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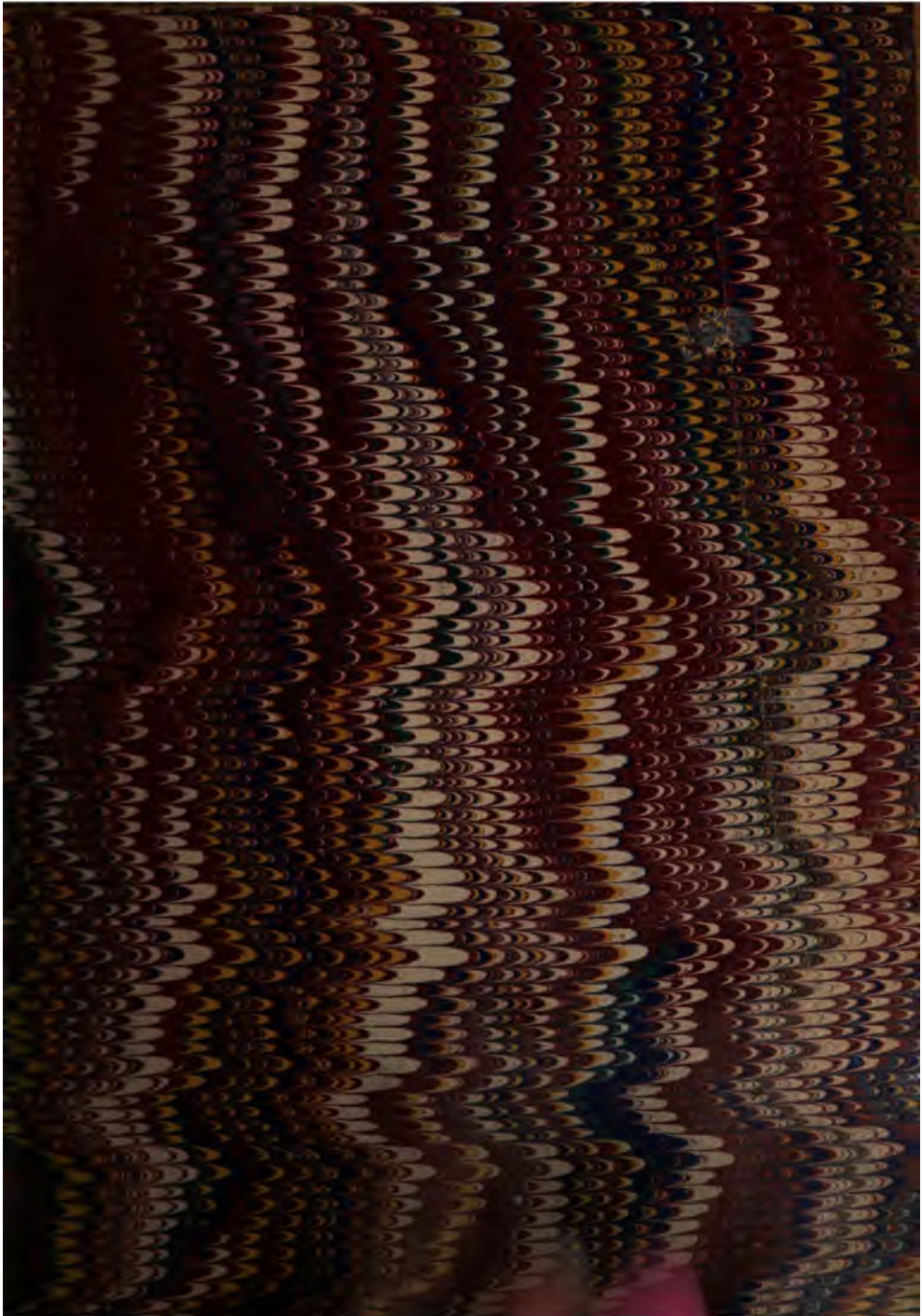
