and occasional convulsions. The attack, as met with in practice, is all that generally, and oftentimes a great deal more. Flint's notice in his *Practice of Medicine* is much more extended and accurate, giving a detailed account of the convulsions, delirium, and coma, by which it is often followed. It is not difficult to understand how the hysterical attack, whatever form it may assume, or however long it may continue, is but a manifestation of what for an indefinite period has been prevailing within, but the natural outgrowth of the hysterical condition. The nervous tension or prostration to which we referred does but relieve itself, when it finds vent in unnatural laughter, uncontrollable crying or unearthly screams, or, as it passes on, if not checked, into convulsion and delirium, or still sooner yields to coma and insensibility. In other words, we have exaggerated emotion, eccentric displays of voluntary motion, or an apparently total loss of it.

The condition of patients subject to any of these manifestations may present almost any one or any combination of the indications mentioned on p. 461 of the previous number of this Journal, and it may be accounted for more or less fully by any of the causes referred to in the next paragraph on p. 462, to which, however, should be added the ordinary excitement attending a menstrual period, a state of pregnancy, or debility such as is left by excessive or prolonged diarrhoea or other strain on the constitution, sometimes and but rarely, uterine disease.

The liability or tendency to hysterical attacks, inherent

or acquired, must underlie all this. It is of some consequence, and is attended often with no little difficulty, to be sure that this exists, nor is it always wise, even when we are tolerably certain, plainly to express an opinion that it is so, for, as it has well been remarked, patients and their friends associate much that is feigned and a great deal that is ridiculous with the word hysteria. My observation has failed to identify any particular conformation of frame or feature, except the drooping eyelid, any particular constitution, as the phthisical or otherwise, with the hysterical; it has happened to me to meet equally with what I may term trivial hysteria and severe and prolonged attacks in every variety.

We may often witness, though we are seldom called upon specifically to treat, the trivial hysterical attack. When some slight and most inadequate circumstance, as a word, a tone, a look, some ludicrous idea, picture, or anecdote, some fancied slight, some imaginary wrong, some immaterial contradiction, some trifling loss, some passing disappointment, shall lead to continuous uncontrollable laughter that is at last painful and ends in tears, or shall bring on at once and of a sudden, passionate weeping, interspersed with what we might take to be heart-broken sobs; the greatest kindness and surest and quickest way of cure is to leave such patients alone; it is ill-natured to join in their laughter, and pity is injudicious and productive of harm. Severity and sharp tones are the best medicine when it is gone into of set purpose, and is made available as the readiest means of averting the consequences of deliberate fault, or adopted with the hope of attracting attention and gaining sympathy.

The severe hysterical attack may grow out of the trivial if this latter form be wrongly treated, if it fail of its end, or the patient be so worn in body and mind or so deficient in force of will as to be unable to stem the torrent. In such instances the laughter may become convulsive and be replaced by screams occurring in paroxysms, the crying and the sobbing give way to an almost insupportable oppression of the chest or spasm of the throat, as if the breath and

life must go. As some little relief the patient begins to clutch at her throat, to throw her arms and legs about in wild confusion, and struggle to be free, as though in the grasp of some wild infuriated animal. The contest is so fierce that it taxes the patient's strength and that of those who try to restrain her, and sadly tries relatives and friends, spectators of the scene, more especially, as with sundry lulls, uncertain in their recurrence and continuance, it may, unless checked, last for hours. The countenance usually is not much affected; generally it is somewhat pale, and is not indicative of suffering; the eyelids closed, but quivering; when raised, as they may be sometimes with difficulty, the pupils are neither dilated nor contracted, and the appearance is natural. Exhaustion, the natural result of such an attack, may induce coma more or less profound, or end in fitful uneasy slumber.

As there is very little to account for, so there is very little to announce the approach, of such an attack as the foregoing. There may have been pain and uneasiness, but neither unbearable nor unusual; there may have been some manifestations of feeling, but no promise of such an outburst as this; it comes suddenly, and therefore all the more occasions surprise and alarm to those about the patient, who naturally seek at professional hands the relief they feel inadequate to afford. The origin of such an attack as this, the manner in which its intensity increased, and the unmistakable signs it presents, leave no room for a moment's doubt on the mind of the physician as to its character. The only disease with which it can be confounded is epilepsy; in the hysterical fit we have no foaming at the mouth, no bitten tongue, no dark or leaden countenance; in hysteria a seizure is usually less sudden, consciousness is only sometimes in abeyance, and then only at intervals; it is only partially lost, very often not at all, though it may appear to be.

The patient can answer questions correctly if they are plainly repeated; she is capable of being roused and of feeling, as when pricked or pinched, though not at once. I have seen the "risus sardonicus" or "devil's grin," to

which *Stramonium* applies, well marked in undoubtedly hysterical fits, and that repeatedly in one patient and unmistakably in another, so that the countenance is by no means always placid.

The immediate treatment of a convulsive hysterical attack is somewhat easier in hospital than in private practice, though in either, sufficient can be attempted to be of service. It is easy to know what to do—to have everything loosened about a patient, and as soon as practicable to place her in a horizontal position; to have her hands and wrists well chafed, and for some time, between the warm hands of an attendant until circulation is thoroughly restored in them, as they will generally be found to be cold; to let the patient smell of *Camphor* or *Musk* if her jaws are clenched, or to give dry on the tongue in the form of powder that medicine which most nearly corresponds to the attack, if it is possible to open her mouth. In hospital practice the most reliable remedy is undoubtedly cold water and plenty of it, in the form of a douche over the head, that is poured from a jug at some little height; or what is technically called “firing,” applying an iron, as the head of a hammer or the knob of a poker, which has been plunged into hot water, immediately on the naked flesh of the patient. Such an application is justified by the fact that where several young women are congregated together hysterical fits are very contagious; they may rapidly become fashionable unless some decidedly unpleasant means be made use of to check them. The threat of such an application, or at all events the preparation for it, is often all that is necessary to cut short what promised to become a long and severe attack. When the thing is altogether shammed, where it is gone into of set purpose and a good deal of it put on, or when it is a mere matter of imitation, cold water should be tried, and if that fail “firing” threatened if not actually called into requisition.

The trivial hysterical attack, as we have termed it, does not, however, by any means always lead to the convulsive; it may pass off altogether and be some time before it reappears, or, on the contrary, at once or after it has appeared

to go off be followed by sudden falling down ; if the patient be standing, often if sitting ; with unconsciousness, the breathing being slow and laboured but regular, or short and hurried, the eyelids closed but quivering, and the lashes often fringed with tears. In this case, as in the other, any articles of dress that be on the patient, especially if tight-fitting, must be loosened ; she must as soon as possible be laid comfortably in bed, at all events on a couch, her hands and wrists vigorously chafed, a bottle filled with hot water placed to the feet, and *Nux moschata* ϕ administered every quarter or half hour. Such attacks as these leave the patient very weak. The debility must be treated according to prevailing indications ; change of air and scene are most beneficial, and should be obtained if possible.

Prolonged diarrhœa, especially if attended by vomiting, is sometimes followed by hysterical faintings and apparent lifelessness. I have known the last rites of the Church solemnly administered by the aid of priest and nun to a case of this kind. The origin may render the diagnosis here somewhat perplexing, though there is the drooping and quivering eyelid usually met with, and, instead of progressive weakness, unaccountable remission and relapse ; the subdued voice is distinguishable from that produced by sheer weakness, and there can scarcely fail to be in the arrangement of the room and that of the dress, bed, and person of the invalid, an aiming at effect, and that which begets more than a suspicion that the patient has had some small share in their arrangement, and that she is not altogether oblivious as to the impression made.

The hysterical attack may be repeated in the same individual, especially if occurring at the change of life or in connection with menstrual irregularity or ovarian or uterine irritation ; be followed by delirium or active hysterical mania, the patient talking incessantly, bewailing her condition, grieving over fancied losses, as of her children if she be married, sometimes accusing herself of their murder and upbraiding herself with the act, making the strangest and most unaccountable charges against persons present, mis-

taking them for some one else ; talking to those around her, as though they were other people, about themselves, lamenting some misfortune that had befallen them or finding some fault with them ; in the midst of all answering questions correctly and rationally if repeated, and fully understanding directions given, then of a sudden relapsing into the old strain or breaking out into hysterical sobbing and crying. I have found the rest of such patients at night sensibly improved by *Aconite*, and the frequency and intensity of the attacks materially affected by *Ignatia* followed by *Cimicifuga*. In a patient I have under treatment at the present time of this character a severe pain under the left breast and over the region of the uterus is complained of ; there is nothing to account for the pain in the side, and both vary considerably ; sometimes they are altogether absent.

(To be continued.)

SOME POINTS OF DIAGNOSIS IN THEIR RELATION TO HOMŒOPATHIC THERAPEUTICS.

By Dr. W. BAYES.

(Read before the British Homœopathic Society.)

It is my desire to treat the subject whose title heads my paper of this evening in an essentially practical spirit, examining the question of diagnosis as an aid to the selection of a remedy for the disease diagnosed.

The word *diagnosis* signifies, as you all know, a *distinguishing*. This distinguishing may be used simply for the purpose of classifying certain sets of symptoms into signs, enabling us to differentiate disease and to call one set of symptoms rheumatism and another gout, one series small-pox and another chicken-pox ; or we may use the term *diagnosis* in its more definite and practical relation as the

art of converting *symptoms* into such signs as shall enable us to select medicinal or other remedial agents bearing curative relation to these signs. The relationship thus established between diagnosis and therapeutics may be either direct or inferential.

DIRECT DIAGNOSIS is constructed in the manner laid down by Hahnemann, and consists of a careful grouping together of all the symptoms presented to our notice, either objective or subjective, into a sign corresponding with the symptomatology of a medicinal drug capable of inducing a similar sign.

INFERENTIAL DIAGNOSIS is based on the grouping together of the symptoms into a sign which may be insufficient to indicate the remedy, but which leads us to infer that certain pathological lesions exist which afford us indications for the treatment of the case.

It may, therefore, be broadly stated that *direct diagnosis* is that branch of the art which is especially applicable to the Hahnemannian method of treatment, in accordance with the rule of similars; while *inferential diagnosis* leads us from evident particulars to those which are not immediately apparent, and draws our attention to lesions more or less distant from the seat of the symptoms, which may in some cases be best cured by the rule of similars, but in other cases may demand a drug chosen from its known action upon the part, tract, or organ which is the seat of the lesion, rather than from its correspondence with the symptoms present, or perhaps may require an opposite mode of treatment or some adjunctive means for their cure.

It is to these two branches of diagnosis that I purpose to draw our attention this evening, embracing the art of converting the symptoms of disease into such signs as shall guide us in our choice of a remedy. All other diagnosis is mere dilettanteism, belonging, indeed, to the fine arts, but altogether out of place in the sick-room, and hence to be discarded by the workmanlike physician.

I am aware that in adopting this course I am throwing down the gauntlet to that very superfine class of modern

physicians, *the sceptics*, men who hold that the highest summit of medical science is that which denies all belief in therapeutics. I am delighted to find these sneering nihilists attacked in vigorous language by Dr. Lionel Beale (*Disease Germs, their Nature and Origin*, p. 251), who says, "But surely no one who has studied the phenomena of the body in health and disease will allow himself to be misled, either by those who, professing to be able to *cure*, seem to be proud of their ignorance concerning the *nature* of morbid changes, or by those melancholy therapeutic nihilists who profess to base their scepticism upon the inferences arrived at by philosophical speculators who demand acquiescing reverence on the ground that they have devoted themselves to pure science, and have condescended to leave the pursuit of practice to less highly trained intellects."

Such language as this, coming from one of the foremost physicians of the day, is refreshing and invigorating, and gives us hope that the foundation of therapeutic faith yet remains, even in the high places of medicine, and that the cure of disease by therapeutic means will survive the attempts made by a certain school of physicians to sneer it down.

Probably nothing has so tended to break down faith in the powers of remedial drugs as the want of correspondence between the science of diagnosis and that of remedial therapeutics. The one should be the key to the other. But if the key invariably were found not to fit the lock, all faith in the power of the key to open the lock must sooner or later be lost. Therefore, to prove the fitness of diagnosis to remedial therapeutics becomes a very worthy subject of inquiry at the present time.

We see a large body of scientific men busying themselves in carefully differentiating the diagnosis of diseases one from another, and we see a large number of appliances brought to aid in such differentiation; but when we ask what is to be the treatment of this disease or that disease, we are told that it is very unscientific to speak of diseases and their treatment as if there were any specific relationship

between the disease and the drug. To what purpose do these men spend their time and their energy and lay out no small capital in the purchase of instruments more or less delicate and intricate, if the result of all their inquiries gives no aid to them in the practical treatment of the case?

Of what possible consequence is it whether the case be diagnosed as typhus or typhoid, as smallpox, scarlatina, rheumatic fever, or pleurisy, if the disease is not to prove the indication for our treatment? I confess it is to me a matter of great surprise that, in an age which arrogates to itself the title of *practical*, the science of medicine should content itself with this condition of useless classification; but still more is it an astonishment that the highest medical authorities should teach that their science not only demands that such a state of things should exist, but that to seek for or to pretend to possess remedial drugs which shall act as *specifics* against these *diseases* is unscientific and proclaims the seeker or possessor to be a charlatan and a quack.

It is, I am aware, a great insult to such "highly trained intellects" to venture to bring common-sense into collision with their science, but it appears to me that, if diagnosis be so used as to construct a sign which shall not be the thing to be treated, such diagnosis is a useless show, and the sooner a reality be substituted for it the better. If my key will not fit my lock I change either my key or my lock—either obtain a key which will unfasten my lock or procure a lock which my key will unfasten.

A diagnosis which bears no practical relation to the treatment of the disease is, therefore, just so much waste of force. It is a weariness to the physician and a fatigue to the patient, and ought not to be carried out, for in medicine no less than in mechanics the principle of "least force" should be adopted. While at the same time no single point should be overlooked which could by any possibility lead us more accurately to the knowledge of practical aspect of disease which shall foreshadow (so

to speak) the appropriate remedy, we should collect together the whole symptoms and with them construct an image which should clearly place before our mind an object to be treated. *Diagnosis* to the physician, practising medicine intelligently, should mean something far more than the grouping together and calling certain series of symptoms by a name; it should enable him to define an image to be treated in a definite manner, differentiated from every other group of symptoms requiring other means for cure. If we bear this in mind many of the difficulties which would otherwise obscure our path are removed.

Formerly diagnosis was a much simpler matter than it is now, and was conducted with less parade and pomp of circumstance. It was sufficient to seek an augury from the tongue, the pulse, the general aspect of the patient, or at furthest to use eye and touch without instrumental aid. Now it is difficult to conceive what equipage will satisfy the requirements of the modern thoroughly scientific physician, the man of "highly trained intellect." No modern miniature brougham would be able to convey him and the instruments of his art, were it not that "fashion is short, if art be long." Suppose such a one hurriedly summoned to a case with whose nature he has not been acquainted. He must, if he wish to meet all the requirements of modern science, take stethoscope, spirometer, thermometer, sphygmograph, test-tubes, speculum, laryngoscope, microscope, ophthalmoscope, and half a dozen other 'scopes. In fact, the instruments of a physician have so multiplied that we shall soon expect a "fourgon" filled with appliances to follow his carriage on his daily rounds. I have no wish to depreciate or undervalue really scientific appliances, nor to doubt the occasional usefulness of many of these means in cases of difficulty, but it has often occurred to me that their chief use is to make the physician look wiser than he really is, for it must be conceded that this great array of armamenta has a very *imposing* appearance.

The lengthy visit, the innumerable questions, the thermometers thrust into the mouth, the armpit, the anus and the vagina, the sphygmographic writings on the curiously lined

papers, the percussions and soundings, the analysis of the urine, microscopical and chemical, the fæcal examinations, the endoscopic peerings, all add to the sum of miseries of the patient sufferer, and if carried to their full extent would form a picture almost as painfully ludicrous as the following story which I remember to have read years gone by in the *Medical Times and Gazette*, which had extracted it from some French paper :

There was a terrific railway accident in which the engine was smashed to atoms and a long steel rod was hurled into a first-class carriage, and completely spitted an unfortunate passenger in such a fashion that three feet of it projected from his loins and three feet remained in front of his abdomen. Clearly this was no ordinary case, and the poor man was conveyed with great care to a neighbouring house, and a doctor was summoned in all haste. At once appreciating the severity of the accident, he desired a consultation, and two other eminent surgeons were also called in. Having carefully stripped the man, the following examination commenced:—The name, age and sex of the patient having been noted, his habits and occupation were next ascertained, his bodily condition (*plump* was set down), his complexion, &c.

“What has been your state of health previously to this accident, sir?”

“Excellent,” he groaned.

“Has there been any hereditary predisposition to this kind of thing?” said Dr. A. “Did your father or grandfather ever meet with such an accident?”

“Never.”

“Nor your relations on the mother’s side, your brothers and sisters?”

“Not to my knowledge.”

“I presume you are in great pain?”

“Horrible.”

“And that you cannot lie on your back?”

“I find it impossible.”

“It equally precludes your lying on your stomach?”

“Sir, I find it equally impossible.”

“The only position you can take is to lie on one side?”

“Exactly so.”

“Your pain is acute and embarrassing to your breathing?”

“Frightfully acute, and nearly stops my breath.”

The surgeons, then having felt the pulse, looked at the tongue and having examined the heart, had a consultation which resulted in Dr. A.'s saying, “Finally, gentlemen, there are but two courses to pursue here, the one is to leave the iron rod *in situ*, and the other to remove it, the last being the clear indication in this case.” The rod having been removed, the patient wept with gratitude over the extreme care and attention which had been bestowed in his case. I need not occupy your time by drawing the moral which this story so obviously points.

There is, however, a legitimate cross-questioning, both of the patient and of the symptoms and signs, without which no diagnosis can be accurately made. It is not to the number of questions that I demur, but to the questioning without relevancy.

When the steel rod is clearly seen before and behind, it requires no further question as to the cause of the patient's sufferings. So in many cases *direct diagnosis* may be attained without any long and tedious cross-examination of the patient.

But in other diseases we can get no such definite disease-image without taking means that shall enable us to complete an *inferential diagnosis*. But even here, if a physician have a fair amount of clinical experience, the number of questions he must ask in order to obtain a fairly exact decision is less than would appear probable at first sight.

There is a game sometimes played in the family circle, in long winter evenings, called “Twenty Questions.” Those who play at it are divided into two parties; the one fix on a certain object and the other have to guess what that object is within less than twenty direct questions, by which the former party are only bound to answer “yes” or “no.”

Now, suppose the one side choose for their subject the sword with which Brutus stabbed Cæsar. It looks impro-

bable that this can be discovered within twenty questions, but nothing is easier if these questions are put in a definite order and with a set purpose. And so it is in diagnosis; unless the patient purposely mislead a physician (which is improbable) a good diagnosis can be made far within twenty questions, even where the case is one of much complication.

Starting with a patient's own account of his sufferings, or from the description given by his friends (where, from the infancy or other incapacity of the patient, no relation of his case can be obtained from him), questions should be put with the idea of eliminating all generalities and leading up to some definite particular. In some cases such questions enable us to trace the disease to some special part, tract, or organ of the body; in other cases they go beyond this to some morbid influence.

Let us now proceed to examine a few cases illustrative of *direct diagnosis*, by which I mean the conversion of symptoms into such signs as shall be indications for treatment.

Take the single symptom *cough*. The patient has a violent and succussive cough, which induces sudden and involuntary micturition. Exploration of the throat or chest reveals no disease in the air-passages or lungs, hence we fall back on symptom-treatment and give *Causticum*, relying wholly on the direct evidence of the apparent sign, and cure the cough without any necessity for our seeking for the exact nature of the pathological change which is its cause.

On the other hand, examination of the throat may have shown us an enlarged and relaxed vascular or fungoid growth behind the epiglottis, requiring surgical rather than medical aid. The subjective symptom (the cough) is here no longer an indication for treatment, the objective lesion dominating the treatment.

Take another example. A girl or young woman is troubled with a loud barking cough, which makes the patient a nuisance to all the people round her. The irritation causing the cough is referred by the patient to the lowest part of the sternum; the stethoscope gives no sign, pressure at the pit stomach excites the cough immediately and so also does

abdominal pressure. For want of a better explanation many physicians, out of patience with the obstinacy of the cough and the failure of their remedies, call it an hysterical cough. No doubt its origin is in some fault of the great sympathetic nerve. But there is no need to trouble ourselves with any lengthy examination of the patient, *Veratrum*, chosen purely from its corresponding pathogenesis, will probably enable us to cure such a cough with ease.

As examples of objective direct diagnosis we may take a disease not infrequent among children, herpes round the mouth and on the chin, which yields readily to *Graphites*; or diarrhoea, where the character of the evacuations affords one of our best indications for the selection of a remedy. In these cases there is no need to go down into their deeper pathology.

When we come to examine into conditions where the diagnosis is less immediately apparent, we find that in some of these patients we must content ourselves by a direct diagnosis as to the actual state of physical derangement at the time, and day by day to pursue the diagnosis until at last such symptoms declare themselves as shall enable us to name the disease; while in other patients we are able to discern in the symptoms the outcry of some deeply seated ailment, whose nature we can recognise by its voice.

For example, we are called to see a patient suffering from the febrile state; the whole symptoms declare this, and so far the diagnosis is easy. The chills, the heat, the headache or backache, or both, the muscular languor or pain, the state of tongue and pulse, all reveal fever, but more than this is mere conjecture. It is impossible to say whether the case before us be scarlatina, smallpox, measles, rheumatic fever, typhoid, or typhus; we may make a shrewd guess from concomitant circumstances, but no more is possible. Here homœopathy comes to us as a practical aid; *Aconite* fulfils the sign or type of the febrile state—so far this direct diagnosis is a practical one. Possibly next day the patient is convalescent; it was an ephemeral fever, and there is an end—*Aconite* has equalised and tranquillised the circulation. An allopath would give a mercurial purgative in such a case to

promote the free action of every gland, from the mouth to the anus. The patient in such case would be a weakened man, even if convalescent, and it would take some time to make up for the waste caused by the excessive glandular action. The hydropath would, perhaps, give the wet pack, and by revulsion to the skin and free diaphoresis would cure by a means half-way between allopathic depletion and homœopathic restoration of balance.