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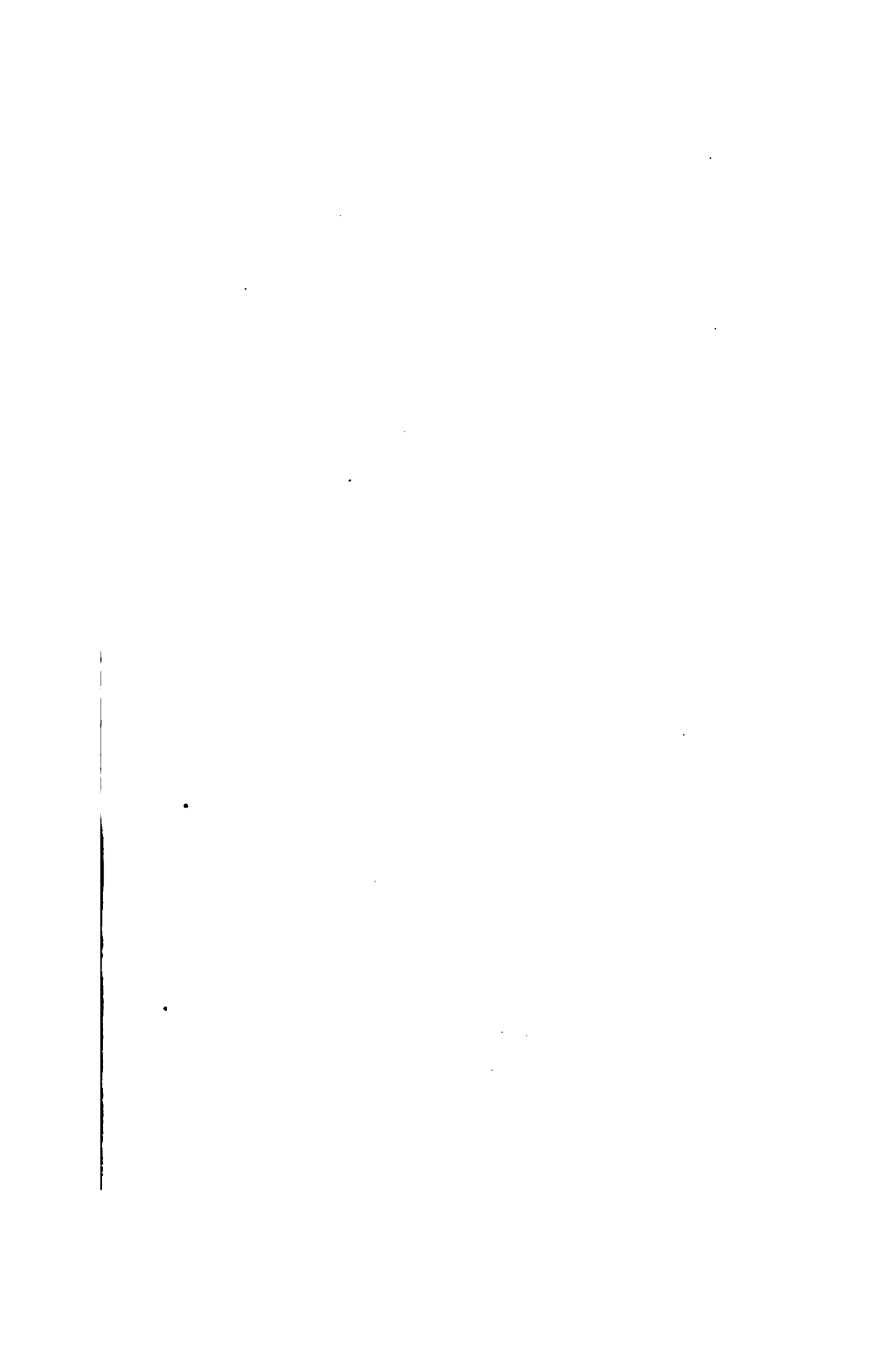
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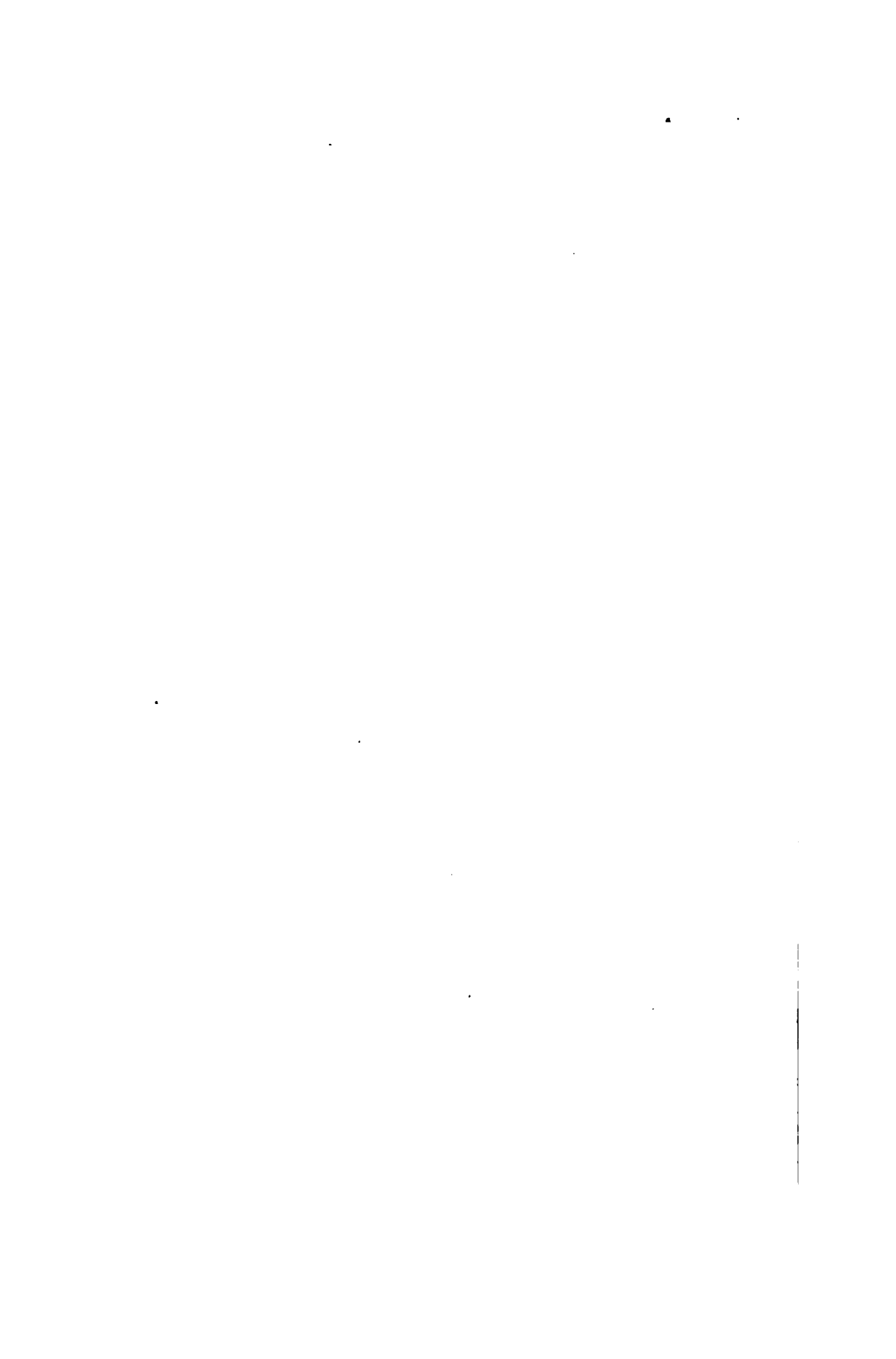