But suppose, instead of convalescence, the febrile state next day remains (if *Aconite* have been given it will probably be mitigated, but in a case of specific fever it will remain in degree), the patient may have sore-throat and strawberry tongue in addition to the febrile state; we now diagnose a probable scarlatina and give *Belladonna*. Or there may be fluent coryza, with streaming from eyes and nose, and a deeply furred white tongue and irritable cough; we suspect measles and give *Pulsatilla*. Or we may have deeply furred white tongue, extremely offensive breath, intense pain in the small of the back, and headache, with vomiting or deadly nausea, and we suspect smallpox and give *Tartar emetic*; or we may have sour-smelling sweats, pains in the joints, great pain on the slightest movement, and we diagnose rheumatic fever; or we may have the febrile state with little other symptoms save inability to take food, restlessness, and pain or tenderness on pressure over the cœcum, and we diagnose typhoid fever and give *Baptisia*. We have advanced another stage, but our direct diagnosis of the febrile state has proved of practical use, and the *Aconite* we have given has placed the patient in the best possible condition for the further specific treatment which we now are in a position to adopt. We will continue the relation of our diagnostic steps in one of these cases, say that which threatens scarlatina; the presence of febrile state with inflamed throat and tonsils, and with strawberry tongue, enables us to draw our inferential diagnosis, and to pronounce the probability that the case is scarlatina, and this inferential diagnosis indicates certain other means for the treatment of the case and for the prevention of the spread of the infection. We need not wait for such direct

diagnosis as will soon be afforded us by the characteristic rash, but should at once order such a diet and such general management as should be desirable if the case prove ultimately to be scarlatina. Our anticipatory diagnosis, founded on inference, allows us to provide against complications and sequelæ. We no longer prescribe for symptoms alone, but take our indications from the pathology of the disease. Our knowledge of the possible consequences of scarlatina will lead us to adopt means beyond those of mere nursing and of simple homœopathic treatment; we must call in the aid of hydrotherapeia and of something beyond that also, for we must not only have the whole surface sponged with warm or tepid water daily, but afterwards have a careful inunction with olive oil applied over every part of the body. In this way desquamation of the skin is greatly and sometimes wholly avoided, the chances of albuminuria are proportionately diminished, and, finally, all chance of infection is reduced to a minimum.

Such a case, therefore, affords a good illustration of the value of a mixed diagnosis; the direct, enabling us to inaugurate and to continue an appropriate medicinal treatment before the clear declaration of the disease and the inferential, pointing out to us further means by which to anticipate and combat prospective evils.

When the smooth shining rash is present, our case again affords us means of direct diagnosis, and the choice of a homœopathic remedy is clear.

It would be a fortunate circumstance if inferential diagnosis in specific diseases could be carried back to the early period of incubation; if we could detect, as it were, the seed or the early blade as certainly as we can recognise the flower and the full corn in the ear; were such the case we might fairly be able to stamp out the zymotic class of diseases.

The patient has, as surely, scarlatina on the first day of infection as when eight or ten days after, the early indications of the febrile state show themselves. Smallpox is as much smallpox on the day of infection as when the chill and backache come on. Typhoid fever is as certainly in the

system during the period of simple languor and debility as when it has proceeded to the stage of gastric derangement or to the characteristic rash, when tenderness on pressure over the cæcum assures our direct diagnosis of its presence.

Now, for simple, uncomplicated scarlatina of the smooth kind, we possess in *Belladonna* a remedy which not only covers the symptoms of the disease in its stage of full-blown efflorescence, but which covers the disease in its every phase from the earliest head and eye symptoms to the scarlet rash upon the skin, and to its consequences. In the possession of this knowledge the physician practising homœopathy is able to give his patient a remedy which corresponds to the whole disease as well as to its parts, and thus, before he is able to make even an inferential diagnosis, he is able to give the patient a specific remedy which will probably cure the symptoms and abort the disease, or, at least, will be likely to modify the severity and to check the formidable development of the disease within the system, provided the patient have a healthy constitution and have favorable surrounding circumstances.

I may here be allowed parenthetically to make a few observations on those diseases which require, or are supposed to require, several medicines for their complete cure. When we find that the course of a disease requires more than one remedy for its cure, the question arises whether this is really one disease or whether it is not several, just as we infer that a tumour is many celled if one puncture with the trocar does not empty the tumour, and that a second, a third, or a fourth puncture in another position are needed to evacuate it. Thus if *Aconite* and *Belladonna* are needed to cure a case of scarlatina—the one for the febrile state, the other for the skin, glandular, and mucous surface symptoms, and perhaps *Arsenic* for the albuminuria—may we not infer that these two are separate states of disease (or to speak simply, separate diseases) not necessarily mutually interdependent. This, however, is a question requiring an essay in itself, and only to be mentioned in this place in connection with the question of direct and inferential diagnosis, since even when by inferential diagnosis we conclude

that a specific disease is latent in the body, we still cannot neglect or pass by the necessity for choosing and administering a medicine which shall cover the direct symptoms, although we may, in addition, be led to give a specific remedy.

Take such an illustration as the following: A child is seized with an irritative cough, which gradually increases in violence, and is accompanied with high fever and violent coryza. There may be direct evidence of great laryngeal, tracheal, or bronchial irritation, or even pneumonia. By inferential diagnosis we recognise measles, but we treat the febrile state with *Aconite*, and the laryngeal, tracheal, bronchial, or pneumonic conditions with their homœopathic similia; while, with the wet pack or a jacket of poultice, we endeavour to bring out the rash, and perhaps thus to eliminate the germs which are irritating the air-passages and cells. This done, and the danger from chest symptoms averted, we proceed to give the true specific against the further development of the germs. But the necessity for giving three medicines infers the presence of three diseased states or diseases. If there be only one disease, then we ought to be able to find one single medicine capable of meeting and curing the whole condition.

In this respect the high dilutionist (whom some of us are too apt to look upon as a dreamer or a seer of visions) sets us an example, or, at least, shows us a higher ideal than our own. Not long since one of the foremost of that school, Dr. Wilson, took me to see a patient with confluent smallpox. The case had advanced to the fifth day, but had all the appearance of the disease having arrived at the ninth day, scabs having already formed on the nose and face. The only medicine this patient had taken was five globules of *Thuja* 200 at the access of the disease, and no further medicine was given. I hear the man made an excellent recovery. Dr. Wilson believed that the *Thuja* had been able to overtake and to overpower the smallpox. His reason for giving *Thuja* was singular. I asked him why he gave *Thuja*, seeing that we have no record of its having caused a disease similar to smallpox. He answered that *Thuja*

would cure grease in the horse, which was a similar disease to smallpox in man. This may be called inferential therapeutics, and is somewhat speculative, to say the least, but the aim which induces the physician to study the nature of diseases, and to endeavour to cure the results of a single idiopathic infection of disease by the single medicinal administration of a remedy, is legitimate, and based on sound analogy.

I must now say a few words on certain forms of disease where direct diagnosis is not to be used as our guide in the selection of the remedy, but where the signs arrived at by direct diagnosis are only to be used to lead us further into a knowledge of their occult causes, these causes affording us the indication for treatment, whether they be the morbid state of a part, tract, or organ, distant from the symptoms, or whether they be moral faults; in such cases the remedies indicated may or may not be homœopathic, and a mixed treatment of homœopathy and hydropathy, or some other adjunctive means may be desirable.

Time will only allow me to give a few short illustrations of my meaning.

I lately was called to see a gentleman who had been for some time under allopathic treatment for what was supposed to be gout with gravel. The patient had complained of painful urging to urinate, and the urine was densely cloudy; the patient had also extremely severe pain in the left side above the hip, and extending to the margin of the ribs. By accident I was summoned to this case, and on examining the urine I found it full of phosphates and mucus, and strongly ammoniacal. This led to a further examination, which allowed me to diagnose partial paralysis and spinal disease. Instead of Vichy water, which had previously been given, I put the patient on *Phosphoric acid*, *Manzanilla wine*, and a carefully chosen nutritious diet. He soon regained his vigour and walking powers. There had been no symptoms of a direct nature leading to spinal disease, the diagnosis was purely inferential, and the treatment was founded on inference from the examination of the urine.

Again, some of those complex ailments classed under the name of hysteria, usually referred to some functional fault, are far more directly connected with deficiency in the excretion of urea, as is shown on an examination of the urine. Hence, we infer that the indication is, not to meet this or that symptom or sign by its "similia," but to promote the excretion of urea, and a few doses of *Cantharis* or some other stimulant to the kidneys removes the whole train of protean ailments which so often characterise this disease.

Still drawing my illustration from the class of nervous disorders I would instance cases of extreme nervous depression or excitement, of excessive tremulousness and debility, sometimes found in male patients; inferential diagnosis leads us up, point by point, to want of balance between cerebro-spinal and sympathetic nerve function, and very frequently reveals at last its cause in long-continued seminal losses, demanding *Anacardium*, *Eryngium aquaticum*, or *Phosphoric acid*, according to the remoter cause of the habits that induce the losses.

Diagnosis must at times be carried even beyond the physical, and be made to embrace the moral causes also, since moral emotions are capable of inducing physical disease by a long train of causation. I will only name the well-known facts that grief, long continued, is capable of inducing phthisis, and that we can only hope to cure or arrest such a case by moral aids to the other remedial means we may adopt. Great mental emotions are even capable of inducing such paralyzing effects on the nerves supplying the heart as to induce intermittent action of that organ extending over a long period; or, when the emotion is violent and sudden, it may kill the patient outright by cessation of the heart's action from complete paralysis of the nerves controlling it.

On the other hand, suspension of the nerve force on which an organ depends for its functional power may arise from some disturbance in the nervous centres, which can be traced only by careful inferential diagnosis. The symptoms may all be distant from the true seat of the disease.

For example, in some cases of obstinate vomiting, without any of the usual signs of stomach disease, in fact, with a negation of all the usual symptoms, we are led by inferential diagnosis to look to some intra-cerebral cause for the mischief, and to cure the vomiting by treating the brain disease. Concussion of the brain illustrates this class of cases. Here the Hahnemannian method of selecting a remedy would be wholly at fault; the vomiting is perhaps the only symptom, yet the stomach is not at fault.

Take again that form of epilepsy occurring in young people early in the morning before rising. It mostly arises from the habit of Onanism. It is utterly useless in such a case to select a remedy for the most carefully chosen similarity of symptoms, but by stopping the evil habit the epilepsy also ceases. Again, the neuralgia depending on anæmia can only be cured by curing the anæmia. The symptoms here count for little or nothing. Take again abdominal neuralgia from deficient excretion of bile; *Colocynth* and other medicines may be given to subdue the pain, but will certainly fail until the secretion of the liver is restored to its normal healthy standard.

Time will not allow me to pursue this inquiry further, and very imperfectly as I have been able to treat this great subject I conceive that I have given sufficient examples to illustrate the proposition, that in making our diagnosis we should pursue our inquiries till we come to that point where we obtain a clear indication for treatment and there stop short.

That in certain diseases or states of disease direct diagnosis affords our best indication for treatment, and in some cases of obscure pathology affords our only indication.

That in certain other diseases, or states of disease, we must pursue our inquiries beyond the apparent sign given by direct diagnosis until we discover the morbid lesions which have expressed themselves by the symptoms before us. That in these cases homœopathy may or may not be then the best treatment, but that very generally some other adjunctive means, if not some other method of treatment,

is not unfrequently indicated, since our provings seldom have been carried to the point of inducing morbid lesions.

Finally, we should endeavour when making a diagnosis to differentiate between morbid states in such a manner as to describe conditions demanding a different treatment; for example, when we call one case bronchitis and another pneumonia it should imply to us not merely a scientific nomenclature, but that the one disease requires *Bryonia* and the other *Phosphorus* for its treatment. Or, if we call one disease pleurisy, and another intercostal rheumatism, we mean something more than the exact description of the tracts invaded by disease, and imply that *Bryonia* is to be given in the one case and *Arnica* in the other.

It is earnestly to be desired that the *science* of medicine should take on that practical aspect by which it will direct us to the *healing art*, and nothing can more tend to such a consummation than that the diagnosis of disease and the treatment of disease should be brought into mutual relation and into inseparable interdependence.

Discussion on Dr. Bayes' paper.

Dr. MEYHOFFER.—I agree with Dr. Bayes on the importance of an exact diagnosis of a disease which necessitates or implies, at the same time, a similar accurate diagnosis of the remedy corresponding to the disease. I would prefer the expression "morbid state" in order to avoid, in our mind, any association of name of the morbid condition, or the idea of entity which the word disease too often conveys. As to Dr. Bayes's opinion that twenty questions are more than sufficient to form a correct opinion on the case, I wish to observe that the physician can solely rely on his own observation and physical exploration of the patient. The latter is not always sufficiently educated to give a correct description of his sensations; or, as in the case of children, the physician can only draw his conclusions from what he sees and exploration reveals. As an instance that the physician must only rely on himself, and, even without questions, find out the truth, I may mention the case of an English officer who came to me in the beginning of April complaining of derangement in the abdominal functions. However, a slight cough directed my attention in another direction, and on examining his chest I found in the apex of the left lung dulness, slight bronchial

breathing, and crepitation; also the signs of what is now termed chronic pneumonia. This morbid condition of the left lung was sufficient for me to select *Lycopodium* as the appropriate remedy for this morbid state. For a long time I regarded with great contempt *Lycopodium* as an indifferent stuff, until induced to try it in chronic pneumonia. Since then I have learnt to appreciate it as an excellent remedy in chronic pneumonia when the above morbid symptoms in the lung prevail; they are the keynotes to its use. As another instance how important a thorough examination of a patient is, I may mention that the presence of traces of albumen in the urine betrays often the beginning of a severe typhoid process when all other symptoms would still leave us in doubt.

Dr. DUDGON did not understand that Dr. Bayes in his humorous account of the woes of a doctor embarrassed with all the modern instruments for assisting diagnosis, meant to express disapprobation of these aids to diagnosis, but only that he wished to impress more strongly on his audience the necessity of calling into play that old faculty called medical tact, which was rather apt to be allowed to rust from want of use if, on every occasion, we accustomed ourselves to fall back on the mechanical contrivances that are so much in vogue now-a-days. If this were so, then he thoroughly agreed with the author of the paper. There could be no doubt, however, that the diagnosis of many obscure cases was much facilitated, and in many cases only possible, by the use of those modern inventions. But all did not possess the facilities, or were unable to spare the time necessary for acquiring a mastery of all the different instruments in use, such as the laryngoscope, the ophthalmoscope, the otoscope, the sphygmograph, and others. Hence it was necessary that there should be specialists who gave themselves up to acquiring dexterity in the use of one or other of these instruments; and it almost seemed as if the medical profession would be divided and subdivided as it had been in Egypt, which was said to be the cradle of our civilization, where doctors existed for every different organ of the body, so that if a poor patient happened to be ailing at one time in several organs, he was attacked by as many different doctors, operating all at once on him, and in a perfectly independent manner. We should endeavour to make ourselves as familiar as possible with as many aids to diagnosis as we could. One of the most important of modern improvements in diagnostic measures was the attention now bestowed on uroscopy, and it was in the power of all to obtain a fair knowledge of the chemical and microscopical examination of the urine, which was of great assistance to the practitioner. With respect to the case of smallpox treated by *Thuja*, Dr. Bayes had remarked that the idea of employing *Thuja* in smallpox had occurred to the practitioner from the known efficacy of *Thuja* in grease of horses, and the acknowledged identity of smallpox and grease. He was not

aware that it was generally known that *Thuja* was a specific for grease, but he knew that many years since Bönninghausen recommended *Thuja* as a remedy for smallpox, led thereto by a symptom recorded in Hahnemann's proving of that drug. It will be remembered, also, that more than a dozen years ago Dr. Wolf, of Berlin, stated, in a book written by him, that a globule of the 1000th dilution of *Thuja* caused an attack of confluent smallpox in one of his provers six months after its ingestion. They might believe this or not as they liked, at all events the statement showed that the notion of employing *Thuja* in smallpox had been familiar to homœopathists for many years, and that it was not derived from the known power of *Thuja* in the grease of horses.

Dr. BAYES said he would first reply to the remarks made on the case of smallpox treated by *Thuja* 200 to which he had alluded. He would remind the gentlemen who had criticised this case, that it was not brought forward by him to prove the action of *Thuja* in smallpox, but as an illustration of a method of treatment, and of an aim worthy of imitation, viz. that where a disease is the result of a single idiopathic infection, we should seek, by careful experiment, to find a drug which should be able to cure by a single administration. Drug action should assimilate, so far, to disease action. He would not therefore enter further into the criticisms offered on the case than to say that it is possible that the case was one of modified smallpox, but it was most severe. Dr. Dudgeon had quite rightly interpreted his observations on instruments as an aid to diagnosis. His objections are not to the use but to the abuse of instruments. They are not to be used with pomp and parade in every case, but only to be called in where diagnosis is difficult or impossible without them.

IS BAPTISIA A SPECIFIC IN TYPHOID FEVER ?

By EDWARD T. BLAKE, M.D.

(Read before the British Homœopathic Society.)

IT is my purpose to-night to contribute my mite to the solution of this question by the recital of the particulars of two cases, for which I cannot claim any peculiarity, or, indeed, any remarkable character whatever. They have, however, this value, that from the time that the nature of the disease was fairly established, no remedy was employed but *Baptisia* until the danger from abdominal lesion had passed away.

Then I will crave your indulgence whilst I pass briefly in review the medicines that occupy the forefront in the treatment of this disorder.

On the 28th of March, 1872, I was summoned to a boarding-school in Reigate to see a young gentleman, Master A. H—, æt. 13, who had been complaining for some days of headache. This symptom had not prevented attention to ordinary school duties until yesterday, when the patient took to his bed.

History.—Father died not long since of heart affection ; mother healthy ; two sisters have had diphtheria, and the death of two brothers was due to bronchitis. The present subject had scarlatina two years and a half ago, from which he made a complete recovery. The schoolmaster tells me that he is remarkably obedient, and is possessed of good perceptive faculties.

I was at much pains to fix the exact date when the premonitory symptoms of ill health made their appearance. The 23rd of March was the first day of decided headache, and though malaise preceded that, we may safely reckon from the 23rd as the first day of fever.

There had been no tendency to diarrhœa, in fact, there had been no action of the bowels at all, excepting on one

occasion, the evident result of a purge administered by my allopathic predecessor.

March 28th (10.30 a.m.).—Dorsal decubitus ; complexion rather dusky. His eyes are unnaturally bright, and he stares blankly at your face, without any expression of intelligence. On questioning him the functions of the mind (especially memory) are found to be obscure. Lips dry and cracked ; sordes on the teeth and tongue ; decided thirst. The mucous membrane of the throat is livid and tumid ; pulse 120. *Bell. 3^x*. (9.15 p.m.).—The patient lies in the same state. There is now a patch of white diphtheritic deposit on the uvula. No albumen in the urine. *Bell. 3^x*, *Merc. bin. 3^x* alt.

7th day (10 a.m.).—Pulse 100 ; mind much obscured ; well-known facts—age, for example—are forgotten ; face is still dusky ; deposit has disappeared from the surface of the uvula. There is no albumen in the urine ; there is no rash on any part of the body. *Rep. omn. med.* At 8.25 p.m. I had the pleasure of a consultation with my friend Dr. Richard Hughes, the family physician. The teeth were still covered with sordes ; the tongue was dry ; the throat better. Mucous râles were to be heard in the right lung posteriorly, yet he appeared brighter and more collected. We agreed that the case was one of enteric fever, and a guarded prognosis was given. *Baptisia* ϕ , *gtt.* 1 om. 2 *dâ* *horâ*. Nothing to be taken but iced milk.

30th (11.30 a.m.).—Loud rhonchi at right posterior base, less audible at left base. Cough is present now ; there is tympanitis ; he has passed three fluid pea-soup-like stools ; mental hebetude rather diminished. *Rep. med.* (9.30 p.m.).—Pulse 100 ; resp. 36 ; temp. 103·6°. He has micturated twice, and has passed one liquid stool. To have the trunk pack. *Rep. med.*

31st, 9th day (11.15 a.m.).—Pulse 102 ; resp. 36 ; temp. 103°. He has not defæcated, but has passed urine twice ; his lungs are rather better, and he seems more conscious. To continue iced milk and demi-pack. *Rep. med.* (9.30 p.m.).—Pulse 104 ; resp. 36 ; temp. 103·4°.

Has passed water twice, and has had an unconscious liquid motion. Rep. med.

April 1st, 10th day (2 p.m.).—Pulse 104; resp. 40; temp. 103·7°. Thirst; cough worse; on three several occasions he has passed small quantities of green fluid matter from the bowel. Rep. med. (10 p.m.).—Pulse 96; resp. 34; temp. 103°. There has been occasional delirium, but *he lies dozing on his side now*. There is a zone of rose spots completely encircling the body just below the waist; tympanites not marked; he passes wind freely *per anum*. The iced milk to be replaced by cold beef-tea.

2nd, 11th day (11.45 a.m.).—Pulse 100; resp. 36; temp. 103°. The cough has been troublesome; the lung is worse. There have been four stools: the first three were green; there are many distinct rose-spots on the back and between shoulders. Rep. omnia. (10 p.m.).—Pulse 100; resp. 32; temp. 102·3°. There have been three micturations and four stools. Rep. om.

3rd, 12th day (11.45 a.m.).—Pulse 92; resp. 36; temp. 102·5°. There is an area of dulness at the left posterior base, measuring about three inches in diameter, on the right side, reaching as high as the inferior angle of the scapula. Rep. om. (9 p.m.).—Pulse 88; resp. 26; temp. 103°. *The temperatures have been hitherto axillary, this and the subsequent quotations are rectal*. Cough less; there have been two fluid pea-soup-like stools; there is now no delirium. Rep. om.

April 4th, 13th day (10 a.m.).—Pulse 84; resp. 34; temp. 102°. Face less dusky; pupils dilated; the nares still work; lips not so dry and cracked; sordes have disappeared from teeth; very little cough, râles and percussion-dulness as high as a line drawn between the posterior angles of the scapulæ; has passed one stool, which was dark green and fluid.

By way of a final effort to produce a cutaneous crisis, ten drops of the matrix tincture of *Baptisia* were now directed to be given every hour. (9 p.m.).—Pulse 96; resp. 36; temp. 103·5°; calves'-feet jelly with port wine.

5th, 14th day (11 a.m.).—Pulse 96; resp. 32; temp. 102·7°. He will now doze, lying on either side; cough less, although rhonchi still cover the whole of the posterior aspect of the lung; there has been no action of the bowels. Repeat medicine; calves'-feet jelly with sherry. (9 p.m.)—Pulse 100; resp. 28; temp. 102·5°. No delirium; thirst; there have been two greenish stools, no trace of red colour, less wind expelled, tympanites nearly gone. Rep. med.

His craving for bread and butter was so incessant that a thin stale slice was allowed.

6th, 15th day (11 a.m.).—Earache. (Mid-day.)—Pulse 88; resp. 32; temp. 102·6°. Earache gone; three motions, the last more solid; two passages of water; less cough; râles over the whole extent of lung both anteriorly and posteriorly.

All hope of crisis being past, and the lung symptoms forming now the prominent feature of the case, Dr. Hughes and I agreed to exchange the *Baptisia* for *Phosphorus*, which was administered in 5th dec. dil. gtt. iii, 2 dis horis. (9.45 p.m.)—Pulse 100; resp. 28; temp. 101·7°. Two dejections; one micturition; rhonchi very markedly diminished; they are now confined to the posterior pulmonary bases, occupying a space of about three inches in depth. Rep. med.

As the bread and butter was not followed by any ill effects he has taken a small slice each day.

7th, 16th day (10.45 a.m.).—Pulse 84; resp. 24; temp. 100·3°. There are now scarcely any râles to be heard, and the dulness on percussion is limited to the extreme base of the lungs; one scanty pea-soup-like stool; no action of the kidney. Rep. om. (8.40 p.m.)—Pulse 88; resp. 20; temp. 102·8°. The left base is nearly free from rhonchus; both are now resonant on percussion (partly dependent on a tympanitic condition of the large intestine). Rep. om.

8th, 17th day (11 a.m.).—Temp. 101·7°. Very little cough; three stools; two micts. Rep. (10 p.m.)—Pulse 88; resp. 30; temp. 101·9°. Rep.

9th, 18th day (10.30 a.m.).—Pulse 72 ; resp. 20 ; temp. 100·4°. Very little cough ; no stool ; one mict. Rep. (10 p.m.)—Pulse 88 ; resp. 22 ; temp. 101·4°. There have been no sudamina, rose-spots fading ; no borborygmus, nor discharge of flatus.

10th, 19th day (10.30 a.m.). — Pulse 66 ; resp. 24 ; temp. 99·2°. No cough ; very few râles now, and those are at extreme bases ; rose spots nearly gone ; no stools ; two micts. Rep. (10 p.m.)—Pulse 66 ; resp. 22 ; temp. 99·2°. Three stools. Rep.

11th, 20th day (11 a.m.).—Pulse 66 ; resp. 22 ; temp. 99·3°. Rep. (10 p.m.)—Pulse 66 ; resp. 22 ; temp. 99·3°. No stools, the latter more solid. Rep.

12th, 21st day (10 a.m.).—Pulse 66 ; resp. 24 ; temp. 99·3°. Two stools ; very few râles. (10 p.m.)—Pulse 66 ; resp. 22 ; temp. 99·3°.

13th, 22nd day (11 a.m.).—Pulse 72 ; resp. 24 ; temp. 99·7°. One stool, consistent ; very slight râles at posterior bases. Rep. (10 p.m.)—Pulse 69 ; resp. 24 ; temp. 99·3°. No stool ; pulse intermits slightly. Rep. To have diluted port wine alternated with champagne.

14th, 23rd day (11.45 a.m.). — Pulse 68 ; resp. 20 ; temp. 99·3°. No stool ; no cough ; no râles even at posterior bases. (10 p.m.)—Pulse 69 ; resp. 22 ; temp. 99·3°. Rep.

15th, 24th day (2 p.m.).—No stool. Rep. (10 p.m.)—Pulse 70 ; resp. 22 ; temp. 99·3°.

16th, 25th day (10 p.m.).—Pulse 70 ; resp. 22 ; temp. 99·3°. Rep.

17th, 26th day (10 p.m.).—Pulse 70 ; resp. 22 ; temp. 99·3°. No stool ; the cuticle of the whole body is peeling. *Sulph.* 3x.

18th, 27th day (10 p.m.).—Pulse 70 ; resp. 22 ; temp. 99·3°. No stool. Rep.

19th, 28th day (10 p.m.).—Pulse 70 ; resp. 22 ; temp. 99·5°. One stool normal. Rep.

Next day the patient left for Brighton, and Dr. Hughes has since informed me that his progress towards recovery of his usual health was quite uninterrupted.

M. A. S—, æt. 6, ill on Friday, 10th May, but was at school, was heavy, complained of neck, head, and legs aching, on Saturday 11th, with thirst.

Sunday, 12th.—Backache and thirst, with furred tongue and mouth; in the evening was delirious and left the bed unconsciously. There has been typhoid fever next door, and the stools have been thrown close to where this child plays in the yard behind the house.

On the 13th there was straining at stool, which was scanty.

May 14th, 1872, 5th day (10 a.m.).—Pulse 140; resp. 16; temp. 104.3° . Hot pack two hours, to have hot gruel whilst in it, and *Bap.* ϕ gtt. j om. horâ. (9 p.m.)—Pulse 133; resp. 32; temp. 104° . The pack caused some sweating; slept well after; tenesmus ani; only one very small soft stool.

15th, 6th day (9.30 a.m.).—Epistaxis; slight sweating; tenesmus; one small stool; mict. bis. Pulse 120; resp. 28; temp. 103° . Repeat pack. Rep. (8 p.m.)—Pulse 140; resp. 28; temp. 104.4° . Been delirious; one liquid stool.

16th, 7th day (10 a.m.).—Pulse 160; resp. 24; temp. 104.8° . One stool at 7 with much flatus; has lain unconscious since; no sweating. Cold diet. Rep. (9 p.m.)—Pulse 132; resp. 32; temp. 104.8° . Two stools free, very little solid in the last. Unconscious. Three micts. Rep.

17th, 8th day (10 a.m.).—Pulse 146; resp. 28; temp. 104.2° . No stool; one mict. Rep. (8 p.m.)—Pulse 136; resp. 32; temp. 104.8° . One stool, liquid; one mict. More conscious; no delirious talking. Rep.

18th, 9th day (10 a.m.).—Pulse 136; resp. 36; temp. 104.8° . One stool, very liquid; one mict. More conscious; very cross; no talking; wishes to leave bed. Rep. (6 p.m.)—Pulse 140; resp. 28; temp. 104° . One stool, very loose, like discoloured water. Rep.

19th, 10th day (10 a.m.).—Pulse 124; resp. 28; temp. 103.2° . One milk-like stool; two micts. Half a dozen "rose-spots" on abdomen. (8 p.m.)—Pulse 140; resp. 28;

temp. 104·6°. One stool, liquid, with wind; sensible all day; slight cough; no râles, nor crepitation.

20th, 11th day (9 a.m.).—Pulse 136; resp. 24; temp. 102·7°. Conscious; no talking; one mict.; no stool; thirst. (8 p.m.)—Pulse 140; resp. 28; temp. 105·3°. Two stools, liquid but yellow; 1 mict.; thirst. To have hot compress to abdomen. Rep.

21st, 12th day (10 a.m.).—Pulse 132; resp. 32; temp. 103·6°. No stool; one mict.; more rose spots. Rep. (8 p.m.)—Pulse 144; resp. 32; temp. 105°. One stool, scybalæ, with pea-soupy fluid; lies in a stupid and drowsy state; slight cough; expectoration of a pellet of tenacious mucus on one occasion.

22nd, 13th day (Mid-day). Pulse 132; resp. 24; temp. 102·4°. No stool; one mict.; no spitting; copious chlorides. (9.30 p.m.)—Pulse 132; resp. 28; temp. 104°. Three stools, all liquid; slight cough, tympanitis; drowsy; has spoken rationally. Rep. two hours instead of every hour.

23rd, 14th day (Mid-day).—Pulse 128; resp. 36; temp. 102·6°. No stools; two micts.; cough. (8 p.m.)—Pulse 140; resp. 28; temp. 104·7°. No stool; one mict.; cough gone; rose spots disappearing; no sudamina; picks nose till it bleeds.

24th, 15th day (9 a.m.).—Pulse 136; resp. 24; temp. 103°. Two liquid stools; no mict.; tongue clean. (9 p.m.)—Pulse 130; resp. 20; temp. 103·8°. One stool quite consistent, ochre-coloured; cough once or twice; one mict.; copious chlorides. Rep.

25th, 16th day (9 a.m.).—Pulse 140; resp. 28; temp. 101·9°. No stool; cough and wheezing; two micts.; chlorides still superabundant. Rep. (4 p.m.)—Pulse 140; resp. 24; temp. 103·1°. Been sweating very freely. (9 p.m.)—Face much flushed from 5 to 7.

26th, 17th day (10 a.m.).—Pulse 132; resp. 24; temp. 101·6°. One stool, consistent, much wind; two micts., less chlorides; more cough yesterday; much sweat on face. Rep. (9.30 p.m.)—Temp. 103·5°. Two stools, one very firm, the other slime-like with a streak of florid blood; two micts.; sweats; cough; wheezing; two micts.

27th, 18th day (1 p.m.).—Pulse 132; resp. 32; temp. 102·3°. No stool; less wind; less tympanitis; two micts.; free chlorides; less sweating. (9.45 p.m.).—Temp. 102°; one stool, solid; two micts.

28th, 19th day (9 a.m.).—Temp. 101°. (9 p.m.).—Pulse 152; resp. 20; temp. 102·2°. Been sweating very much; one stool, two waters, less chlorides, solid; expelled much wind; sordes gone from lips and teeth; tongue clean. Rep.

29th, 20th day (9 a.m.).—Pulse 120; resp. 24; temp. 100·7°. No stool; one mict.; sudamina; rash gone. Rep. (9 p.m.).—Pulse 140; resp. 24; temp. 101·8°. No stool; no cough; two micts.; craves loudly for food.

30th, 21st day (9 a.m.).—Pulse 108; resp. 20; temp. 99°. No stool; no water; night sweats; wants to get up, and is very voracious. (9 p.m.).—Temp. 100·6°.

31st, 22nd day (9 a.m.).—Pulse 108; resp. 20; temp. 98·8°. No stool. (9 p.m.).—Temp. 100·7°. No stool; two micts., acid.

June 1st, 23rd day (9 a.m.).—Pulse 108; resp. 20; temp. 99°. No stool. (9 p.m.).—Temp. 101·1°.

2nd, 24th day (9 a.m.).—Pulse 112; resp. 20; temp. 99·8°. No stool. (9 p.m.).—Temp. 100°.

3rd, 25th day (9 a.m.).—Pulse 92; resp. 24; temp. 98·5°. No stool; still tympanitic; two micts. (9 p.m.).—Temp 99·6°.

4th, 26th day (9 a.m.).—Pulse 112, resp. 28; temp. 99°. No stool; two micts. (9 p.m.).—Temp. 99°.

We will now proceed to consider the question—"Is *Baptisia* a specific in typhoid fever?" I do not think so; that is to say, I cannot perceive between the pathogenesis of the *Wild Indigo* and the pathological picture familiar to us under the term "typhoid," that intimate coincidence requisite to enable us to elevate the drug to the high and honorable post of specificity.

If definite evidence be brought us that in unpicked cases, where the morning temperature has been above 103°, the evening above 104·5°, treated with *Baptisia*, the temperature

has dropped before the twenty-first day to the normal average ; then shall we be justified in ranking it as the specific remedy.

On *à priori* grounds we should scarcely expect one drug to be specific to the whole course of a disorder so protracted in its duration—so frequently complicated by secondary lesions.

Again, though there certainly exists a great family likeness between different cases of typhoid fever, *per contrd*, one meets with variations so considerable as to make it in the highest degree improbable that the range of a single drug would be sufficiently extensive to cover them completely.

For example : taking the three cases that first presented themselves in my practice during the late epidemic, the first was complicated at the outset by acute rheumatoid affection of the upper joints ; the second by ulceration of a very unusual part of the alimentary canal, viz. along the superior raphé of the tongue ; the third by true diphtheritic deposit on the soft palate.

The presence of such complicating circumstances undeniably demanded a selection of remedies that would include the respective modifying symptoms.

The question, then, to the solution of which we should set ourselves, must be, not “ Is *Baptisia* specific in typhoid ? ” but “ To what phase of typhoid is *Baptisia* specific ? ”

Dr. Richard Hughes, who has done us good service in his efforts to precisionise homœopathy, is, I believe, the only man who has made a distinct attempt to solve this problem ; he locates the useful sphere of *Baptisia* at the incipient stages of enteric fever.

If any of my hearers would give us a sound and reliable keynote, or a good group of characteristic objective signs, he would lay us all under a deep obligation.

In a disease where the sensorium is invariably disturbed, subjective symptoms are of little service to the practitioner ; a Dr. J. B. Bell, of Auguta, Me., gives as the characteristic symptom of *Baptisia* in typhoid : “ She cannot go to sleep, because she cannot get herself together. Her head feels as

though scattered about, and she tosses about the bed to get the pieces together." This appears in *The Hahnemannian Monthly*.

I cannot agree with Dr. Hale, when he says "this peculiar symptom is often met with in typhoid and becomes a valuable indication, &c." I must say that the American evidence in its favour, though extremely enthusiastic in character, does not bear the test of a careful analysis.

Of Dr. Hoyt's three cases, the only one where the exact stage of the fever is indicated, the thirty-first day had been reached; and we know very well that if the patient survive the twenty-eighth day and there is no organic lesion nor serious complication present, the disease resolves itself.

It is greatly to be regretted that the dates of ingravescence and convalescence are not set down by our transatlantic brethren with more effort at accuracy. Their rich lodes of *matériel*, mined by men of such racy originality, would then afford their English *confrères* a far more valuable harvest of results.

There are some excellent indications for the selection of typhoid remedies at p. 286 of vol. xxix of the *British Journal of Homœopathy* by the well-known Trinks.

Acidum muriaticum seems indicated when the stress of the symptoms falls on the sensorium, and there is delirium of a vivacious character, with exaltation of the senses; also where the disturbance of the alimentary canal is quite subordinate in character. One would expect the mineral acids to be more useful in typhus than in typhoid.

Aconitum.—Without qualification Wurmb and Caspar denounce the use of *Aconite* in the treatment of typhoid, because it is not a sthenic fever. This sweeping prohibition is manifestly not in accordance with our principles of treatment. Kafka and Trinks are quite right when they say if *Aconite* symptoms be present, as they frequently are during the first week, *Aconite* should be employed; but *Gelsemium* is, I think, more frequently indicated where *Aconite* has been hitherto employed in the first week.

Baptisia tinctoria.—Hale's characteristic indications for the use of this remedy are:—"Chilliness all day; heat at

night; chilliness, with soreness of the whole body; heavy, dull, bruised sensation in the head; stupefying headache; confusion of ideas; delirium at night; heavy sleep, with frightful dreams; dry, red tongue, or brown-coated tongue; sticky mouth; fœtid breath, fœtid sweat, and great fœtor of the discharges (urine and stool); great debility and nervous prostration, with erethism; ulcerations of a bad character, &c. &c.”*

Belladonna is undoubtedly a remedy that we undervalue as to its really pronounced actions on the lining membrane of the alimentary canal, especially of its lower tract. If any one will take the trouble to carefully read the ninety-four abdominal and anal symptoms produced by *Belladonna* and recorded by Hahnemann in the *Materia Medica Pura*, he will be convinced that a very strong relationship exists between the *Nightshade* and the lower primæ viæ.

Our allopathic brethren have been of late administering *Belladonna* for constipation; perhaps, ere long, we shall see them giving small doses of *Opium* to relieve the same condition.

Possibly we possess no remedy that so completely covers the whole area of diseased action in the early stage of typhoid as *Belladonna*.

Bryonia alba, like *Acidum muriaticum*, is useful when the force of the disease expends itself on the nervous system rather than on the vegetative sphere.

It differs from *Acid. mur.* in being indicated by an irascible and quarrelsome mood instead of by bland delirium; “violent efforts to leave the bed; extreme restlessness.” These symptoms meaning that the alimentary canal is more engaged than in *Acid. mur.*

Bryonia would share with *Sulphur* the task of overcoming the secondary bronchitis of enteric fever.

Iris versicolor.—Dr. Kitchen was, I believe, the first to record the use of this remedy in typhoid; he recommends it in the early stage.

* My experience is small, but I have certainly seen a more decisive reply to *Arsenic* than to *Baptisia*, and, excepting for experimentation, I should be very loth to pitch overboard our old sheet-anchor.—E. T. B.

In the *North American Journal of Homœopathy* for November, 1851, he gives details of four cases; in three of these the dates are given with precision.

They are cured respectively in two days, four days, and five days. Duration of disease given only in the last case which was undatable on the tenth day. The proving of *Iris* gives pimples on the body, dulness of mental faculties, drowsiness during the day with restlessness at night; diarrhœa is recorded on twelve occasions, with colic attended by fever.

If the patient be of bilious temperament; if vomiting be present, or if the liver be evidently engaged, I should suggest the use of this drug, unless, indeed, *Leptandra*, *Mercurius*, or *Podophyllum* be more generally indicated.

Leptandra virginica.—Dr. Hale has found the 2nd dec. trit. of the root of "unequivocal benefit in a few cases of typhoid."

"Jaundice, prostration, colic with black, thick, tar-like, and foetid stools, gradually giving way to thinner, mucous, flocculent, and sanguineous dejections."

Mercurius.—I think this drug has been more than once administered on purely symptomatic grounds, by men who have commenced the treatment of a case of gastric fever, in complete ignorance of the nature of the disease submitted to their care.

Yet rather than a contra-indication to its employment I consider this an excellent argument in favour of its probable usefulness.

But beside this, there is an evident relation borne by *Mercury* to the entire glandular system, à fortiori to the hæmopoietic glands, which we know to be those selected by the virus of typhoid, both for its *point d'attaque* and its after ravages.

Nux vomica.—In connection with this remedy, I should like to draw your attention to the following extract taken from *The Medical Record* for August 15, 1871.

Dr. John E. Owen, of Chicago, observes that during the last four years, both in hospital and private practice, milk and the acid and *Styrychnia* mixture have been administered

to patients with typhoid fever, with success. The mixture is prepared as follows :

℞ Acid. Sulph. Arom., ℥iij;
Strychnis Sulph., gr. ʒʒ;
Syrup. Simpli., ℥v.

DOSE.—One tablespoonful.

There is one noticeable feature in cases treated by *Strychnia*, viz. the dry, brown tongue soon becomes moist, and remains so during the treatment; this is effected, he believes, mainly through the agency of *Strychnia*, by increasing the nutritive and assimilative functions of the system.

Phosphoric acid from its recognised power of controlling intestinal ulceration is certainly, without its other affinities, to be relegated to the list of typhoid medicines.

Phosphorus is indicated by the existence of secondary pneumonia where small crepitation is present; when dullness on percussion, without crepitus, exists, I should be inclined to administer *Antim. tart.* in preference.

Podophyllum peltatum has been administered by American physicians in this disease.

The experiments of Dr. Anstie on dogs and rats show that *Podophyllum* holds a specific relation to the small intestine.

The ulcerations seem to have been confined to the lower part of the duodenum in the animals experimented on.

The *incessant* and *continued* character of the intestinal flux reminds one of the diarrhœa of enteric fever.

Rhus toxicodendron. HAHNEMANN gives as the special indication of "oppression of the chest," but this is a subjective sign, and therefore frequently cannot be elicited.

Sulphur and its oxides may be thought of when there is marked aggravation of all the symptoms at night.

Sulphur ϕ to 3^x will do good service in the pulmonary complications of this disorder.

Its proving contains "brownish-red fœces; evacuations mingled with *mucus*, *blood*, and purulent matter."

Tartar emetic is recommended by Trinks for secondary bronchial catarrh, with moist large râles; cough with transparent then yellow expectoration. *Tart. emetic* is more closely allied to *typhoid* than might at first sight appear.

Amongst the symptoms attributed to this drug are "constipation," alternating with diarrhœa; *feces of the existence of pap*; *slimy diarrhœa*, or yellow, bright brown, or else watery, often preceded by gripings and movements in the abdomen; *sanguineous feces*, involuntary evacuations, "borborygmus."

NOTE.—I believe Liebig's cold soup made by digesting meat in *Muriatic acid* salt and water to be an excellent pabulum in typhoid fever.

℞ Raw lean meat finely minced, ℥vij;
Acid. Hydrochlor. fort., ℥x;
Natr. Chlorid., ℥j.
Digest a quarter of an hour and strain.

This must not be kept long in hot weather.

Discussion on Dr. Edward T. Blake's paper.

DR. BAYES, while thanking Dr. Blake for his excellent contribution to our knowledge as to the effects of *Baptisia* ϕ in doses of one drop every hour, would remind him that the question still was unanswered as to what would be the effect of different doses at different intervals. He would reserve his remarks till the Congress, when Dr. Hughes had promised to bring the question forward, and would merely say that since he had adopted the plan of giving *Baptisia* in gastric fever, he had not seen a case run on into the later stage of developed typhoid. This fortunate result might have been partly owing to his patients having been people in good circumstances, so that all the patient's surroundings had been such as were favorable to recovery.