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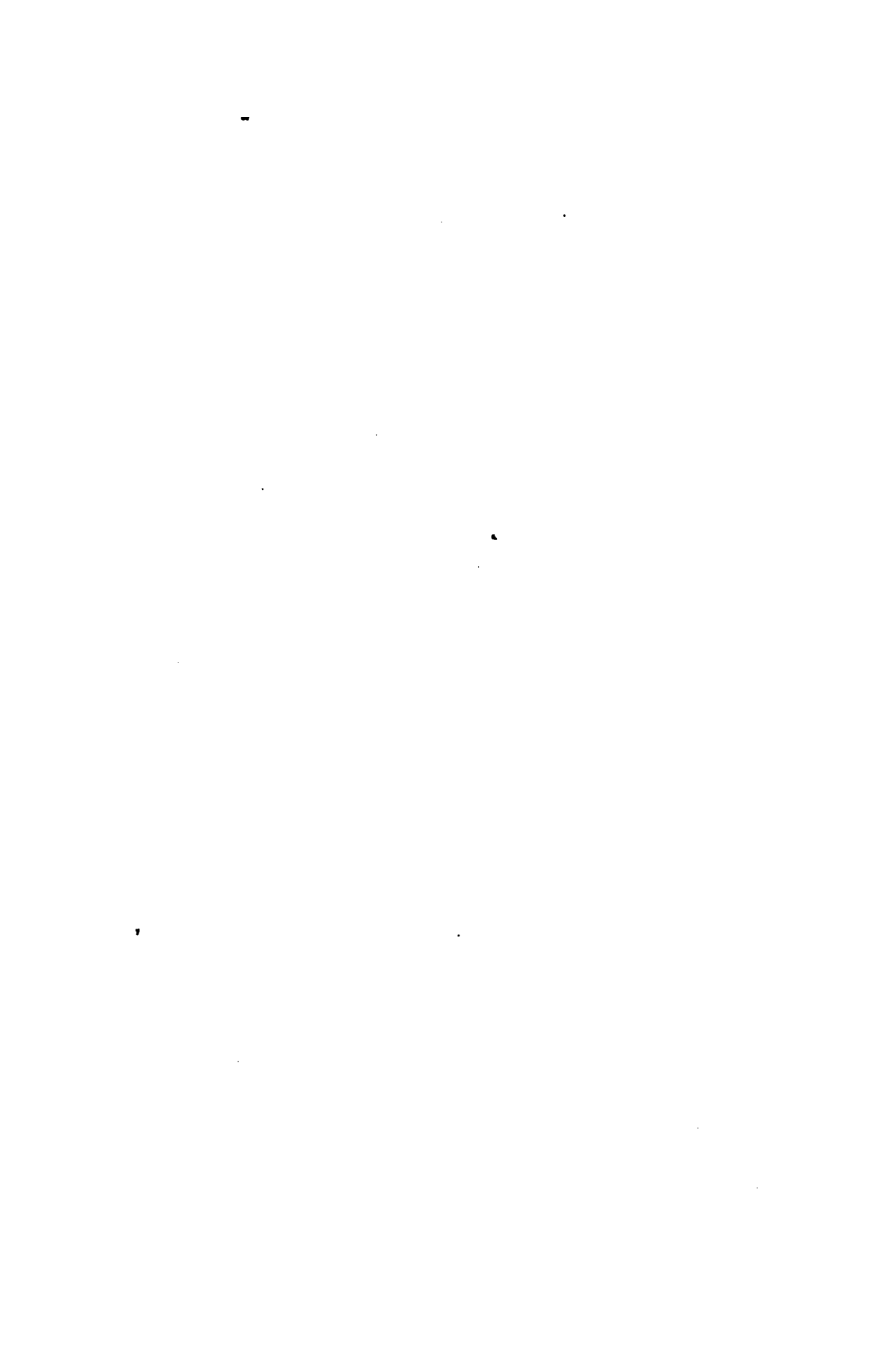