DR. EDWARD BLAKE was glad that the question of the use of alcohol had been raised. Had had ample opportunities of watching the effects of Sir William Jenner's stimulation system in patients under his care, with the result that he does not now administer alcohol in this disorder. He admitted fully what Dr. Bayes said concerning the employment of the same dose as used by the American physicians, but thought that it should be borne in mind that Burt's provings were made chiefly in tincture,

and the cases of Drs. Small and C. C. Smith were, like Hoyt's Case IV, treated with an alcoholic preparation. He regretted to have to join issue with Dr. Kidd when he speaks of "gastric fever" as distinct from typhoid. It is of the last importance, as Dr. Kidd so forcibly urges, that we should have definite ideas as to the nomenclature of diseases. Dr. Kidd has sketched lightly what he understands by the word "typhoid," but he has not described the disorder to which he applies the term "gastric fever." Dr. Rutherford Russell did depict such a disease in his charmingly written *Clinical Lectures*, but Dr. E. Blake quite agreed with the author of the *Manual of Therapeutics* that such a disorder does not occur in actual practice. The fact is, that half a century ago a number of distinct diseases, now discriminated and, in some instances, rechristened, including typhilitis, perityphilitis, enteritis, dysentery, uræmia, typhus, typhoid, relapsing fever, some puerperal and infantile abdominal disorders, were huddled pell mell together under the useful and comprehensive title "typhoid," in this respect resembling that convenient and eminently inclusive term "porrigo capitis." Now that a diagnosis is made between those disorders, but that "gastric fever" is, like scarlatina, a convenient domestic word to characterise typhoid, when the latter name would cause panic in one class, and undue mental solicitude amongst another, one could wish that the term were abolished altogether.

NOTES OF CASES OF FEVER TREATED AT THE LONDON HOMŒOPATHIC HOSPITAL.

By J. H. MACKECHNIE, M.D.

THE action of *Baptisia* in typhoid fever, being an interesting moot-point, especially at the present juncture, I have thought it well to publish the cases I have recorded in which that medicine has been used, allowing them to tell their own tale.

CASE 1.—A. B—, maidservant, aged eighteen, admitted January 18th, 1871. She states that three days before her admission she was taken with severe headache and back ache, with cold shivers. She continued at her work for

two days, but was then compelled to go to bed. Has had some purging of the bowels before coming to the hospital, which she attributes to a dose of aperient medicine she had taken. On admission her symptoms are as follows:—much aching pain in the back and head; flushed face; restlessness and sleeplessness at night; perspirations; tongue is covered with a thickish white fur; much thirst; no appetite; bowels rather loose; stools watery and yellow. There is tenderness all over the abdomen, but most marked in the right iliac region, where pressure produces a gurgling sound. No maculæ or eruption. Pulse 96, temperature morning and evening 101·5°. A wet compress was applied over the abdomen, and she had *Baptisia Tinct.* 1^x every two hours.

Jan. 10th.—Is less feverish; no headache; pulse 84; bowels acted twice in the last twenty-four hours; the stools are loose and yellowish. The iliac tenderness continues. The patient complains of pain and dryness of the throat; the fauces are congested, and appear relaxed, and the left tonsil is enlarged. Temperature, evening, 101·4°.

11th.—The patient feels much better. Bowels acted to-day naturally. Tongue still thickly furred, and throat a little sore, but the fauces are natural in appearance. Urine slightly cloudy, with acid reaction. Says she feels tender over the whole abdomen, but does not shrink on pressure. Pulse 80; skin cool and moist. She was retained a few days longer in the hospital, but had no further treatment, and was then discharged quite well.

The next case is by no means so satisfactory in its character; possibly because the *Baptisia* was not administered till the disease was thoroughly established.

CASE 2.—H. C—, maidservant, aged twenty-eight, was admitted November 4th, 1871, with febrile symptoms of no very marked character. The previous history of the case is not recorded, but she states that she has been ill three weeks. She complains of great languor and general malaise, with wandering aching pains at the sides and back of the head. The back also aches much. Pulse 118, rather full and strong; respirations 35; temperature 101·6°. The face

looks puffy ; the tongue red in the centre and at the edges, and coated in the parts between. The bowels are not purged, and there is no vomiting or nausea. The abdomen is generally tender. There is no eruption anywhere. The chest was examined anteriorly, but nothing abnormal was found. *Aconite* and *Belladonna* were administered alternately every two hours, with a diet of gruel and milk.

November 6th.—There has been slight delirium in the night. Tongue moister to-day ; appears much the same. Pulse 112 ; temperature not recorded. Skin rather moist. The chest was again examined, but nothing abnormal found.

7th.—Severe headache ; tongue has still the streaked appearance, and is moist at the edges. Pulse 96 ; temperature at 3 p.m. 103·2°. Tenderness of the abdomen at the hypogastric region. Micturition was difficult and painful, the attempts to urinate being frequently ineffectual. No pain or tenderness in the loins ; no eruption. *Bryon.* 1 was now given every four hours.

8th.—At 10 a.m. pulse 100 ; temperature 102·6° ; no eruption. The bowels have not acted since October 30th (?). Urine sp. gr. 1·030.

10th.—The condition is much the same ; pulse 84 ; temp. 100° at 10 p.m. The bowels are still inactive ; a few suspicious-looking spots are discovered on the abdomen.

11th.—Pulse 84 ; temp. 99·7°. Complains of tired feeling, but not of pain. Bowels still constipated. Urine has to be drawn off.

12th.—The spots are fading, while new ones make their appearance. She passed to-day a very large stool, which seemed to give her great relief, and she has slept well since.

13th.—No fresh spots to-day. Pulse 80, hardly to be felt. The abdomen is rather hard, and sensitive to pressure, with gurgling in the left iliac region.

14th.—The spots are fading, there are no fresh ones. The tongue has a nearly natural appearance. Abdomen more comfortable ; no appetite.

15th.—Not so well. Is suffering from a dry, troublesome cough. The state of the chest on examination does not account for it. The pulse is a little fuller and quicker. Temperature, morning $99\cdot4^{\circ}$, and at 3 p.m. 102° . She was very drowsy, and rather stupid and heavy; there was a slight tremulousness of the limbs, while she complained of feeling numbed all over. She had now *Baptisia* 1 every four hours, and continued to improve from this time.

16th.—Pulse 80; temperature, morning $96\cdot8^{\circ}$.

20th.—Pulse 80; temperature $97\cdot5^{\circ}$. Appetite improving; bowels acted after a simple enema, and continued to act without aid, from that time.

25th.—Being troubled with borborygmus, and suffering from debility, whilst the stools were wanting in bile, she was ordered *China* 1 \times every four hours, after which she continued to improve, but for a sharp attack of tonsillitis, which hindered her discharge from the hospital for some time.

In this case I must acknowledge that, in regard to the fever, the *Baptisia* cannot be said to have had any influence; but as to the state of nervous depression in which the patient was at the time of its administration, I consider its beneficial effects to have been great, as it caused the tremulousness and stupor to pass away as if by magic. Neither can I say that I think the *Bryonia* had any decided influence on the progress of the fever.

The following case has a certain amount of interest attached to it, firstly on account of its being somewhat difficult to diagnose it with certainty as a case of typhoid fever, several of the important symptoms of that disease being absent; and secondly, as showing the value of *Arsen.* in its treatment.

CASE 3.—J. F.—, aged fourteen, is an errand boy. He was admitted December 5th, 1871. Appears of a healthy frame, and well nourished; is of a dark complexion. Has been very deaf from his infancy. There is no further history of the attack than that it happened a week before, and was occasioned by cold from getting wet, and that he has been

gradually getting more weak and ill from that time. His sister, who resides in the same house with him, has recently had typhoid fever. He complains much of lassitude, and aching in the limbs. Is lying on his back. Is suffering from headache, and pain down the back. The countenance has an anxious and wearied expression. At times the face is rather flushed. The mouth is dryish; there is much thirst, but he does not drink much at a time. The tongue is furred; the breath is rather offensive in odour; there is no appetite. The abdomen is tense, and dusky in hue; there are no spots to be discovered. The bowels are slightly moved daily. *Baptisia* 3^x was given every hour. A chloralum wash for the mouth was prescribed, and he was put upon the second diet, with extra milk.

6th.—Is much the same. Pulse 100; temp. 103°. Flushing of face at times. Bowels acting, the stools are soft and pasty. Abdomen tender to pressure.

7th.—The patient is decidedly better. The tongue is more furred, but moister. Pulse 80; temp. at 10 a.m. 99.5°.

8th.—Says he feels better, and is more comfortable. Has had wandering and delirium in the night. The bowels are acting. Temp., morning, 100°, 5 p.m. 102.6°.

9th.—Still appears to improve. The abdomen is still tender and especially so in the right iliac fossa, where there is a rumbling sound on pressure. The breath is still offensive. Temp. at 5 p.m. 101°.

12th.—Seems pretty well. The tongue is clean; no spots have been discovered; breath no longer offensive. He was now allowed some farinaceous pudding in addition to the second diet.

14th.—The abdomen is soft; bowels open once or twice a day. He seems in all respects approaching convalescence, and is ordered first diet.

18th.—Is observed to be rather stupid and drowsy; no other fresh symptom is remarked.

19th.—In addition to the above, there was retching early in the morning; no vomiting.

20th.—The tongue is clean. The drowsiness continues.

He is restless; tosses about and talks in his sleep at night. Pulse 104; temp. at 5 p.m. 103.7°. The bowels have not acted for several days. *Opium* 3^r was prescribed, a drop every four hours.

21st.—On this day the condition is a little more natural. The bowels have moved spontaneously (stools not reported). Temp. at 11 p.m. 104.5°.

22nd.—Still very stupid and heavy in the day, and restless at night. The skin is moister; the face flushed, and of a dusky hue. The tongue is furred with white. Pulse 110, compressible. Temp. at 11 p.m. 105°. On this day he had *Baptisia* again, every two hours.

23rd.—At 10 a.m. the pulse was 108; the temperature 102°. The bowels have not acted since the 21st. The tongue is redder and drier; the face much paler. At 3 p.m. the skin is hot and dry. He is sleeping heavily, and it is difficult to rouse him. He is very deaf, much more so than usual. The abdomen is large, tympanitic, and tender, especially in the right iliac fossa and flank, as he shrinks when these parts are pressed, though when questioned he says in a semi-comatose way that the pressure does not give him pain. The breath is offensive; the patient is still drowsy and comatose by day, and restless, with talkative delirium by night.

24th.—Tongue moist, slightly furred. The stupor continues. He has passed a very restless, wandering night. There is no eruption. (10 a.m.)—Pulse 108, temp 100°; 5 p.m. temp. 104°.

25th.—He has passed a better night. The bowels have acted. He has a cough, which has been creeping on for some days. An examination of the chest shows dulness all over the posterior part of the lungs. The boy lies principally upon his back, and there is a good deal of coarse crepitus over the region of the dulness, with some dry râles over the larger bronchia. This I attribute to stasic pulmonary congestion, with slight bronchial catarrh. The stupor continues much the same. At 10 a.m. temp. 101.7°, at 5 p.m. 104°. I prescribed *Antim. tart.* 3, every four hours.

26th.—The boy seems brighter; is still very deaf; has slept better. The tongue is better; he is ready for his food. The cough continues much the same. At 10 a.m. the temp. is $100\cdot6^{\circ}$; at 5 p.m. 104° .

27th.—Is still better; looks much brighter, and has had a really good night. The posterior dulness and crepitation are much diminished, and there is less cough. Temp. at 10 a.m. 100° ; at 5 p.m. 102° ; pulse 104.

28th.—Temp. at 11 a.m. $99\cdot5^{\circ}$; 5 p.m. $100\cdot5$. Cough much better. He is nearly in his natural condition as to the state of the brain, being ordinarily wakeful in the day, and restful at night. The deafness, however, has not abated. He takes his food of beef tea, rice, and eggs eagerly.

29th.—Has slept well and naturally. The bowels have not acted since the 25th. He is sweating profusely, a very acid perspiration. Temp. at 11 a.m. 98° ; pulse 80.

1872, January 3rd.—Improving; appetite good; tongue clean and moist; bowels acting naturally; stools rather light coloured. The cough is nearly gone. From this date he took no more medicine, and was put upon the first diet. He continued to progress; no further notes were taken of his case, though he was not discharged from the hospital until the 18th January.

Now comes the question, What was the precise nature of this case?

Was it analogous to, but reversing the order of, the case narrated by Da Costa in his 'Medical Diagnosis,' p. 680, that is to say, typhoid fever ending in typhus? In the instance referred to "a boy, sixteen years of age, was received into the Philadelphia Hospital with evident signs of a commencing fever of a low type. A day or two after his admission, and corresponding, as nearly as could be ascertained, to the fifth day of the disease, an eruption showed itself all over the body. It was dark coloured, petechial in its aspect, and did not disappear on pressure. Associated with it were drowsiness and constipation. In a few days more, however, the symptoms changed. The dark eruption faded, and rose-coloured spots were perceptible

on the chest and abdomen ; diarrhœa set in, and the fever ran its course to a favorable termination, with the character of typhoid, just as at the onset it had assumed the character of typhus."

In my case the earlier symptoms were distinctly, as far as they went, those of typhoid fever, and I was congratulating myself after the first few days on finding that *Baptisia* had been most effectual in cutting short the progress of the disease, when the relapse occurred, and the fever assumed more and more the character of typhus, though happily the poison either ran its course speedily or was soon eliminated by the action of the medicines.

It may be asked why, upon the appearance of the cough and the pulmonary congestion, I did not prescribe *Phosphorus* rather than *Tart. emet.* ? I can only say that there was something about the nature of the cough not noted in the report which led me to prefer the latter medicine, and the result did not cause me to regret having selected it. It evidently influenced beneficially the cerebral as well as the thoracic symptoms.

CASE 4.—F. D—, a little girl, aged ten years, was admitted July 29th, 1872, it being just a week later than the day on which her mother had been admitted in the previous year to the hospital with the same disease. Having been absent from town at the time, I find noted on that day merely, "Feverish, with headache, pain in the back, and aching in the limbs." History of attack not known. *Belladonna* was prescribed.

August 1st.—The patient was seen by one of my colleagues, who prescribed *Acon.* 3^x gtt. j, every night, and *Bry.* 6, two drops every two hours. Second diet was to be used.

2nd.—The pain in the head is gone. The aching in the back and limbs continues. Much thirst ; pulse 102 ; temperature in the axilla 102·6°.

4th.—Better ; pain still bad in the back and limbs. Temp. 101·0°, at 11 a.m.

6th.—I saw her for the first time, and found her lying

on her back, with her legs extended, having an anxious and suffering expression, the eyes being large, and the countenance drawn, and of a dusky colour. The child is evidently amiable, and does not complain unless questioned. She looks as if recently emaciated, as the skin is loose and the limbs thin and flabby. No eruption can be found; the skin feels hot and dry to the touch. The temperature in axilla is 103° at 3 p.m.; pulse 98. The tongue is dryish, and furred in patches. No appetite, but constant thirst. The bowels have not acted since her admission. The urine has nothing striking in its appearance, there being a very slight flocculent deposit, not weighty enough to make a distinct layer at the bottom of the glass. The reaction is decidedly acid. The respiration does not appear to be disturbed much. There is an occasional little hacking cough, but not enough to cause the child, or her neighbours in the ward, any great discomfort. I am told there has been a little epistaxis, but the time of its occurrence was not noted. A superficial physical examination of the thorax showed no marked disturbance of the respiratory or circulatory organs. Pulse was 98. I did not think it well to change the medicines, especially as the house surgeon considered the case rather improving than otherwise.

7th.—The only notes I find are—Pain in back still bad; wandering at night; skin hot and dry. Temp. at 11 a.m. 103.2° ; pulse 102.

8th.—No improvement in manner or appearance; no appetite; skin hot and dry; temperature at 10.30 a.m. 103° . No action of the bowels; tongue patchy and dry; abdomen very hot, tense, and sensitive, especially in the cæcal region, and in left hypochondrium. The spleen is only slightly, if at all, enlarged. No eruption can be found. Nevertheless, I could not but consider this case to be one of imperfectly developed typhoid fever. One difficulty which lay in the way of deciding with certainty upon its diagnosis was the absence of any account of the onset of the disease, the mother not making her appearance at the hospital, I believe, until the child's dismissal. The marked prostration, high temperature, hot, dry, skin, con-

stant thirst, the abdominal tenderness, pain, and distension, all seemed to indicate *Arsen.*, two drops of which were given in the 3rd dilution, three times a day. The second diet was given with extra milk.

9th.—No marked change; no maculæ; temp. 102·6°.

10th.—Manifest improvement. Expression and colour of countenance much better; tongue cleaning; still no eruption. Bowels now acting once in twenty-four hours (light yellowish, pasty stools). Some appetite showing itself. Pulse 98; temp. 100·5° at 10 a.m. Pain in back better.

12th.—Still improving very rapidly. Declares herself free from pain, but there is still tenderness in the right iliac region on deep pressure. Tongue continues to improve. The patient is anxious for food. Stools much the same. Continue *Arsen.*

14th.—The improvement continues. Skin becoming soft; the countenance is cheerful; the tongue clean; pulse 96; temp. 100·4°. The abdominal tenderness is nearly gone. Bowels are acting once a day; no eruption has appeared. The urine is natural in appearance and reaction. Allowed some farinaceous pudding, or custard.

17th.—Still progressing; appetite really good.

21st.—Bowels have not acted for several days, but there is no apparent inconvenience. Feverish symptoms all gone; no abdominal uneasiness; tongue clean and moist. Is considered as convalescing, but is too weak to stand. She was put upon first diet, with eggs and extra milk.

22nd.—The bowels still refusing to act, Mr. Wardale gave her *Nux vom.* 3^x, two drops every four hours. This was followed the next day by a simple enema, which produced a copious evacuation, and the bowels continued to act while she remained in the hospital. Without any further medical treatment she continued to gain flesh and strength with no drawback to her convalescence, and at the end of the month she was discharged quite well.

REVIEWS.

Pharmacopœa (sic) *Homœopathica Polyglottica*. *Bearbeitet und Herausgegeben*, von Dr. WILLMAR SCHWABE, Leipzig. Rendered into English by SÜSS-HAHNEMANN, M.D. London. *Redigé pour la France* par le Docteur ALPHONSE NOACK. Lyons. Leipzig, Dr. WILLMAR SCHWABE, Centralhalle, 1872.

THE *Monthly Homœopathic Review* has anticipated us in the expression of the astonishment and regret with which we have received this work. That Germany needed a new homœopathic pharmacopœia is possible. That its translation into French has supplied a want in that country may no less fairly be maintained. But that it should have been "rendered into English by Dr. Süss-Hahnemann" only two years after the appearance of the *British Homœopathic Pharmacopœia* seems to us an error on his part and an impertinence on that of its author. Dr. Süss-Hahnemann should, we think, either have declined the English rendering on the ground of the preoccupation of the field; or, if he sincerely thought the new work needed to supersede the inferior indigenous product, should have told us so. As it is, he has without reason assigned done his best to reintroduce the very confusion out of which the British Homœopathic Society had sought to deliver us. The only way to get our preparations uniform was to have a pharmacopœia which should be universally recognised. This we hoped we had obtained; and, for better or for worse, we meant to stand by it. But now we have a rival in the field, differing

considerably in many of its instructions; and there is nothing to prevent chemists from following it, and so making us once more uncertain what we shall get by our prescriptions.

Had this work appeared four years ago, we might have hailed it as a fair revision of the usual homœopathic pharmaceuticals, and criticised it accordingly. But now we can only lament the want of due appreciation of native work which has led to the supposed necessity of Englishing this volume; and we trust that in this country it may be ignored from the first and speedily forgotten.

Still, as *fas est ab hoste doceri*, we hope that any future revision of our own *Pharmacopæia* may not allow it to be outdone in the precision with which the attenuations are named. Dr. Schwabe's book very justly insists on the good old Hahnemannian rule, that the potencies shall be what they are called—*i. e.* that the 1st centesimal dilution shall contain the hundredth part of the crude drug, and so on. This is easily done, by estimating the proportion of the drug contained in the mother tincture, and preparing the next potency accordingly—*e. g.* adding 2 drops to 8 of alcohol for the 1st, when the ϕ has half-and-half. In the *Brit. Hom. Pharm.*, the 1st centesimal dilution means one part—not of the crude drug, but—of the *mother tincture* in a hundred; and as this is nearly always of the strength of one in ten, the 1st dec. is really a $\frac{1}{100}$ th tincture, and the 1st cent. $\frac{1}{1000}$ th. This should not be—especially as triturations and solutions are named according to their real strength. If all tinctures are to be prepared in the proportion of one to ten, either let this be called the 1st decimal dilution, or let such potency be expunged from the scale, and 1 part of this ϕ to 9 of alcohol be called what it really is, the 1st centesimal attenuation.

Alpine Heights and Change of Climate in the Prevention and Treatment of Pulmonary Consumption. By CHARLES R. DRYSDALE, M.D., Physician to the North London Consumption Hospital, &c. London: Odell & Ives.

THIS is a pamphlet of sixteen pages on a subject of gradually increasing importance to medical men. The magnitude of the subject is scarcely appreciated until we come into the presence of national statistics, when we realise the fact that consumption is "the greatest plague of the human race. In Europe, with 266,000,000 of inhabitants, there is said to be annually a mortality of 931,000 from this cause, which gives about 3.60 deaths per thousand inhabitants annually. In France 150,000 are said annually to perish from phthisis; and perhaps about from 75,000 to 80,000 in this kingdom." The author makes some economic observations upon the necessary mortality by this or other diseases to relieve a surplus population; but such considerations only stimulate us to discover what are the removable elements of this disease in a hygienic sense. Chief among these is supposed to be the quality of the respired air; for, although want of sufficient food plays an important part, it is far from being the principal cause, as is seen in an interesting fact mentioned by Dr. Livingstone, viz. "that although the natives of South Africa seem often to be starved to death, yet they do not suffer from consumption." Impurity of the air from being frequently rebreathed is asserted by Dr. McCormac and others to be the great cause of Phthisis, and as one of the conditions greatly under our control it becomes important to determine what share it takes in its production, and any contribution to this end deserves consideration. Inasmuch as chemical constitution, barometrical pressure, degree of humidity, &c., are involved in all changes of climate, we are not justified in assigning the total result to any one of these agents, but are safer in regarding each instance as a compound fact.

The author avails himself of a series of statistics, giving us a wide range of climate; and in the *Army Medical*

Report for 1866 we find that consumption affected our soldiers in the following ratio. At home 3·17 deaths per 1000; in Gibraltar 1·15; in Malta 1·76; in Canada 1·71; in Bermuda 2·60; in Jamaica 1·75, and among the black troops 5·48; in Sierra Leone, among black troops, the large number of 7·05; in the Mauritius 2·19; in Ceylon 3·52 among the white troops, but among the black 1·26; in Australia and Tasmania 5·29; in New Zealand 1·90; in China 2·24 of the white troops, and of the black natives 1·08; in Japan 2·25. The author draws the following inference: "What can we conclude from these statistics? Simply, I believe, that some local circumstances, and above all, I am inclined to think, the bad ventilation of the barracks inhabited by the troops are the constant cause of the occurrence of tubercular phthisis, and that climate has little or nothing to do with its production. Moisture, doubtless, also is a cause, although a minor one." Phthisis, we are thus led to infer, overspreads the earth under conditions of aggregation. The statistics of the towns in Scotland are compared, and as they extend over the most densely and the most sparsely populated towns, from the lowlands to the mountainous districts, the results are interesting. In Glasgow, Edinburgh, and Leith the mortality from consumption ranges from 2·83 to 3·85 per 1000, but in the mountainous districts of Caithness, Ross, Cromarty, and Inverness it sinks to 1·71, unfavorably circumstanced as they are compared with other rural counties, as regards climate, food, and medical aid. "In the county of Berwickshire we have the most perfect example in Scotland of a population combining the richest agriculture with freedom from the deteriorating influences of mining, manufactures, and large towns. None of these towns contain above 3500 inhabitants: "there is, I think, only one large factory in it, a paper manufactory, and there are no mines. Here, accordingly, the total deaths in 1000 fall to 14·10, and the deaths from consumption to 1·04."

Now let us turn to the statistics of high altitudes. Von Humboldt "mentions that the town of Quito, 9000 feet above the sea, as also that of Santa Fé de Bogota,

somewhat of a like elevation, were both of them free from consumption." Dr. Smith, "who lived nine years in Peru, informs us that the Peruvians are so persuaded as to the immunity of elevated regions from tuberculosis that they send their patients into localities situated among the Sierras, upwards of 10,000 feet above the sea.

"Some physicians who have visited the highlands of Mexico are quite as unanimous as to the rarity of consumption in certain altitudes, and that it is very rare at Mexico itself." Dr. Brockmann, out of 80,000 patients treated by him in the Upper Hartz Mountains, at a height of 2500 feet above the sea, had only twenty-three cases of phthisis, and nine of them had come with phthisis from afar. Müller states that in Hesse and in the Palatinate, where consumption is common, it is very rare indeed in the heights of the Taunus Mountains. The same immunity is claimed by other observers in the mountains of Hungary, in the Carpathians, and in the Valley of the Engadine. Lombard says, "If the low valleys and middle altitudes of the Alps present a great number of phthisical patients, this kind of disease becomes rarer as we ascend the mountains, so that at 1000 to 1200 metres we only meet with some isolated cases, and between 1200 and 1500 metres it entirely disappears."

Evidence is also shown as to the immunity from phthisis in the Lower Pyrenees, on the high plains of Abyssinia and of Armenia, on the Ghauts and Neilgherry Hills, and on the Cordilleras." Nicol, in ten years of practice, did not meet with a single case of consumption at La Paz, a town of 40,000 inhabitants, situated at 12,000 feet above sea level. Dr. H. Weber, of London, in his work *On the Swiss Alps*, states that phthisis not unfrequently occurs in the lower mountainous or sub-alpine districts, but in the upper Alpine region he believes it to be nearly absent. He states that some of the inhabitants of the Engadine, who contracted phthisis after leaving home, were cured on returning to their native valley.

With these tables of comparative statistics before us what are we to deduce from them? That immunity from

phthisis becomes almost complete at a certain high elevation seems unquestionable, and as a concrete fact we may make use of it with advantage. When, however, we come to analyse it, some doubt will present itself as to whether this is due simply to diminished barometrical pressure, or whether all that is involved in life at such altitude should not be taken into account. How much is involved is seen by a moment's reflection. In addition to the rarefication of the air necessitating quicker and deeper respiration, it possesses a freedom from the organic and other emanations that envelope populous towns with very depressing effect; its oxygen appears to possess more activity as a vital stimulant, and its hygrometrical, electrical, and other physical relations are different from those of air at low levels. Exercise, again, is greatly increased by locomotion in hilly countries, we have more rapid waste and renewal of tissue. Food is of a simpler character, milk forming a large proportion of it; sleep is induced by muscular fatigue, and rendered deeper by sweet air and the silence of mountain solitudes; and we must not omit to take into account the repose obtained in such localities from the thousand distractions of the senses and the intellect which an advanced civilization forces upon us, and so exhausts vital energies that should go to the reinforcement of the nutritive powers.

Our author is sceptical as to the benefits of rarefied air, *per se*, and is disposed to attach much more importance to the other influences at work. His conclusions are these:—
“The effects of exercise, then, no doubt a highly complicated cause, and acting on both digestion and assimilation, and impure air, have been found, according to Parkes, &c., to be very potent agents in consumption; and, conversely, the conditions of prevention and treatment which have seemed most useful are nutritious food and proportionate great exercise in free and open air.” So important has the last condition proved to be that it would appear that even considerable exposure to weather is better than keeping patients in close rooms, provided there be no bronchitis, or tendency to pneumonia or pleurisy. “Persons who can

afford to choose their climate will find that, from the commencement of October until the end of April, no climate can be more adapted for consumptive patients, with tendency to bronchitis, than that of Middle or Upper Egypt. Cairo and its neighbourhood is a delightful winter climate; its mean temperature in January is 59° Fahr. After April the patient, with power and means at disposal, should move northwards to Malaga or Mentone, which last-named place has been rendered classic ground by the writings of the eminent Dr. Henry Bennet.

“Dr. Prosser James has himself experienced much benefit from St. Remo, and greatly recommends it as a winter climate. To persons of the labouring class perhaps the best advice, when they can follow it, is to recommend emigration, and then a country life. This, I feel convinced, would prove as efficacious as life in mountain districts, and my conclusion is that exercise and fresh air are at present the only means we have to contend against that greatest foe to human happiness—consumption; and that, whilst the evidence given for the residence of consumptives in Alpine districts seems very convincing, and requires further investigation, yet that the main cause of the disease being in-door occupation and town life, the best prevention and cure of it is most naturally to be sought for in country life and out-door employment, with plenty of exercise and good nourishing food.”

Guide to Trefriw and the Vale of Conway Spa. By JOHN W. HAYWARD, M.D. Second edition. London: H. K. Lewis, 136, Gower Street.

THE first edition of this work being out of print, and some improvement in the accommodation for visitors to the Spa having taken place, a second edition is published containing a fresh analysis of the water and other necessary information.

Trefriw, though until lately of but local reputation, deserves to be widely known. It is no dilettante Spa that leaves you doubtful how much is due to it and how much to the fresh air and other adjuvantia, but is of heroic powers, and must be guardedly employed in consequence. Its distinguishing constituent is *Protosulphate of Iron* in the large proportion of 698 grains to a gallon, or 4.36 grains to an ounce. Then *Sulphates of Alumina, Magnesia, Soda,* and *Lime* to a very considerable amount, a trace only of chlorides, and, in some soluble form, *Silica* to the extent of 10 grains per gallon.

From this array of salts it is evident the Spa must be predominantly tonic, and in a secondary degree alterative. Dr. Hayward reviews the therapeutics of each constituent aided by the light of homœopathy, and yet in language that must be intelligible and we think acceptable to the allopathic mind, for *Iron* is a drug on which we hold opinions very much in common.

The remedial sphere of the water among adults may be almost expressed in a word—relaxation—and that chiefly of the mucous membranes of every tract. In children faulty nutrition, leading to strumous disease, comes within its curative range, the earthy elements, and par excellence, *Silica*, doing good service.

The water being of such strength it cannot be gulped down in tumblerfuls, but the dose must be limited to one or two teaspoonfuls two or three times a day at the beginning of the treatment. A Spa of this energy must be adapted to a large class of debilitated invalids exhausted by various discharges, who require a fillip as from a three-man beetle. To such we say try Trefriw, and take this *Guide* with you to assist you to find your way there easily, and to enable you to employ the water with safety and benefit.

Health and Comfort in House Building ; or, Ventilation with warm air by self-acting suction power ; with review of the mode of calculating the draught in hot-air flues ; and with some actual experiments. By J. DRYSDALE, M.D., and J. W. HAYWARD, M.D. London : E. & F. W. Spon, Charing Cross. Pp. 116.

WE are precluded from criticism on this work, as one of its joint authors is also one of the editors of this Journal ; but there is nothing to prevent our noticing its appearance and giving some account of its argument and conclusions.

Drs. Drysdale and Hayward have long had their minds exercised on the subject of house building, as it is evident from the fact that each has carried out his views in practice—the former in 1861, the latter in 1867. They can thus also speak from actual experience of the successful working of the plans they have adopted. The *raison d'être* of their book is thus manifest. Its subject is one that comes home to the “business and bosoms” of all of us, and it cannot but be well to listen to any who are qualified to speak upon it.

The principles advocated by the authors are the following :

It is of unquestioned importance to secure a sufficient supply of fresh air to our dwellings. But it is not practicable, during eight months of the year, at least in this climate, to obtain such supply directly from without, the air being too cold. The plans hitherto suggested for warming the incoming fresh air and sucking it in have the defect of being applicable only to single rooms. A general plan of ventilation for the whole house is essential ; and the kitchen fire, as the only permanent source of warmth and suction-power, must be its centre.

Then comes the manner of effecting this.

It is recommended that the supply of fresh air be admitted from the top of the house, and conducted down to a central hall or lobby, passing through coils of hot water pipes on its way, so as to have its temperature raised to

about 65°. This lobby is to extend from the top of the house to the bottom (at which latter it must be shut in from the outer door and from the kitchen); and out of it all the rooms are to open. The warmed fresh air, pouring into its space, enters the rooms by inlets running along the cornice, as well as through the doors when these are open. The fouled air, in its turn, escapes through openings in the central ornament over the gas in the ceiling. Thence it is conveyed, by a separate zinc tube for each room, to a foul air chamber at the top of the house, into which each flue should open on the same level. From this chamber a shaft runs down to the kitchen fire, and up again to the final outlet, which is just below the coping of the kitchen chimney.

The result is thus stated :

“ It will have been observed that in the foregoing scheme of ventilation, endeavour is made to prevent the air from entering the house at all except by the inlet provided for that purpose;* that a special inlet is provided in the lowest story of the house, with conditions available for the warming, cleaning, disinfecting, or otherwise improving the quality of the incoming fresh air, and regulating its quantity; that the fresh air is then conducted into the central private hall, which is protected from kitchen and other smells, and from all other means of pollution; that it is from the private hall that the rooms draw their supply, and that even when the doors are shut; that having served its purpose in these rooms, the air is drawn off through the ceiling up into the foul air chamber, and thence down and behind the kitchen fire, up the kitchen chimney-stack, and discharged high up in the open air, all possibility of back draught being prevented by the length and heat of the exhausting syphon.

“ By the combined use of the above means we attain the desiderata of a healthy and comfortable house, viz., an abundant supply of sufficiently warmed fresh air, and a

* In Dr. Hayward's house it has even become practicable to have the windows hermetically sealed, as in churches; thus excluding dust and blacks.

continual self-acting process of removal of the vitiated air. It must be kept in mind that the system forms one connected whole, all the parts of which are mutually dependent, and that therefore we cannot have the benefit of one part without adopting the other; that we cannot expect success, but must look for failure, if we adopt one part and neglect the rest; just as the absence or failure of one link renders a chain wholly useless, or even an incumbrance."

CLINICAL RECORD.

*Hospital of St. James at Paris.**

From the opening to the 15th January, 1872, by Dr. MILCENT.

THE 15th October, 1871, the hospital, under the name of House of St. James, founded by the efforts of the Homœopathic Society of France, assisted by numerous subscribers, some of them our benevolent colleagues, some our generous clients, our friends, and the eminent patrons of our system. This modest but useful institution ought to have received patients a year sooner if the foreign war followed by the civil war and all their subsequent disasters had not put a stop to everything. Still our hospital was able to be organized and has been in operation for three months.

No doubt it was not filled the first day; but after the lapse of time necessary to make it known and be appreciated, and when we had obtained some idea respecting the material organisation, the medical and therapeutical services, the devotedness of the sisters, &c., not to speak of the delays requisite to complete the organisation, the beds were fitted up and the wards, at the end of three months, were so full that no more patients could be admitted.

Being appointed, during those first and I may say arduous three months among the chiefs of the service, I had to treat a certain number of interesting cases, which it is my duty to bring before you. It was impossible to give any clinical lectures during those few initiatory weeks; but Dr. Claude, who has kindly exercised the function of house-physician with a zeal and intelligence I have pleasure in testifying to, took notes of the treatment of the patients every day, which have allowed me to report the principal observations which I shall give at the end of this brief

* *Bulletin de la Soc. Med. Hom. de France.*

account of our first operations; only adding thereto a few remarks. Among these cases will be found a *serious and complicated pleurisy*, cured in five or six weeks; *catarrhal pneumonia* in an aged female, also rapidly cured; two cases of *typhoid fever*; an *icterus*; a *gouty dyspepsia* with bronchitis singularly relieved in spite of the almost cachectic condition of the patient; *circumscribed pleurisy* cured in a few days; an obstinate *neuralgia*; a case of *madness* in a fair way to recovery, &c.

During our three months' labours we have only had one fatal case. Still, whilst admitting from motives of charity the patient affected with *cancerous diathesis*, we perfectly foresaw the impending fatal result.

The dispensary opened from the first and already frequented by a certain number of the out-patients, has also furnished us with some interesting cases, where, as in the wards, the homœopathic treatment has rendered great service. We shall say a few words about two or three of those cases which were rapidly cured, and we shall give a tabular view of the other diseases, most of them chronic cases, in many of whom we have only been able to make a commencement of the treatment, leaving them to Dr. Jousset, our friend and successor during the next quarter.

We shall give the cases, not in the order of their importance, but according to the dates of their admission.

The first is that of a poor old gouty woman in an almost cachectic condition, affected with serious emphysematous bronchitis, with gastralgia, arthritis, &c., so relieved in eighteen days that she was able to leave the hospital in a tolerably good state.

Gout, emphysematous bronchitis, dyspepsia, arthritis (2nd women's ward, bed No. 4).—Widow S—, aged 64, married at 40; no children; seamstress; living in Paris since 1832. Bad hygienic conditions.

Her father died of chronic alcoholism and venereal excesses; her mother of cancer in the face. She was born in full syphilitic infection, menstruated at 18. The catamenia have always been difficult, scanty, irregular, and preceded by a white discharge that lasted three days. The patient had typhoid fever at 20; later she had hæmorrhoids, which disappeared three years ago, and she is habitually constipated. At fifty years the "change of life" provoked violent pains in the bowels accompanied by febrile attacks. The health since then has been much deteriorated, and

could not be restored under the hygienic conditions the patient was exposed to (damp lodging, insufficient food, night work). Oppression of the chest with precordial anxiety gradually manifested themselves, and eight years ago the right arm and hand became swollen and painful, then the index and middle finger of the right hand swelled, and their tumefaction was accompanied by redness and acute pain, alternated with oppression of the chest, flying pains in the head and even neuralgias. It was not till 1870 that the feet became slightly affected.

The patient was admitted to the hospital on the 28th October, 1871. Her pulse was small, feeble, quick, irregular. She must be propped up with pillows on account of her frequent attacks of suffocation. She fancies she feels mucus rising up in her throat. Swallowing is difficult. Examination of the chest shows to auscultation and percussion a very obvious emphysema of the right side with, in time, bronchitis (sibilant rhonchus, subcrepitating râles with large bubbles, prolonged expiration, especially in the right, absence of respiratory sound with very pronounced resonance on percussion in certain spots). The patient's state is very serious and borders on cachexy. The left lung still acts well, and the heart is unaffected. At the same time dyspepsia, anorexia, difficult digestion, abdominal meteorism, flatulent eructations, colics radiating from the umbilicus. The urine is scanty and shows a brick-dust deposit. The right hand and left eye only are swollen and under the influence of the gouty affection. The right knee is painful.

Nevertheless, the patient, after a sojourn of eighteen days in hospital, went out, not cured, to be sure, but greatly improved, and she would, doubtless, have been more so had she paid more attention to the prescriptions. Under the influence of *Bryonia* 6 taken for a week, the symptoms of the chest grew better, the catarrh diminished, the oppressions became rarer and sleep returned. Next, *Nux vom.* and *Graphites* were employed for the gastralgia. These remedies, which were given successively in the 6th, 12th, 18th and 30th dilutions, had a great effect; when the patient sometimes refused to take them, the abdominal cramps soon returned. A curious fact to be noted in this case is the almost periodical return of hepato-gastric pains, recurring every three or four days, not very severely it is true, and eventually diminishing under *Nux.* The amendment was especially sensible

in the joints, which were no longer swollen and acted freely when the patient left the hospital. Attacks of mucous vomiting, which occurred three times during the course of the treatment, yielded readily to *Ipec.* 6.

The following observation is interesting on account of the uncommon, complicated, and obstinate character of the affection.

Obstinate neuralgia of a mixed character, apparently seated in seventh and fifth pair of nerves and their anastomoses, otalgia, tinnitus, prosopalgia (2nd women's ward, bed 1).—Flora W—, cook, aged 41, married, mother of three children, debilitated constitution, some traces of gouty predisposition; menstruation began early at eleven years; menses abundant and easy. Hæmorrhoidal, habitual constipation. Has never been ill. The 13th August, 1871, when perspiring, she went into a very cold cellar. That evening she was seized with a violent pain in the right ear, with shootings and confused noises. Emollient poultices soothed the pain somewhat. On the 15th, more than a week before her admission to the hospital, she took a strong dose of *Quinine*. The noises immediately increased and the pain returned more acutely. Some days afterwards injections of *Morphia* did no good. The pain gradually declined, but the noise in the ear became so bad and so continuous that the patient had not a moment's rest.

She came into the hospital on the 28th October. She was weeping bitterly, and showed all the signs of the utmost despair. Her face was pale, but not emaciated, and its mobility was intact. The right side of the face has lost its sensibility to some extent. The only symptom complained of by the patient is the constant noise in the ear. She imagines she hears without cessation violent detonations of cannons or the rushing past of an express train, or peals of church bells. These symptoms are accompanied by pains, less acute than at first, which often alternate with the noises, and which have their seat in the auriculo-temporal ramifications of the fifth pair, above its anastomosis with the facial nerve. The patient was examined with the ear speculum; the ear is sound, there is only a little dryness in meatus externus. The pulse is slow (44 beats), full, regular. Throughout the treatment it never rose higher than 50. The sensibility of the tongue is unimpaired, but on the left side on the arm and chest numerous spots are

insensible. The hearing on both sides is perfect. Appetite good. The patient complains of obstinate constipation, which can only be overcome by the use of enemata.

Belladonna 6 was first tried, but it had no great effect. On the 1st November *Thuja occ.* 30 and *Coccus cacti* 30 were commenced, which produced perceptible amendment after a few days. The noises continued, and were loudest in the morning; but at length the patient commenced gradually to sleep, and then her despair began to be allayed. She did not eat at first, but gradually the appetite returned after this improvement in the ears. These two medicines having exhausted their action apparently, *Antim. crud.* 6 was given on the 8th November. But that day and the following night were very bad. *Natr. muriat.* 6 was then given, which did not do much. On the 12th *Thuja* 30 was resumed and continued until the 17th. The sounds did not go off completely, but gradually lost the continuous character and their intensity; they now consisted only of church bells or house bells. Sleep was perfect, except in the morning about half-past five. At the same time two sensations of itching occurred, one on the right temple behind and above, the other behind the ear of that side. These phenomena were unattended by any pain, and the patient only just slightly alludes to them. They often permit her to forget the noises that cause so much discomfort. *Aconite*, mother tincture, then *Pulsatilla* 6 (then *Pulsatilla* 30, alternated with *Sulph.* 30), do not produce a complete cure, the amendment continues. The patient left the hospital on the 24th November much better than she was when first admitted. The noises now allow of relative repose. She was again able to resume her occupation, and only complains of a noise that is more annoying than painful.

The next case is remarkable, as being complicated with intermittent and even pernicious symptoms. This pleurisy, sufficiently serious of itself, threatened to become fatal, on account of this complication. When this danger was at last overcome, she recovered rapidly under the influence of the homœopathic treatment, and especially of *Cantharis*.

Acute pleurisy of the right side (2nd women's ward, bed No. 2). —Admitted 14th November, 1871. Pauline L—, florist, aged 24; lymphatic temperament; red hair; very impressionable character; menstruation regular. Her parents are alive and well.

At the beginning of last year she had smallpox, followed by a sharp attack of bronchitis.

In February, 1871, she had pleurisy of the left side, which lasted a long time, but has left no traces.

In September, 1871, when going upstairs, she was affected with violent palpitations of the heart. After that her breathing became very short, and then came on a stitch in the right side. The oppression continued to increase, and every afternoon at 4 o'clock she had a violent rigor, which lasted till 11 o'clock, when she went to bed.

14th November, in the morning.—Headache, vertigo, dyspnœa, and palpitation. The patient cannot go on with her work, and was brought to the hospital about 5 o'clock p.m.