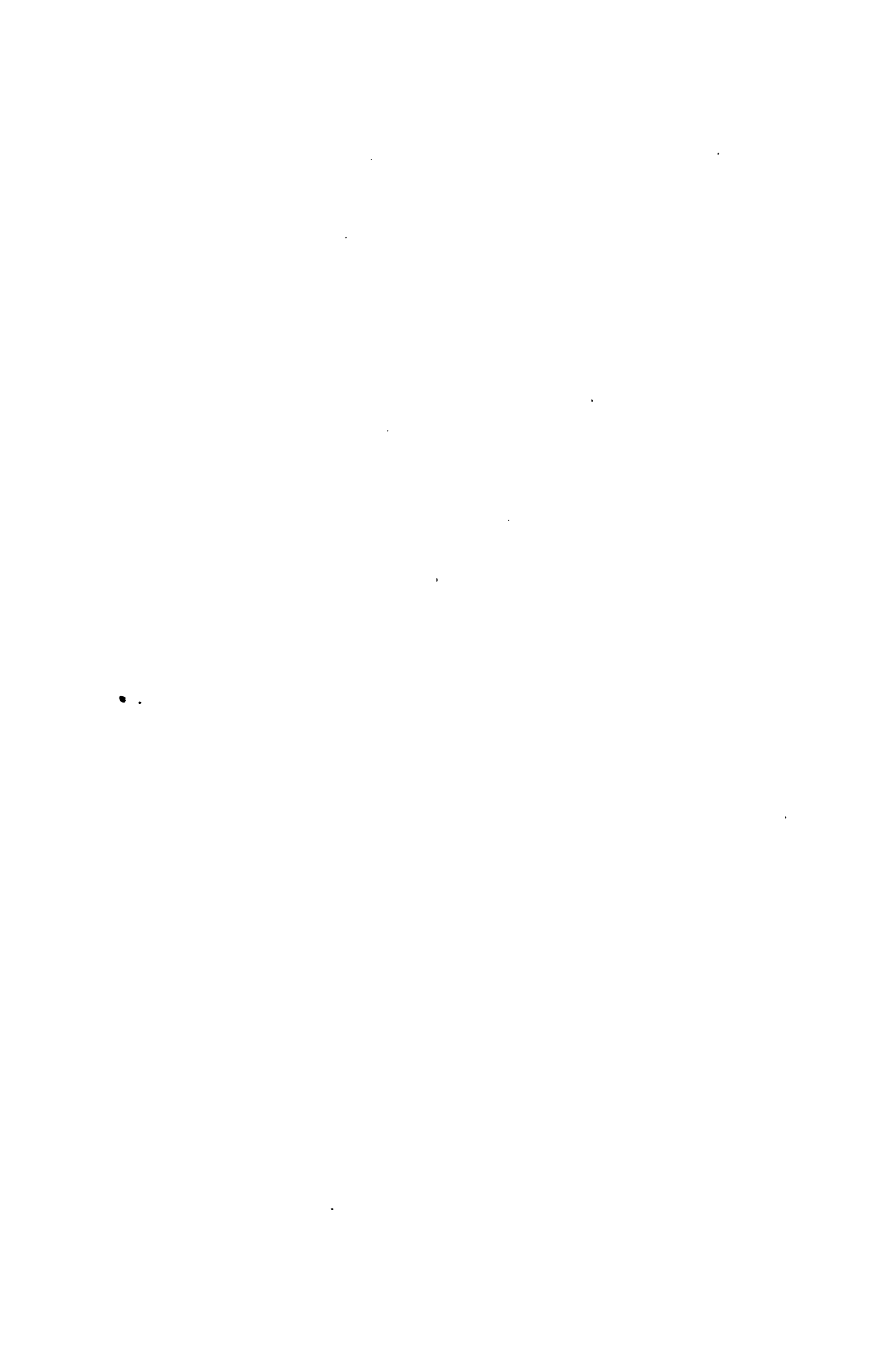












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(WITH WHICH THE ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND THE ANNALS OF  
THE LONDON HOMŒOPATHIC HOSPITAL ARE INCORPORATED.)