Marked febrile symptoms. She got *Aconite* 6, two drops in 150 grammes of water; a spoonful every two hours.

15th.—The patient lies on her left side. Pulse small, quick, 120. Dyspnœa intense. Gasping inspiration; short expiration. Speech difficult, interrupted. Rapid changes of the colour of the face.

The right side does not bulge perceptibly, but the thoracic vibrations have disappeared. Complete dulness on the right side, posteriorly, on the side, and in front, except just below the clavicle. Absence of all respiratory murmur, ægophony. The effusion occupies three quarters of the pleura; on the left side respiration normal, only somewhat louder, and as if supplementary.

Bryonia 6, a spoonful every hour. Low diet.

Here the pernicious accidents, which constitute a very serious episode in the disease, came on.

About 3 p.m. the patient uttered a little cry, and immediately seemed to lose consciousness. The body grew cold; the oppression became extreme; the countenance is pale, colourless; the extremities are cold; the pulse thread-like, scarcely to be felt, and the heart's beats became inaudible, as if the heart would stop. Death seemed imminent.

The patient was raised up, for she had slipped down in her bed, and after half an hour the breathing was re-established a little. *Arsen.* 6 every hour; the temperature rose and the pulse became stronger.

Towards evening febrile reaction, which declined about 8 p.m.

16th.—The patient is better, but the crisis she went through

yesterday causes anxiety; we endeavour to find the reasons for it.

An examination of the heart shows nothing abnormal. The lipothymia, which has returned, cannot be accounted for by any purely nervous phenomena, or by compression of the organs of air circulation. The effusion is on the left (right?) side, and the state of the heart is normal. A pernicious periodicity is suspected, and the course of the symptoms is carefully watched, in order to discover if there is any possible periodicity. There seems to be no doubt that such periodicity is present, and forty centigrammes of *Sulphate of Quinine* are given at one dose. The pulse is 110; inspirations 32. The anxiety is still great, but the tendency to syncope seems to have departed. *Arsen.* and *Bryon.* 6 alternately, every hour.

In the afternoon at 3 o'clock, rigor followed by fever.

17th.—Pulse 108. Febrile fit at 3 p.m. *Arsen.* 6 every two hours.

18th.—Pulse 120, small. Dyspnœa; syncope; inspirations 42. Restless night. The patient coughed a little towards the morning.

The fit came on at 3 p.m., but its intensity was less, and the breathing was less disturbed. The patient felt much exhausted, and had a few spoonfuls of beef tea.

19th.—State the same. Another dose of *Sulphate of Quinine* 40 centigrammes.

20th.—Another 40 centigrammes of *Sulphate of Quinine*. No fit of fever in the afternoon.

21st.—Pulse 112. No more febrile fits. *Arsen.* 12, *Senega* 12, alternately; weak beef-tea. She passed a good day.

22nd.—A little oppression in the morning. Pulse 110. No more rigor. *Ut supra.*

23rd.—Pulse 120. Although there was this morning a slight nervous attack, and palpitation of the breast, the state is no worse. Continue the *Bryonia* and beef tea.

24th.—The amendment goes on, but at the same time some nervous symptoms appear owing to the excessive sensitiveness of the patient. The *Bryonia* is omitted in order to give *Arsen.* 12, with *Belladonna* 6, intercurrently.

On the 29th the local affection is stationary, but the intermittent phenomenon having disappeared, the nervous and febrile

symptoms having greatly subsided, *Cantharis* is given. The effect of this medicine was very rapid; the movements of the body became more easy, the oppressions completely disappeared, and the dullness, while continuing to occupy the same space, diminished in intensity, while the vesicular murmur commenced to be audible in the lung, though it was still feeble and deep seated. From time to time *Bellad.* and *Coffea* were given as intercurrent remedies in order to soothe the excessive excitement of the patient, and to remove the sleeplessness, but *Cantharis* was still the chief remedy.

On the 11th December she began to be fed in a more substantial manner, the progress of the absorption of the effusion was perceptible every day, and the patient began to recover with extraordinary rapidity.

The nervous erethism gradually passed off. Auscultation and percussion showed a change every day; the fluid rapidly diminished. The effusion preserved always an ovoid form above, being circumscribed by a curved line with its concavity directed downwards; it descended even more towards the base of the pleural cavity, and at the same time became less thick, while a superficial and soft murmur was perceptible and the respiratory sound increased in intensity. Occasionally some pleural rubbing sound. The respiration resumed its normal character, and by the end of the year the patient passed most of her time out of bed, and occupied herself in sewing, which did not fatigue her at all. Her appetite, which had been very great for two or three days, became moderate, and she was quite satisfied with half diet. The constipation, which by the way was the usual state of things with her, yielded in two days either to *Nux vom.* 30 or to *Opium* 30. The menses, which had been in abeyance for three months, recurred on the 28th December, of normal colour and quite regular. She had had no medicine for several days. She left the hospital on the 10th January.

Her general condition is very good. The strength has returned, the respiratory functions are performed with ease. All friction sound has vanished; nothing remains on the right side except a slight relative obscurity of the respiratory murmur, and a little dullness owing to the presence of false membranes and adhesions. There are no remains of effusion.

Typhoid fever, mild form (men's ward, No. 2). — Amable

B—, a porter in the Messageries, aged 17. Sanguine temperament. Blond hair. Robust constitution. Has never been ill.

About the 10th December the patient, without appreciable cause, was affected with feeling of illness, then a severe diarrhoea (seven to eight stools a day), headache, weariness, and cough. This state lasts till the 19th, on which day epistaxis came on. The patient kept her bed during that day, and next day came to the hospital. The diagnosis was made at once: the dull countenance, the slowness of his replies, the buccal mucous membrane slightly inflamed; the tongue loaded with a mucous covering, thick and red at its edges; the rumbling in the right iliac fossa and the slight meteorism clearly indicate typhoid fever. The form appears to be mild. The pulse is below the normal, 64 per minute, regular, full; the temp. 35.6° (95.8° Fahr.); no local affections of a serious character seemed to complicate the intestinal lesion. Some disseminated sibilant râles indicated a very slight bronchitis. No lenticular rose spots are yet to be seen. The patient is put on low diet. Treatment: *Mur. acid* 6, two drops, a spoonful every two hours. Temperature in the evening 37.6° (99.7° Fahr.); drink gum water and weak beef tea.

21st.—In the morning temp. 37.2° (98.9° Fahr.); pulse 68. Copious and frequent liquid and fetid stools during the night. *Ut supra*.

22nd.—In the morning temp. 37.6° ; pulse 70. In the evening the fever increased rapidly; temp. 40.4° (104.7° Fahr.); pulse very frequent, irregular. The patient complains of feeling of constriction of the throat. Redness and swelling of the tonsils are present, symptoms which declined by the following morning. The diarrhoea continues.

23rd.—In the morning temp. 38.4° (101.4° Fahr.); pulse 64. *Ut supra*. In the evening temp. 40° (104°).

24th.—In the morning temp. 38° (100.4° Fahr.); pulse 68. *Ut supra*. In the evening the temperature is one degree lower than the previous evening. In the afternoon the patient had a pretty copious epistaxis.

25th.—The temperature is 38.6° (101.5° Fahr.) and 39.4° (102.9° Fahr.).

26th.—In the morning temp. 38.4° (101.1° Fahr.); pulse 56, feeble, irregular. Three lenticular spots on the abdomen over

the liver and stomach. The looseness of bowels has continued until to-day, but the motions are less copious and less frequent. In the evening temp. 40°.

27th.—Pulse 68; temp. 38·4° (101·1° Fahr.) and 40·6° (105·1° Fahr.). The patient himself says he feels better; his intellect is brighter; the pains in his head which attacked him several times during the day have ceased; the appetite has returned.

28th.—Temp. 37·6° (99·9° Fahr.) and 39° (102·2° Fahr.); pulse 60.

29th.—Temp. 37° (98·6° Fahr.) and 38·8° (101·8° Fahr.); pulse 60.

These two days intestinal colics were occasionally felt. The abdomen is somewhat meteoric; the diarrhoea has returned. *Cham.* 6 instead of *Mur. acid* caused these symptoms to disappear rapidly.

The following days *Mur. acid* was again had recourse to, and was raised from the 12th to the 18th dilution. The mean temp. 37° (98·6° Fahr.) only shows an increase of two or three tenths in the evening; the pulse oscillates between 54 and 60. A more substantial diet is now given; he gets vegetable soup in place of the beef tea he has only had hitherto; but the pulse continues weak and even irregular (indicating the want of food); the recovery goes on rapidly.

3rd January.—The patient is put on quarter diet, and all medicine is discontinued. He is still weak and slightly emaciated, as ought to be the case in continued fevers according to Hippocrates, but his strength is returning and his appetite is great.

Under the influence of gradually increased nourishment the patient, on the fourteenth day, entered on convalescence without any perceptible crisis, but on the 7th January, after a rebuke by the house physician for the introduction of food into the wards, he took advantage of the absence of the attendants to dress himself and steal secretly out of the hospital, but he was by this time quite well.

The pneumonia whose history follows is interesting in itself, on account of its form, of its not very well-marked character at the beginning, of its resemblance to bronchitis during the first days, of the tardy appearance of the inflammation of the pulmonary parenchyma, of the slight complication with pleurisy by propaga-

tion observed in the latter period ; in a word, on account of the successive evolution by the various tissues whose ensemble, however, depends on one and the same malady. The treatment soon subsided it in spite of the patient's age, his imprudences, and the serious and insidious nature of this form of pneumonia, the duration of which is, moreover, longer than that of the ordinary well-marked form.

Catarrhal pneumonia (2nd women's ward, bed No. 1).—Helen S—, unmarried, formerly a cook, 62 years old, good constitution, but rather exhausted by hard work and voluntary privations. Some years ago she had typhoid fever.

Before she came into hospital she had felt for some days a sharp pain on the left side of the chest, posteriorly and inferiorly. She had apparently taken a severe cold attended by rigors followed by heat and perspiration. On the 18th December she walked three leagues in order to consult her doctor in Paris, and returned again to her own home. After this visit she went to the house of a friend, where, in order to give herself strength, she ate roast meat and drank Bordeaux wine. The fever grew worse, and two days afterwards, the 20th December, she was brought to the hospital.

Countenance rather haggard, with yellow tinge of the sclerotics. Lips dry ; tongue red ; pulse large, soft, quick, 110. The patient lies on her back ; she requires the body to be raised by pillows, for the respiration is obstructed and rapid. Auscultation reveals mucous and sibilant râles all over the chest, leading me to think first of acute bronchitis ; but percussion shows on the left side posteriorly and inferiorly a zone of dulness very sharply defined of fifteen centimètres in diameter ; this dulness, however, is not absolute. No murmur ; no râles, either crepitant or sub-crepitant ; no friction-sound and no œgophony. The voice of the patient being so weak does not allow us to ascertain whether the thoracic vibrations have disappeared at the lower part of the left side. However, they appear to be more appreciable on the right side, where percussion shows nothing abnormal. The sputa, consisting of thick white mucus, are abundant. The dulness, the stitch in the side, the dyspnœa, the icterus, the febrile action in spite of the absence of murmur, of characteristic râles, and of bloody sputa allow us to diagnose a *catarrhal pneumonia* ; the stethoscopic phenomena and the lesions of which will probably show themselves in a day or two, as frequently happens in this

form of pneumonia. This diagnosis occasions some surprise; the patient, very intractable and impatient, demands food. Two or three cups of weak beef tea are given her in the course of the day. Treatment: *Bryonia* 6, two drops; a spoonful every two hours. In the evening febrile exacerbation; a bad night; dyspnoea very great; expectoration thick and copious.

21st.—Pulse 100; auscultation shows nothing new, but among the frothy copious expectoration which fills the spittoon there are some blood-streaked and rusty-coloured sputa. Continue the *Bryonia*. The patient does not sleep; has had a bad night.

22nd.—Pulse 96. In the inferior third of the chest, posteriorly, subcrepitant mucous râles with large bubbles. The rusty sputa increased in quantity. During this day some diarrhoea. Always the same treatment.

23rd.—The symptoms still more marked. At the level of the dulness which was observed on the day of admission; there is a distinct, rough, deep blowing sound, accompanied by a slight friction sound, due to a slight circumscribed pleurisy developed on the surface of the inflamed part of the lung.

24th and 25th.—State the same. *Bry.* 6, alternated with *Ipec.* 6.

In the night of the 25th the patient was seized with very violent fits of suffocation, soon followed by a copious hæmoptysis (three spittoons of blood and mucus in five hours).

26th.—Pulse feeble, irregular, but not so quick, 90. The pain in the left side is very acute, and patient is much dejected about her state. *Bryon.* 6 and *Millefol.* 6 alternately. Omit the beef tea.

The hæmoptysis has not returned, but the patient coughs up a great quantity of yellow sputa of foetid smell. The ward has to be frequently aired.

This state continues till the 28th.

The fever has declined (pulse 88); the nights are better; the suffocative fits have disappeared; the patient sleeps well; expectoration less copious; scarcely any more sputa; the blowing sound much diminished in intensity. *Bryon.* 12.

29th and 30th.—Pulse 88; diarrhoea returned, but much less violent than before.

31st.—Pulse 84; no more blowing sound heard; some rhonchus and large subcrepitant râles. The symptoms improved every day. Continue *Bryonia* 12; to have a little milk. The appetite is increasing.

3rd January.—She has become quite convalescent and is put on quarter diet; medicine omitted.

10th.—The pain in the chest recurs a little, but the patient has no fever, and, in fact, feels otherwise well; a blowing sound has reappeared in the left side; but very superficial, very slight, very soft and slight ægophony is heard at the same point due to the presence of a small layer of fluid. As there are no new symptoms, but as all the general and local symptoms of the pneumonia disappear, the signs of the accessory lesion of the pleura seem to stand out, as it were, in relief.

The general state being good, no notice is taken of these little local symptoms, which will assuredly disappear. The food is increased, soups and beef tea; the *Bryonia* is resumed. Diarrhœa during the day.

11th.—Same state as the previous day. The blowing sound is extremely soft, superficial, and more and more circumscribed. The general state is excellent.

12th.—The patient gets better and better, and gets permission to get up.

13th.—Convalescent.

Diarrhœa followed by icterus (2nd women's ward, bed 2).—Josephine P—, aged 35, glove-maker; married; no children.

Lymphatic temperament, bad hygienic conditions.

On the 3rd December, in the evening, this woman is brought to the hospital. Since her entrance she has had by turns liquid and fetid stools and bilious vomiting. She lies doubled up, groaning loudly, and complaining of violent abdominal pains. The face is pinched, pulse small, miserable, features discomposed; distension of the abdomen, which is very sensitive to pressure. The chest and other organs are in good condition. The patient tells with great difficulty that she has been in this state for four days, and that she has had diarrhœa for about six weeks. *Ipec.* 6 to be given every half hour until the vomiting is allayed. It has this effect in two hours.

The following day, the vomiting having ceased, the diarrhœa also declines in intensity. The insidious course of the disease, the patient's constitution, the abdominal symptoms, even though the pathognomonic signs are absent, suggest the idea of typhoid fever. Prescription—*Mur. acid* 6 and some beef tea. In the

evening no febrile exacerbations; the symptoms improve rapidly. The 7th, the patient has a good appearance; she asks for food; all medicine is suspended; great thirst.

Convalescence proceeds; the food is increased. But from the 12th to the 15th, the patient being constipated, and complaining of bitterness of the mouth, *Nux vom.* 12 is given.

On the 18th, in the evening, after being much put out in temper, jaundice came on with all its attendant phenomena (slow pulse, 44, yellow tinge of sclerotics, and of the frenum of the tongue). No cutaneous itching; constipation; no pain. The patient only complains of lassitude. She is put on low diet, and from the 15th to the 27th, she gets successively *Nux v.* 12, *Bryon.* 12, and *China* 12. Occasionally a hard, curled, pale-coloured stool, expelled with great effort. The yellow tint does not seem to diminish, on the contrary, it becomes deeper every day, and the patient has scarcely a trace of appetite.

27th.—In the afternoon a violent attack of hepatic colic lasting two hours. Cold sweat on the face; pulse small, depressed; the body bent double; she dare not make a movement, and is affected by an irresistible desire to go to stool. *Cham.* 6 rapidly dissipates these symptoms. The icteric tinge is much paler, and in the evening the patient, with the aid of a lavement, has an almost normal motion.

The 28th, the amendment is striking, the face is much lighter in colour, and the appetite is very considerable, the pulse full and quick—*China* 12. Convalescence goes on rapidly, the strength returns. *Cholid. majus* is given for a few days to hasten recovery. Lastly, on the 9th January, she got *Pulsat.* 6 in order to favour the return of the menses, which have not appeared for six weeks. About the 11th the patient was quite well.

Gonorrhœal bubo (men's ward, bed 3).—John Baptist D—, aged 21, employé in the passenger boats, admitted 15th December. A month previously he had caught a gonorrhœa, which he suppressed in a week with injections. Some days afterwards he felt in his left groin a swelling, of which at first he took no notice, but went about his work. The swelling increased, and became very painful. On the 15th he was sent to the hospital. The left inguinal glands, near the pubes, are affected, the base of the swelling is considerable; the tumour red, very sensitive to pres-

sure, and presenting in places fluctuating foci. The urethral discharge is quite gone. No painful erections; micturition easy and painless. No traces of syphilis.

TREATMENT.—*Merc. sol.*, first trituration, internally. Application to the tumour of glycerole prepared with the same substance. Diet, three quarters, wine. The patient to remain in bed.

Until the 25th the tumour made no progress; neither the hardness nor the redness disappeared. The fluctuation was more perceptible, and the bursting of the abscess outwards is daily expected. *Ut supra.*

From this time the hardness disappeared gradually, the redness continued, but the fluctuation was less and less manifest. On the 4th January all fear of suppuration had disappeared, the pus was absorbed, and the patient left the hospital on the 7th, there remaining nothing but a slight inflammation of the skin of the groin, and two of the inguinal glands still swollen.

The following case of typhoid fever shows an insidious commencement, and a complication of local accidents which might have led us to alter our opinion respecting the disease, had not the course, the collective symptoms, and especially the appearance of the pathognomonic lenticular spots confirmed the diagnosis.

Typhoid fever with predominant abdominal epiphenomena (2nd women's ward, bed 3).—Melanie A—, aged 30, cook, unmarried; black hair; good constitution; has never before been ill. Catamenia regular.

November 20th.—Towards evening the patient experienced a severe pungent pain in the right hypochonder, which compelled her to go to bed. The following morning she got up, and wished to go to her work, but the pain increased, and there soon occurred colic, without diarrhoea, so violent that she had to stop work. During the day she got up and sat near a stove; she did not go to bed till night, when there occurred a fit of fever, with rigor, heat, and sweat, which lasted till 3 a.m. From the 25th November much diarrhoea, seven or eight liquid stools were passed, chiefly at night. This state continued until the 4th December. On the morning of that day a copious bilious vomiting, epistaxis, cramp in the calves.

5th.—The patient came into the hospital. Considerable pros-

tration; cold sweat on the face; dilated pupils; speech impeded; tongue loaded, red at the edges; lips dry and chapped. Pulse small, rather irregular, quick, 120. Abdomen distended, slightly sensitive to pressure. On feeling the abdomen there is felt a soft elastic tumour, mobile, but not fluctuating, occupying all the right iliac fossa, and a portion of the hypogaster; there is dullness on percussion over all the part occupied by the tumour, which, moreover, is not painful to pressure. *Ipec.* 6 is indicated by the vomiting and the diarrhœa. Beef tea.

The 6th, 7th, and 8th.—The patient is in a somnolent state, sometimes complaining of violent pain in forehead and temples. The distension of the abdomen continues, as also the bilious vomiting and diarrhœa. Night and morning a little febrile exacerbation. *Ut supra.*

9th.—Three rose-coloured lenticular spots appear on the abdomen. The vomiting has ceased. The diarrhœa is still there (three stools in the day); the tumour in the right hypochonder has not diminished.

Had there been any doubt up to this moment, in spite of the assemblage of symptoms, and in consequence of the tumour, there is no longer any: it is evidently a case of typhoid fever. But what is the nature of this enlargement localised on the right iliac fossa, and occupying a portion of the hypogaster? Is it pregnancy? The absence of the catamenia only for a few weeks, and the well-known good character of the patient, preclude this idea. An ovarian cyst? The quite recent existence of the tumour, its want of mobility, its ill-defined limits, its elastic character, are so many circumstances that militate against this hypothesis. The absence of severe pain at the commencement in this region, of fluctuation even deep seated, the globular form of the swelling are against the supposition of an abscess in the iliac fossa. The coincidence of this affection with the typhoid fever, together with the local symptoms accompanying it, allow it to be explained by an extension of the inflammation of the ileum, by a perityphlitis, with slight peritoneal adhesions, among several intestinal convolutions, a semi-paralysis of the intestine, &c., epiphenomena sufficiently explaining the state of affairs. This is, in fact, what the course of the case proved it to be, it having been gradually resolved, and it rapidly disappeared. Treatment—*Mur. acid* 6, 3 drops; a spoonful every three hours, and beef tea.

The symptoms from this day went on improving; the patient gets out of her torpor, and the febrile movement, which still recurs night and morning, has lost much of its intensity. The thirst is less intense, the vomiting has not reappeared, and the diarrhœa has ceased completely. The abdomen is still distended, but the swelling is less painful, and can be better felt. The appetite has returned.

12th, 13th, and 14th.—*Opium* 12, and the next day 30, for the constipation that has succeeded the diarrhœa. Soup.

15th.—Good motion.

From this time the patient was put on quarter diet, and the recovery went on apace. The abdominal enlargement went off gradually. The tumour continues, but is no longer painful, except occasionally when pressed. *Opium* and *Nux vom.* are given alternately to act on the bowels.

24th.—In the afternoon the patient was suddenly seized with violent cuttings, which compel her to bend the body forwards. Cold sweat on face and hands. Pulse small, miserable. Impotent efforts at stool, accompanied by tenesmus. Abdomen distended, resonant on percussion, and very sensitive to pressure. After a lavement hard lumpy stools. *Chamom.* 6 put a stop to these pains, and in the evening the patient complains of nothing but great lassitude.

The next day all seems to be going on well. The patient is again put on quarter diet, and all medicine is discontinued. The convalescence goes on again; the tumour diminishes gradually.

28th.—The tumour is no longer to be felt; the abdomen is soft, and can be pressed in every direction. As the constipation continues, *Nux vom.* and *Opium* are obliged to be continued; they act once at the end of two or three days. The convalescence is steady.

Circumscribed pleurisy (men's ward, No. 6).—X—, a young man of Lorraine, comes to the hospital after having walked without money all the way from his annexed country to Paris. He is admitted as a traveller for a few days, according to an old custom, on account of his misfortune, his indigence, and the sufferings he has undergone in his journey.

But after two or three days the rapidity of his pulse attracts attention although he does not suffer any pain, and he knows no

reason for this accelerated circulation. Percussion shows on the back of the right thorax, about the middle of the lung and even a little above, absolute dullness in a space the size of the hand, with absence of respiratory murmur, and diminution at this spot of the thoracic vibrations when he speaks; slight oegophony. Evidently there is here a slight circumscribed pleurisy.

After a few days of half diet and the employment of *Cantharis*, this little localised pleurisy at the union of the upper third with the two lower thirds of the pleura, was resolved completely with extraordinary rapidity. The pulse became normal, and after copious perspirations the dullness disappeared completely, the respiratory murmur was again audible, and the patient was thoroughly cured without convalescence.

In this case the pleurisy again yielded rapidly to *Cantharis*. This case is one of those rare instances of idiopathic circumscribed pleurisy, not connected as a symptom with any other affection. It rarely happens that the lesion is so precisely localised, and, as it were, suspended at the middle and even upper part of the pleura. This is only explicable on this view, which we have repeated many times, after Tessier, that every pleurisy is a more or less perfect ovum or cyst.

The last case is that of a young maniacal woman, who is in a fair way to recovery.

Miss X— was admitted towards the end of November into a paying room of the hospital. She was twenty years of age, of delicate constitution, but had never had any previous illness. She had been suddenly seized some days before with an attack of mental alienation, with hallucinations, terrors, religious scruples, with sleeplessness, loss of appetite, and remittent febrile action. These fits, with maniacal agitation, appearing to have a regular periodicity, she had before admission got some doses of *Sulphate of Quinine*, which had caused them to disappear.

During her sojourn of a month in the hospital she got in succession *Stramon.*, *Hyoscyam.*, *Anacardium*, *Opium*, according to the symptoms present, but particularly *Stram.* She had no more violent fits, but she had mutism, melancholy, extreme loss of appetite (she had to be made to eat like a child), sleeplessness, constant constipation, which was successfully treated with *Nuxvom.* and *Opium*. Still the symptoms, in spite of some relapses,

went on improving gradually. The patient went out at the beginning of January in a much more satisfactory state than when she came in. I have continued to treat her privately at her own house, and she is getting every day better, recovering more perfect possession of her intellect. She eats, sleeps, and has recovered her spirits. All that remains is occasional fits of melancholy, silence, and concentrated reflection on what happened to her, and on her residence in the hospital, all of which she remembers perfectly.

Time and space are wanting to speak of the out-patients who were treated. Among about 210 patients whose cases recur to us, we may mention a *chronic asthma* rapidly ameliorated by *Ipec.*, *Bry.*, and *Tart. emet.*; a *bronchitis* cured by *Bry.* and *Merc.*; four cases of *phthisis* relieved chiefly by *Drosera*, *Iod.*, *Sulph.*, and *Calc. carb.*; two *organic diseases of the heart* ameliorated by *Arsenic*, *Spigelia*, *Cactus*, and *Lycopodium*; four *gastralgias* singularly benefited by *Nux* and *Graph.*; two *amenorrhœas* cured by *Puls.*; a *gouty arthritis* cured by *Bryonia* and *Okina*; some *neuralgias* cured by *Bellad.* and *Thuja*; some *myalgias* relieved by *Bryonia*, *Puls.*, and *Mercurius*; lastly, three remarkable cases—1, an *obstinate dysentery*, about to become chronic, cured by *Merc. corr.* and *Arsenic*; 2, a *scorbutus* caused by the siege, with great ulceration of the buccal mucous membrane, with commencing cachexia, rapidly cured by *Merc. sol.*; 3, an enormous *hydatid cyst of the liver*, as large as a child's head, filling the whole of the epigastric region in a young man. This cyst, which had existed several years, caused vomiting, gastralgia, and constant dyspepsia. We were very successful with *Nux*, *Graphites*, *Ipec.*, &c., not in removing the hydatids, which may be evacuated by-and-bye, but in putting a stop to the disastrous effects on the patient's health, and particularly on his digestive functions, which now go on nearly regularly.

These are the most characteristic cases which deserve mention among a score of patients whom I had to treat in the wards of our hospital during the seven or eight weeks following the twenty or twenty-five days of incomplete installation, when the chief of the medical staff presided in the midst of beds that were unoccupied at the beginning, and among forty cases treated at the dispensary. I give these results of the first effects as the preliminary

trials of an undertaking which will have more interesting consequences when we shall be able to select our patients and only admit such as are seriously ill. I leave this task to my successors, hoping to re-enter on my term of service in nine months after them, when I shall profit by the progress which they shall have contributed to the common work.

From the 15th of January to the 15th April, by Dr. JOUSSET.

There has been an increase of patients during this quarter. We have had 34 patients admitted to the wards and 95 new out-patients.

Of the 34 admitted, 3 died; 2 cases of phthisis and one affected with disease of the bladder. This last patient was admitted in a dying state; he died the day after his admission and should not be reckoned in the statistical account. Twenty-one patients left cured or relieved; ten remained in hospital when we gave up the service to Dr. Fredault.

Our 34 admissions may be thus analysed:—23 women and 11 men. They were affected with the following diseases:

Typhoid fever 1	Ovarian cyst 1
Synocha 1	Disease of heart 1
Measles 1	Hysteria 1
Intermittent fever 1	Sciatica 1
Convalescence 1	Hemiplegia 1
Puerperal accidents 2	Paraplegia 1
Bronchitis 5	Phthisis 7
Phlegmon 1	Scrofulous caries 1
Cystitis 1	Scrofulous keratitis 1
Metritis 1	Ulcer of leg 1
Peri-uterine hæmatocele 1	Cancer of uterus 1
	Cancer of mamma 1

We shall give some cases that are interesting either in a therapeutic or nosographical point of view; they were taken by the house-physician, Dr. Claude.

Typhoid fever, common fever, pernicious accident (private room 1).—Widow J—, housemaid, aged 29, nervous temperament, not previously ill, has had two children. Admitted 15th February, dismissed 17th March.

She entered the hospital the tenth day of the disease, for which she had hitherto had homœopathic treatment. The rose-coloured spots and the rumbling in the iliac fossa have gone. The prostration is considerable, and the disease assumes an adynamic form. In the evening the temperature rises to 40° (104° F.). Five diarrhœic stools during the night. The following morning the pulse was 104 and the temperature 39·6°. At 2 p.m. febrile aggravation (temp. 40°) which lasts during the night. One motion during the day; two at night. Catamenia appear. *Bellad.* 3 with *Arsen.* The 19th *China* 3 on account of the acute pains in the right hypochonder. The diarrhœa diminishes.

21st.—Fit of spasmodic cough, of which auscultation and percussion cannot detect the origin, *Tart. em.* 3rd trit. Catamenia have ceased.

For some days past the patient has excessive prostration in the afternoon. Paleness and perspiration overspread her face. The respiration becomes slower, and the pulse is only from 50 to 55. At the same time the temperature is suddenly lowered to 37°, 37·6°, to rise again, two hours later, to 40°. In this case the intermittent affection follows an insidious course, and thus might have been easily unrecognised. *Arsenic* is first given, but no particular benefit being procured, *Sulph. of Quinine* is given in doses from 60 centigrammes to 1 gramme on the 23rd, 24th, and 25th, and the symptoms that seemed to presage death by syncope disappeared. No more diarrhœa. Constipation that yields to *Opium* 30. Nocturnal agitation relieved by *Bellad.* 6, and from time to time slight colics for which *Coloc.* 6 is administered. These are the only circumstances worthy of note in the convalescence. All medication is stopped from the 4th of March, and all that remained was to repair the strength of the patient by suitable diet. She left on the 17th March and went to the country to complete her cure.

Remarks.—Of late years pernicious accidents are by no means rare in Paris in typhoid fever, and *Sulphate of Quinine* is always the heroic remedy in such circumstances. The *Arsenic*, indicated by the profound adynamia and by the tendency to syncope, had produced a certain amelioration; but as death seemed imminent we were not justified in continuing an experiment fraught with peril to the patient.

Synocha and intercostal neuralgia (women's ward 2, bed 4).—Rose G—, aged 42, workwoman, unmarried, good constitution, menses regular. Admitted 21st February, dismissed 7th March.

She was seized three days ago with violent rigor, quickly followed by a hot reaction. The face is haggard; the pulse agitated, quick. Auscultation and percussion show nothing. Examination of the abdomen is equally negative. The patient is put on low diet, and *Aconite* 6 given for the febrile state. The following day the disease assumes an intermittent type. *Nux vom.* 6 for two days. Calm is restored, and the patient, who had shown signs of high fever, lapses into a state of synochal fever. Advantage is taken of her being in hospital to treat her for an intercostal neuralgia on the left side, which she has had for some years. *Zinc. acet.*, 3rd trit., is given in doses of 20 centigrammes, and she went out on the 7th March, cured for the time.

Remarks.—This case shows how characteristic the commencement of synocha is, and how it differs from that of the ordinary form of typhoid fever. Those sudden and violent commencements are common to the mildest and the most serious maladies; ephemeral fever and synocha are, in the first days, ushered in by an array of frightful symptoms. Unfortunately, this is also the case in the malignant class of disease; particularly in typhoid fever, two fatal cases of which we have met with during the first seven years. We may add that besides the quickness of pulse and the increase of temperature, the condition of the strength and the expression of the patient's countenance allow us to distinguish readily the serious from the mild cases.

Measles (private room 2, bed 1).—Sidonia N—, aged 22, cook; admitted 10th April, dismissed 27th April. This patient was admitted on the fourth day of the invasion of the disease. The eruption is red, confluent, pimply, covering the head and neck, which are swollen. Her master, who was an allopathic chemist, had thought fit to administer to her nothing but a good dose (60 grammes) of castor oil. Continual fœtid diarrhœa; bilious vomiting, filling the basin quite full, extreme prostration were the results of this treatment. Pulse small, tumultuous, 120; temperature 39°; cough frequent; nummular sputa; wheezing in both lungs. Low diet and *Arsenic* 2nd trit. The digestive derangements lasted two days longer, then stopped suddenly. The

fever declined and the patient recovered from her prostration. On the 14th she is so much better that food can be given and all medicines abandoned. She left the hospital cured on the 27th April.

Remarks.—We have not designated this case as one of *malignant measles*, in spite of the alarming prostration and the choleraic symptoms which were present for two days. The rapid recovery precludes such a diagnosis. In fact, the serious state of things we have described when the patient was admitted can be explained by the action of the sixty grammes of *Castor oil*, given when the eruption appeared. Still this foolish and common practice has not generally such frightful consequences.

Puerperal accidents (2nd women's ward, bed 2).—Mary D—, cook, aged 22. Admitted 26th February; dismissed 7th March.

A stout girl; had a premature confinement at seven months in consequence of a fright. She got up six days after her confinement and went to her work. During the day she felt an inclination to vomit, and lost consciousness at 5 p.m. The comatose state continuing, she was bled without knowing anything about it. The following morning she recovered consciousness, and a violent purgative was administered. According to the account of the medical man who attended her, peritonitis had come on. She was brought to the hospital. The following day, moderate fever; pulse 106; tongue white, broad, moist; great thirst; abdomen meteoric and painful on pressure, especially on the left side. Lochia abundant, fetid, having a characteristic odour; retention of urine, compelling the use of the catheter. *Aconite* 3 and low diet.

29th.—The fever has declined, and she got *Colocynth* 3 for some colic that occurred in the night. Two days afterwards the amelioration was so great that all medicine was discontinued; the abdomen is no longer distended, and can be pressed without pain; micturition is performed without difficulty, and the appetite has returned. Completely cured when she went out on the 7th March.

Remarks.—The diagnosis is uncertain. It is impossible to admit the existence of puerperal peritonitis cured in twenty-four hours by *Aconite*. There was loss of consciousness on the sixth day after delivery; this was of a comatose character since she was

bled without being conscious of it; there was an ephemeral febrile action and an equally ephemeral retention of urine; very trivial pain in the abdomen; and she was cured in twenty-four hours. What appears to us most probable is, that the girl had an attack of eclampsia at home.

(To be continued.)

Two cases of convulsions with collapse, cured by Arsenicum.

By J. HARMAR SMITH, Blackheath.

CASE 1. November 29th.—Thomas C—, a young infant, found when visited in a state of deep collapse, following a series of convulsive attacks. Face pallid; skin cold; semi-comatose; "hippocratic" countenance; pulse scarcely perceptible; eyes fixed and apparently dying. *Arsenicum* afforded the only ray of hope for the recovery of this desperate case, and I, therefore, ordered the mother to give a drop of the tincture (I am not sure whether of the 2nd or 3rd dilution) every quarter of an hour.

30th.—Pulse better, and more warmth; expression of countenance improved. The mother assures me that she has sat up all night to give the medicine as directed. There was further amelioration of the symptoms on the following day, and the little patient was well in little more than a week from this date.

CASE 2.—Mary Ann M—, aged 1 month on December 22nd. I was called to a case almost the exact counterpart of the preceding, except, perhaps, that the adynamia was not quite so profound. The entry I made in my case-book after my first visit was "convulsions; collapse; appears sinking." By the diligent administration of the same remedy, which had proved so efficacious in the previous case, there was a decided improvement manifest on my visit the next day, and in six days the little patient was discharged cured.

May not the cure of these cases be accounted for on the principle referred to by Dr. Hughes in relation to the researches of Schmit and Sturzwege and also of Dr. Harley? "In small

doses frequently repeated, the only result of this influence of the drug is a diminution of the metamorphosis of the tissues." "The poison acts on the red corpuscles, diminishing their power of taking up the oxygen supplied to them in the lungs." (*Pharmacodynamics*, 2nd edit., p. 106.)

This *modus operandi* of *Arsenicum* would seem to explain its curative effect in the above cases. Metamorphosis being delayed, and the destructive power of the atmospheric oxygen on the enfeebled and well-nigh paralysed organism retarded, there was time afforded for the restoration of the normal action of the debilitated nutritive functions; the remedy thus exerting the conservative influence of *Alcohol*, without its narcotizing tendency.

The same principle will explain the therapeutic influence of the medicine in certain forms of chronic diarrhœa, of which I adduce the following example.

Chronic diarrhœa cured by Arsenicum.

CASE 1.—Mary H—, aged 38, October 8th, five or six weeks ago was an inmate of a public institution where the diet did not agree with her. Ever since has had diarrhœa, followed by great debility and œdema of the legs, and general cachexia. *Arsenicum* 4 *tis horis*.

10th.—Diarrhœa ceased.

20th.—Discharged cured.

In the following case the cure is probably explicable by the irritant action of the poison on the intestinal mucous membrane.

Acute diarrhœa cured by Arsenicum.

CASE 2.—Mrs. H—, aged 78, October 15th, has had very severe diarrhœa for two or three days in spite of the use of astringent drugs; says that she has been purged about twenty times during the night. *Arsenicum* 1 a drop every hour. Evening.—Great relief; has been moved only three or four times since she began to take the medicine.

16th.—No return of diarrhœa.

18th.—Cured.

*Cerebro-spinal Meningitis.**

By A. W. WOODWARD, M.D., Chicago

Epidemic Meningitis, popularly known as "Spotted Fever," has been recognised as a distinct disease since 1805, when Viussieux first determined its pathology. Since that time there have been four distinct visitations of this disease; which is peculiar from all other epidemics in this fact, that it appears simultaneously in various sections of this country and in Europe, and when it does come, "*It stays by us*" from ten to thirteen years, prevailing generally during the winter and spring months.

Among all the fevers, none have given the medical Solons more trouble in explaining its cause and propagation; and none of them are so apt to catch us unawares as Epidemic Meningitis. The reason why we are so apt to be at fault we shall see presently.

Those who have studied this disease closely have agreed, 1st, that it is in no degree contagious; 2nd, that it is essentially zymotic or a blood disease; 3rd, that though zymotic, it is not bred by dense populations; 4th, that it is in no sense miasmatic, though it may assume an intermittent form; 5th, it is agreed that it has no recognised period of incubation; 6th, that it has no characteristic mode of invasion; 7th, that it is no respecter of persons, attacking all ages and conditions: men, women, and children, in the palace and in the hovel, all are liable to be stricken down when in apparently perfect health; and the more rugged and hearty the victim, the harder will be his fall. A strange disease truly! which will bring a man to the brink of the grave so suddenly, and without a great disturbance of his general health.

When we are brought face to face with such cases, our reason tells us "*that what is to be done, must be done quickly.*"

What wonder is it, then, that the medical fraternity should be thrown into a flurry when we are visited by this disease? There is so little constitutional disturbance, they don't know what to do—stimulate or deplete, blister or freeze,—for they cannot unite upon a theory of its nature.

* Read before the Chicago Academy of Medicine, May 18th, 1872.

One man, Dr. Job Wilson, says "Spotted Fever is only a malignant influenza." Many others say it is typhus.

Stille, in his excellent monograph, settles that point by the following comparison of their symptoms :

Epidemic meningitis.

Occurs in places remote from one another, and without inter-communication.

Attacks all classes of society, is never primarily developed by squalor and deficient ventilation.

Is not contagious.

Eruptions are wanting in at least one half the cases, and occur within the first day or two.

The eruptions are very various, including erythema, roseola, urticaria, herpes, &c. Ecchymoses are common.

Headache acute, agonising, tensive.

Delirium often absent, often hysterical, vivacious, sometimes maniacal. Generally begins on 1st or 2nd day.

Pulse very often not above natural, often infrequent, is subject to sudden and great variations.

Temperature lower than in any other typhoid or inflammatory disease; it is also very fluctuating.

The body has no peculiar smell.

Typhus fever.

Always due to local causes. Spreads by contact only.

Attacks primarily the poor, filthy, and crowded alone.

Contagious in a high degree.

The eruption is rarely absent; appears between the 4th and 7th day.

The eruption is uniformly roseolous, and then petechial. Ecchymoses are rare.

Headache dull and heavy.

Delirium rarely absent, usually muttering; rarely begins before the end of 1st week.

Pulse pretty constantly between 90 and 120.

Temperature always more or less elevated, and does not fail until the end of the disease; the skin is hot, burning, and pungent.

The mouse-like odour of typhus is characteristic.

The tongue is generally moist and soft; sordes rare.

Vomiting frequent and persistent.

Pains in spine and limbs sharp and lancinating, evidently neuralgic.

Tetanic spasms very frequently met with, and within first two or three days.

Deafness often complete and permanent.

Relapses frequent.

Lesions are invariably to be found; either serous, or fibrous, or purulent exudations in the meshes of the pia mater or ventricles.

Mortality 20 to 75 per cent.

The tongue is generally dry, hard, and brown, and the teeth and gums covered with sordes.

Vomiting rare and not urgent.

Pains dull, heavy, and evidently muscular.

Tetanic spasms are unknown in typhus. Convulsions sometimes occur, due to pyæmia.

Deafness rarely lasting; if so, with signs of disorganization of the ear.

Relapses are rare.

There are no inflammatory lesions whatever.

Mortality 8 to 40 per cent.

It seems to have been generally agreed that all cases taken at the beginning of an epidemic are much more severe (as in cholera), and are generally rapidly fatal. So it behoves us to be on the *qui vive* that we may recognise them in the beginning.

Authorities differ concerning its mode of invasion. Probably it varies in different seasons. Anstie says the patient may be taken while asleep or attending to business, with chilliness, prostration, vomiting, and a headache which is very distressing. Subsequent cases will have premonitory symptoms, with sharp pains in head, back, and limbs, which finally concentrate upon the spine or head. Then we find the muscles begin to contract, the head is drawn backward, trismus and clonic spasms soon show themselves; these grow rapidly worse, and finally furious excitement of mind, or deep coma sets in; this is the beginning of the end—with it comes gradually increasing paralysis and death.

In the present epidemic I have witnessed one case which began with gastralgia; this rapidly increased in severity, and in less than four hours became frightful, and attended by almost ince-

sant vomiting. Soon after the patient began to feel easier in her stomach; the vomiting decreased, but, as she expressed it, "the pain seemed to go up her spine to her head," and then began contractions of the cervical muscles, frightful screams and groans almost continuous. The suffering was indeed dreadful. During this time the eye exhibited a wild look, but was but little changed, the head was cool and moist, the face pale and haggard; pulse slow, feeble, and intermittent. My patient suffered so only two hours, when suddenly convulsions set in (she was eight months pregnant), and she never again realised her condition. With the convulsion, which was general, there was spasm of the facial muscles as well as of the eyeballs, trismus and strabismus finally; this soon gave way to what appeared to be complete paralysis of the entire voluntary system, and death closed the scene in ten hours from the beginning.

Other cases have been attacked primarily with a "sore throat" and rapid prostration. The pain seemed to be felt in the posterior pharynx, and in some, seems to shoot upwards into the head. Very soon they forget their throats in the severity of the headache which follows: this, in all cases, seems to be sharp and neuralgic, varying in location at first, but soon becoming settled in the occiput, and then occurs the backward drawing of the head.

Some cases seem to begin with general stiffness and pain in the limbs. If you question them, they think they have muscular rheumatism. The flesh feels sore and numb; there may be with this signs of a slight catarrh.