EDITED BY

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

AND

RICHARD HUGHES, L.R.C.P.

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VOL. XXXIV.

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MDCCLXXXVI.



## CONTENTS OF No. CXXXV.

|  | PAGE |
|--|------|
| THE WORLD'S HOMŒOPATHIC CONVENTION   |      |
| ON THE DEATH OF SOCRATES BY HEMLOCK: A BOTANICAL, PHILOLOGICAL, HISTORICAL, PHYSIOLOGICAL, AND THERAPEUTIC INVESTIGATION OF THIS PLANT. BY A. IMBERT-GOURBEYRE, M.D. | 18   |
| HOMŒOPATHY: ITS NAME AND RELATION TO MEDICINE. BY C. WESSELHOEFT, M.D., BOSTON, MASS.  | 56   |
| DIABETES MELLITUS. BY DR. W. MAGDEBURG   | 67   |
| INTRODUCTORY LECTURE DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL ON THURSDAY, OCTOBER 7TH, 1876. BY WILLIAM BAYES, M.D.   | 77   |
| CASE OF PELVIC HÆMATOCELE, WITH REMARKS. BY D. DYCE BROWN, M.A., M.D.  | 99   |
| ON SULPHATE OF ZINC IN NERVOUS HEADACHES. BY DR. G. CLIFTON  | 106  |

### REVIEWS.

|  |     |
|--|-----|
| HOMŒOPATHY IN THE LIGHT OF COMMON SENSE AND MODERN SCIENCE. BY D. DYCE BROWN, M.A., M.D., &c.  | 119 |
| FOUR LECTURES ON PRACTICAL MEDICINE AND THE HOMŒOPATHIC TREATMENT OF BRONCHITIS, LARYNGITIS, PLEURISY, AND PNEUMONIA, DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL BY R. DOUGLAS HALE, M.D., &c. | 119 |
| ON OVARIAN DROPSY AND ASCITES; THEIR DIAGNOSIS AND TREATMENT, ALSO ON PROLAPBUS OF THE UTERUS. BY RICHARD EPPS, M.D., M.R.C.S.   | 120 |
| HEADACHES, THEIR CAUSES AND TREATMENT. BY E. D. SHULDHAM, M.D.   | 120 |
| THE VETERINARY VADE-MECUM: A MANUAL ON THE HORSE, COW, DOG, AND SHEEP, THEIR DISEASES, HOMŒOPATHIC TREATMENT, AND GENERAL MANAGEMENT. BY R. P. G. LORD, J. BUSH, AND W. BUSH                     | 121 |
| MATERIA MEDICA OF THE NEW REMEDIES. BY EDWIN M. HALE, M.D.   | 123 |
| JOURNALS OF THE QUARTER  | 126 |
| CLINICAL RECORD  | 174 |

### MISCELLANEOUS.

Nothing New under the Sun, 177.—British Homœopathic Congress, 178.—Homœopathic Hospital at New York, 179.—The Conspiracy of Silence, 181.—Some Remarks on the Microscopical Structure of Lycopodium Spores in relation to their Pharmacæntic and Therapeutic Value, by Mr. I. C. Thompson, 183.—Asylum for the Insane at Montevideo, 187.

|                      |     |
|----------------------|-----|
| CORRESPONDENCE       | 186 |
| Books Received, 192. |     |