It seems as though the evidence accumulates, that we can never tell how Epidemic Meningitis may not begin. Nothing can put us on our guard, but *the severity of the sufferings*, without apparently sufficient cause or constitutional disturbance.

Let us look at the symptoms in detail, as affecting different organs of the body.

NERVOUS SYSTEM.—*Headache* always described as acute and violent, or torturing, or excruciating; the locality varies; it extorts cries and groans that cannot be repressed by the strongest man. It is throbbing, or crushing as if in a vice, or the head feels enlarged to twice its usual size.

Vertigo is often met with, and it is very distressing and alarming

to the patient. Often it is the only symptom complained of at first.

Debility, a great and surprisingly sudden loss of strength, occurs sometimes before any pain is felt; it is often attended by Syncope. Coma sets in sooner or later in nearly all fatal cases. Hyperæsthesia or Anæsthesia of the cutaneous surfaces is a more or less constant attendant, generally limited to one limb, or one side of the body.

Pains in the spine and limbs are very generally experienced. Anstie describes one epidemic in which they were termed Explosive. They would start at one extremity and travel rapidly to the head, and then fly with the rapidity and sensation of electricity over the whole body, producing faintness and nausea, and paralytic symptoms of one side. Tetanoid symptoms are generally observed when the spine is much involved. Opisthotonos is its main feature.

Paralysis often occurs early in the attack, and some such cases are reported as cured, though its occurrence renders the prognosis very doubtful.

Eyes: pupils often unequally dilated, size varying rapidly. Strabismus is often seen, and is a bad omen; spasm of the muscles of the eyes is not of so grave significance. Amaurosis is often met with, generally transient, though sometimes it is more or less permanent. Iritis, Glaucoma, and other malignant inflammations, often set in as a sequela of this disease.

Deafness is a frequent complaint, sometimes persistent; it seems to arise from central disturbance of the auditory nerve.

Sleep, when not comatose, is very distressing and exhausting on account of frightful dreams; it should not be allowed but for a few minutes at a time.

Tongue but little altered; generally soft and moist, sometimes swollen; when the case is lingering, it is apt to assume typhoid characteristics.

Appetite and digestion generally good, after the painful stage is passed.

Thirst not very decided as a rule.

Bowels generally are closed. I believe recent observers have found intussusception among infants. The kidneys as a rule behave themselves, though in some cases Albuminuria has been observed. The bladder is sometimes paralysed as well as the

sphincters; when this occurs the danger is considered very great.

I can find no authority upon the effects of this disease on the sexual organs, but I have met with two distressing cases of amorous frenzy during convalescence.

Respiration is often laboured; "as though a load were on the chest," is the common expression. The heart's action is also liable to be interrupted and irregular.

The *Skin* in the first stages is generally dry, and it is often very difficult to establish perspiration. In other cases there soon appear profuse and exhausting sweats, which seem to give but little relief.

Temperature never but one or two degrees above the healthy standard; often it is below.

The *Eruption* appears to be absent very often; its appearance is governed by the prevailing epidemic. According to Gallop, during one season, only one sixth of the patients exhibited any eruption whatever; others report every case attended by it; others about one half. Its character varies greatly; often only a slight herpes about the mouth is to be discovered.

Duration from six hours to sixty days. Convalescence very tedious, and relapses common.

Epidemic Meningitis has been classified by various authors under various forms. I like Stille's best. 1st, the Abortive, so slight in its manifestations as scarce to be recognised; 2nd, the Malignant, in which the symptoms are violent, sudden in their coming, and short in their duration, the issue being rapidly fatal; 3rd, the Nervous, including the Delirious, Cephalalgic, Neuralgic, Convulsive, Paralytic, and Comatose; 4th, the Inflammatory; and 5th, the Intermittent.

The prognosis is not to be influenced by the season so much as by the duration of the epidemic. Worse in hearty and strong subjects, also in children, also in adult life after thirty-five years of age. Worse in proportion to suddenness of attack, especially if coma occurs soon.

Life is most endangered during the first four days of the attack, but is not safe even in convalescence. Watson thinks a *bonâ fide* case rarely recovers full health, and is very liable to be stricken down soon by something else.

It is generally admitted that spinal symptoms are not as

portentous as cerebral. Paralysis, spasms and tetanoid symptoms are less dangerous than coma and irritation of the medulla. A preternaturally slow pulse is dangerous, especially if it be compressible. Rapid jactitation of muscles of face, rigid retraction of the head, extensive hyperæsthesia, insensibility of the pupil or rapid change of the same, retention of urine, or involuntary passage of urine and fæces, or petechiæ, are always unfavorable. Profuse sweats during soporous states, bronchial obstruction or pneumonia, or swelling of the parotids, are also unfavorable.

Treatment.—The old school themselves admit that *Quinine* and *Calomel* are useless, and often injurious. They think well of *Tart. emetic*, in repeated and large doses, and records show that it is well borne; one half grain every half hour has been given in desperate cases with good results. They consider *Arsenic* of great utility in some cases, but it is chiefly *Opium* and *Brandy* upon which they rely. *Stille* speaks of one case, in which one quart of brandy was given to a lady in eight hours' time with no signs of intoxication. *Fiske* would give *Alcohol* by injection at the same time. *Boudin* increased the dose of *Opium* according to the severity of the case; he frequently gave from seven to fifteen grains of Turkey *Opium* at the first dose, and afterward one or two grains every half hour until the patient began to be sleepy. It seems to have none of its usual bad effects on stomach or bowels. *Stille* gave one grain every hour, and in no instance was narcotism induced. Under its influence the pains and spasms subsided, the skin grew warmer and the pulse fuller, but it was useful only in the first stages.

The diet should be liberal, and as stimulating as can be borne, first of liquids and soon of solids. The homœopathic treatment will give us a selection from several more drugs, with what success statistics do not show to my knowledge.

Aconite. Does not seem to be indicated except in *sthenic* forms, during or after a decided chill, with active inflammatory symptoms present, which is not usual this season.

Aethusa cyn. Should be considered in those case where vertigo, or a disposition to coma, and obstinate vomiting, are present from the onset.

Ammon. carb. et. mur. In second stages, called for by giddi-

ness, fulness in the head, ringing in the ears; swelling of parotids, sore throat, &c., are observed.

Anacardium. For loss of memory, or weakness of special senses, a frequent sequela in this disease.

Apis mel. Likely to be wanted soon, when *oedematous symptoms* show themselves *about the face*; the pains are stinging. *Hyperæsthesia* of the surface, urine scanty, chest oppressed, and pulse variable and intermittent.

Argent. nit. Recommended by Grauvogl for the first stage. Violent headache, with vertigo, chilliness, fulness and ringing in the ears; epileptiform convulsions.

Arnica. Often called for. Aching all over as if bruised; much like *Bell.* in its indications, without the active congestion; excessive diuresis, ecchymosis.

Arsenicum. Not so often useful as it would seem to be; only when one of these conditions is present, viz., great restlessness, thirst for little water often, prostration with cold perspiration, or an intermittent type.

Bell., Hyos., and Stram. Any one of these likely to be needed in first stages. Choice will depend on violence of the congestion and character of the pains. Delirium, and spasms.

Bryonia. Will fail you, if you do not look well to your symptoms. It is sometimes indispensable, however; but *Rhus tox.* or *Apis* are generally better.

Calc. carb. Is often the best "tonic" that can be given during the second stage: it reaches paralysis of the voluntary muscles.

Camphor. You will think of first in malignant cases, where there seems to be no power of reaction. Deadly paleness, lockjaw, oppression of chest, violent cramps in stomach and limbs, chills severe, cold clammy sweats, pulse small, weak, and slow.

Cantharis. Should be considered in second stage, when there is *great* restlessness and activity of mind, amorous frenzy, priapism.

Cicuta vir. A popular remedy of great repute. *Tonic spasms in neck, jerking in eyeballs, muscles of face, arms, and hands, rigid spasm of lower limbs, swollen tongue, lockjaw, violent gastralgia with vomiting, spasm of pectoral muscles, and painful distension of abdomen.*

Digitalis. Should be thought of when the heart's action is irregular and laboured; it will cover many other symptoms of this disease.

Gelsemium. Ought to be a remedy *par excellence*, in an epidemic of this kind, *when sweating relieves*. Irritability, vivacity and vertigo as if intoxicated, with heavy headache and blindness, feeling as of a tape around the head (frequent symptom), heaviness of eyes, dim sight, sudden deafness of short duration, paralysis of speech, *weak voice*, trembling and weakness of limbs, bruised pain in flesh, great drowsiness, *itching of head, face, and neck*.

Glonoine. *Violent* congestion to head with *sense of expansion*. Pains *ascend from chest and neck to occiput*; blindness with faintness and nausea, pale face, pain whole length of spine, congestion of chest, with laboured action of heart.

Hydrocyanic acid. Should be thought of in sudden and desperate cases. Insensibility with protruded half-open eyes, dilated, immovable pupils with blindness, roaring and deafness in ears, distorted, bloated, and bluish face, tongue paralysed and protruded, loss of speech, retention of or involuntary urine and stool, rattling slow respiration, irregular feeble beating of heart, general coldness, with heat in head.

Ignatia. When there are hysterical complications, or rapid alternation of symptoms.

Lycopodium. Has served me well this season. Dread of solitude, active, irritable, and melancholy mind, stupefying headache, pain *extending down the neck*, with great weakness; acute hearing, with roaring in ears; acute smell; tongue swollen, bloating of abdomen with tension as of a hoop, same in chest, much flatus, urine loaded with lithates, burning pains between shoulders, numbness and twitching through body and limbs.

Nux vomica. Will probably be your chief reliance in that frightful form termed "explosive," characterised by *shocks* starting suddenly from one portion of the body to the brain, attended by numbness and paralytic drawing in the limbs, fear of sleeping, frightful dreams, irritable humour, and hypochondriasis.

Opium. *Stupefaction* with or without pain, delirium, mania, heaviness with great congestion to head, *eyes fixed* and *half-closed* pupils either contracted or dilated, but *insensible to light*, *staring* and *glassy look*, *face bloated* of any varying colour, its muscles

relaxed, with *twitchings of lips* and *flapping* of cheeks, lockjaw, strangulation, intense thirst, vomiting with colic or convulsions, abdomen hard and bloated, constipation or diarrhoea, urine scanty, snoring, rattling, slow respiration, suffocative attacks, dyspnoea, opisthotonos (and for last stages) painless paralysis, spasmodic jerkings and numbness of limbs, pulse variable, heat with sweat, *sleep with sweat*, worse while perspiring.

Plumbum. Must not be forgotten when paralysis occurs early; it may be *the* remedy you want.

Phosphorus. Should be considered in those cases attended by frequent hæmorrhages, or in extensive petechiæ, also in pneumonic complications.

Rhus tox. Anxiety, restlessness, stupefaction, vertigo, fulness and bruised pain in head extending to the ears, bleeding of the ears and nose, dry cough, with perhaps bloody sputa; pain in back as if sprained, tearing tensive pains, with stiffness of muscles and joints, *vivid dreams*, *various eruptions*.

Silicea. May be of use during convalescence, in restoring tone to the nervous and vegetative systems.

Sulphur. May be required soon in strumous subjects, when the proper medicines do not sustain their effect.

Tart. emetic. Great drowsiness, stupefying headache, nausea, cold sweat, blindness, convulsive twitchings, *pains with sweat*, cough with suffocative attacks, pulse full, hard, quick and trembling.

Verat. alb. Much the same indications as *Tart. emetic*, same coldness, sweat, severe pain, vomiting, cramps, &c., but differs in being attended by *insanity*, restlessness, and great thirst, muscles of *neck too weak to support the head*, heaviness, tingling and coldness of the hands, cramps in limbs, heavy comatose sleep, pulse irregular, weak, and slow, coldness predominates, muscular weakness persistent. *Verat. alb* should be thought of also in connection with *Nux vom*. for the explosive form of meningitis, where the pains are like *shocks of electricity*.

Verat. vir. Has been recommended in this disease, for the first stage, when the pulse is laboured, slow, and irregular, and there seems to be profound congestion of the brain, with loss of consciousness, and coldness of the surface; it produces constant and severe pains, and drawing in back of neck and shoulders, cramps and *shocks* in limbs, paralysis of motion and sensation.

(During the present epidemic this drug has served me better than either *Acon.* or *Gels.*)

Zincum. Will shorten a tedious convalescence at least, when these symptoms are found: *weak memory*, with stinging pains in head, with blindness, itching, biting, watery eyes, soreness and constriction in throat, ravenous hunger, flatulent colic, constipation, dysuria, priapism, amorous frenzy, spasm of chest, pain in chest, *numbness* and *trembling* and twitching of hands and feet, flushes of heat, coldness predominating, *profuse* and easy sweat.

Seven years since, during the epidemic prevailing in this section at that time, Dr. Chas. Woodhouse had great success in the treatment of this disease, by the use of *hot packs* in connection with *Aconite*. He said if he could once start the perspiration, his patient was saved. This he found difficult, but as a rule met with remarkable success.

This treatment is not called for this season; so far as I have observed, no case has exhibited marked inflammatory symptoms, or violent chill, while on the contrary there seems to be a great predisposition to gentle or profuse perspiration, which brings no relief, but rather exhausts the patient. Of course such symptoms must be met differently.—*United States Med. and Surg. Jour.*

A Case of Cerebro-Spinal Meningitis.

By WILLIAM MARKHAM, M.D.

On the night of April 10th I was called to see Mary M—, aged twenty, single. Had not been sick for years, until April 6th, when pain in head and back confined her to the house. Was worse on April 8th; complaining of pain extending to legs, of vertigo, and nausea. On the morning of 10th had a chill; I saw her at 8 p.m. and found intense cephalalgia, with a feeling in the frontal region as if the head would burst. The pain was continuous; it was increased by light and sound. There were pain

and tenderness along the cervical vertebræ; some hyperæsthesia of the upper limbs, but no impairment of motion. The abdomen was tender, with constipation; tongue slightly coated and yellow; pulse 96, and very soft; temperature 104° ; respirations 30. Patient is restless, with complete loss of appetite; slight stiffness of post-cervical region; pupils dilated; conjunctivæ injected. ℞ *Gelsemium*, 6 drops in half-glass of water, one teaspoonful every two hours, with applications of water to head.

11th.—More pain in back; the head is a little drawn back; is very restless; calls for cold water; cephalalgia increases. ℞ Ice to head, and enema.

12th.—Mind wanders; much spasm of post-cervical muscles; vomiting. Temperature 103° . ℞ Ice continued; enema.

13th.—There is but little change.

14th.—Opisthotonos; slight delirium. ℞ Ice to head and post-cervical region; *Belladonna* and *Gelsemium* in alternation every hour; enema. Temperature 103° .

15th.—Patient much worse; delirious; singing and weeping; has to be held in bed. Temperature 104° . ℞ Continue *Belladonna* and *Gelsemium*, with ice bags to head and spine.

16th.—Cephalalgia better; mind is calm again; asks for milk. Temperature 102° . No movement of bowels since last enema. ℞ Continue *Belladonna* and *Gelsemium* enema; stop ice.

17th.—Has vomited this morning; head feels better, but patient seems to be sinking. Pulse rapid and soft. Temperature in morning 102° , in evening 103° .

18th.—Has taken almost no food until to-day. Constipation continues. Temperature 104° . Order enema, milk, and figs.

19th.—Symptoms of inflammation are much relieved; patient is sinking fast. Order whiskey and milk; stop medicine. Temperature 101° .

20th.—Is stronger, but return of cephalalgia and vomiting. Temperature 103° .

21st.—Cephalalgia very severe; patient is confused in her answers; face is flushed; looks sleepy. ℞ Stop whiskey; renew the *Belladonna* and *Gelsemium*; ice to head. Temp. 103° .

22nd.—Better; has taken some milk; face looks more natural. Temperature 101° ; stop ice. ℞ Continue *Belladonna* and *Gelsemium*; order enema. This treatment continued until

April 29th, when ice was ordered for return of cephalalgia. Temperature rose to 103°.

May 1st.—Patient is sitting up; is convalescent. Order milk, eggs, and stewed prunes. Bowels move to-day without enema.

3rd.—Still weak, but appetite is good; has slept well; asks for solid food.

4th.—Has been out to drive; says she is perfectly well, but is much reduced in flesh.—*Hahnem. Monthly.*

MISCELLANEOUS.

Testing of Homœopathic Potencies.

THE following series of experiments showed the limit where the drug could be discerned by the test power in the attenuations.

1. *Arsenicum album* was taken, and with the delicate test ammonio-nitrate of Silver, which gives a yellow colouring when Arsenic is present, and the results exhibited on the table before the Society. He commenced with the eighty-two-thousandth, but not the slightest reaction was seen. *Ars.* ¹⁰⁰⁰ was then taken, and then the same remedy ²⁰⁰, but there was not the slightest trace detected. In the thirtieth a very faint delicate tinge of discoloration was observed, which was still more marked in the fifteenth; a very decided yellow in the twelfth dilution, and in the seventh trituration the characteristic reaction of the *Arsenic* test was exhibited. The sixth, third, and second showed a proportionate increase in the quantity of *Arsenic* present.

2. *Strontia* was next taken, and some of the alcoholic dilutions burned. A lamp in which some of the crude strontia had been placed while burning on another part of the table, so as to compare the characteristic red flame of the article; he having no spectroscope at hand with which to show the characteristic lines. The thirtieth decimal dilution (of Boericke's preparation) was the first to show the least red colouring, and the quantity increased in the twelfth, sixth, third, and first.

3. *Natrum muriaticum* was next taken, and the yellow flame, characteristic of *Sodium*, was also seen in the thirtieth dilution of that drug. The twelfth, sixth, fourth, third, and first were all likewise tested, and yielded a corresponding increase of sodium as they approached the lowest attenuation.

4. *Cuprum*, which gives a blue colouring in *Ammonia*, was run from the two-hundredth down to the third, but showed no trace until the third trituration was introduced. The result was rather

peculiar in this respect, that the little particles of blue were scattered here and there through the *saccharum lactis* with which it had been triturated, while some portions of the *saccharum* showed no blue colouring at all except as the liquor was stirred up, and the blue particles became more scattered through the *Ammonia*. He held a doubt as to whether the particles of some of the triturated metals undergo as minute a division in trituration and subsequent dilution as is generally believed.

5. *Nitric acid* was submitted to the litmus test, which gives a red or pink colour to blue litmus. The acid was detected as high up as the twelfth decimal dilution.

6. *Muriatic acid* yielded a similar result, showing the characteristic red tinge as high as the twelfth.

7. *Sulphuric acid* gave similar results as high as the twelfth.

The preparations tested were from Dr. Boericke's *Pharmacy*. The lower attenuations being the decimal, and for the higher attenuations he did not know on what scale they had been prepared, centesimal or decimal.

Dr. James expressed his determination of following up these subjects still further in the future, and no doubt will report the results, of his investigations from time to time to the Society. —*Hahnemannian Monthly*, Sept., 1872.

To the Editors of the 'British Journal of Homœopathy.'

GENTLEMEN,—In corroboration of your remarks in last number of your Journal about *Guarâna* or *Paullinia sorbilis*, I beg to inform you that I have had it in my pharmacy for at least twelve years, and that it has been frequently prescribed during that time by London homœopaths. The *Eucalyptus globulus*, I believe, has not till now been prepared by homœopathic chemists. I had much difficulty in procuring a supply of the leaves which I could rely upon, but I at last succeeded, and shall have much pleasure in supplying any of the profession with a strong tincture of it for the purpose of testing its powers.

I am, Gentlemen,

Yours respectfully,

JOHN WALKER.

34, Conduit Street, London.

Poisoning by Arsenic. By D. A. COLTON.

During the month of September, 1870, a woman of melancholic temperament, and about thirty years of age, took an enormous dose of *Arsenic* for the purpose of destroying her life. In about one hour she was attacked with severe pain in the stomach, nausea, vomiting, and thirst, a quick and feeble pulse, the not unusual symptoms of this virulent poison.

This continued for twelve hours, when the pain and appearance of intense suffering abated. The lower extremities continued to be cold, and the vomiting occurred every half hour without pain or other appearance of suffering. Slept a little at times. When awake, was inclined to converse in a quiet and agreeable way, more particularly in reference to her own history. This condition continued for the next forty-eight hours, she being all this time in a state of extreme prostration. Then there was a great change for the better; the feet and hands were warm; she could retain food and drink, when taken in moderate quantities; the pulse was quite strong and full; and she appeared to rest quietly at night.

This continued for two days, when the vomiting again recurred, accompanied with violent palpitation of the heart and great debility. She had no sleep for forty-eight hours, and then slept quietly for a single night. After such rest she appeared quite refreshed and comfortable. This continued for twelve hours or more, when the sickness at the stomach, vomiting, and prostration again supervened. Then there appeared upon the face and neck a number of large red blotches. These blotches were at first about the size of a silver dollar, of an intensely red or scarlet colour, and partially raised in wheals. This rash gradually spread over the face and neck, and extended so as in about a day a half to cover the entire body. The patient then presented the appearance of extreme suffering, in which state she continued for about a week, when death came to her relief.

This case is not cited to represent anything new in reference to the toxical or pathogenetic effects of *Arsenic*, but the rather to excite inquiry as to the pathological effects of the drug, or the constitutional condition which favoured this general erysipelatous appearance.

That this was a part and one of the legitimate sequences of the

poison there is no doubt; but, as it does not always occur, it holds us under strict obligations to stick to our medicinal text in our practice. This is, that we will consider the characteristic pathogenetic effect of drugs and their analogues in disease, and only consider extraordinary manifestations as they occur. In this way we always avoid confusion, and have, at least, a somewhat satisfactory clearness at every step of our professional life.

Arsenic acts primarily upon the mucous membrane of the alimentary canal, and especially of the stomach; secondarily, it is reflected to the spinal cord and base of the brain, and then to the periphery of the body.—*Med. Investigator*.

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