## CONTENTS OF No. CXXXVI.

|  |     |
|--|-----|
| A SCHOOL OF HOMŒOPATHY FOR LONDON  | 183 |
| ON THE DIFFERENTIAL SYMPTOMATOLOGY OF NAJA TRIPUDIANS AND CROTALUS POISONS. BY DR. BAYES | 204 |
| PHYSICIAN OR HOMŒOPATH? BY R. E. DUDGEON, M.D.   | 243 |
| THE MORALITY OF PÉDOCTONY. BY W. B. A. SCOTT, M.D.                                       | 250 |
| ON THE SELECTION OF THE REMEDY. BY THOMAS SIMPSON, M.D.                                  | 266 |
| ON THE ACTION OF VERATRUM VIRIDE. BY ROBERT T. COOPER, M.D., T.C.D.                      | 272 |
| REMARKS ON TYPHOID OR ENTERIC FEVER. BY MR. BOUGHTON KINGDON                             | 285 |

### REVIEWS.

|  |     |
|--|-----|
| THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA; A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. EDITED BY TIMOTHY F. ALLEN, A.M., M.D. | 361 |
| CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. EDITED BY DR. H. VON ZIEMSEN   | 362 |
| THE ORGANIZATION OF OUR MEDICAL CHARITIES. BY JAMES PENN HARRIS, F.R.C.S., &c. &c.   | 314 |
| HOMŒOPATHY IN ITS RELATION TO THE DISEASES OF FEMALES, OR GYNÆCOLOGY. BY THOMAS SKINNER, M.D.  | 319 |
| JOURNALS OF THE QUARTER  | 338 |

### MISCELLANEOUS.

The Size of the Ultimate Atoms of Matter, 396.—Copy of a Resolution duly arrived at by the Board of Management of the London Homœopathic Hospital, January 7th, 1876, 396.

|                      |     |
|----------------------|-----|
| CORRESPONDENCE       | 397 |
| Books Received, 400. |     |

## CONTENTS OF No. CXXXVII.

|   | Page |
|---|------|
| A HISTORY OF CALCAREOUS PREPARATIONS. BY DR. A. IMBERT-GOURBEYRE                                      | 401  |
| ON THE SIZE OF THE DOSE OF HOMŒOPATHIC MEDICINES. BY DR. H. G. SCHNEIDER, OF MAGDEBURG                | 439  |
| THE IMPORTANCE OF DEPARTMENTS OF PHARMACOLOGY AND PROVINGS IN HOMŒOPATHIC COLLEGES. BY DR. E. M. HALE | 439  |
| THERAPEUTICS OF DISEASES OF THE EAR. BY DR. H. GOULLON  | 444  |
| ON THE HOMŒOPATHIC TREATMENT OF INSANITY. BY J. C. BURNETT, M.B.                                      | 470  |
| CLINICAL LECTURES.—No. 1. BY ROBERT T. COOPER, M.D. (DUBL.)   | 483  |
| SOME CASES ILLUSTRATING THE CHIEF CURATIVE SPHERE OF HEPAR SULPHURIS. BY WILLIAM BRYCE, M.D.          | 489  |
| THE VALUE OF ARSENIC IN SCALY SKIN ERUPTIONS. BY J. GALLEY BLACKLEY, M.B. LOND.                       | 508  |
| ANNUAL GENERAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL   | 523  |

### REVIEWS.

|   |     |
|---|-----|
| ON THE CURATIVE EFFECT OF BATHS AND WATERS; BEING A HANDBOOK TO THE SPAS OF EUROPE. BY DR. JULIUS BRAUN | 548 |
| ORGANON OF THE ART OF HEALING. BY SAMUEL HAHNEMANN  | 580 |
| BRITISH HOMŒOPATHIC PHARMACOPEIA  | 583 |
| JOURNALS OF THE QUARTER   | 585 |

### MISCELLANEOUS.

Research in Medicine, 578.—The University of Michigan, 574.

Books Received, 576.

## CONTENTS OF No. CXXXVIII.

|   |     |
|---|-----|
| ADDRESS BEFORE THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. BY CARROLL DUNHAM, M.D., OF IRVINGTON, N.Y., PRESIDENT OF THE CONVENTION | 577 |
| THERAPEUTICS OF DISEASES OF THE EAR. BY DR. H. GOULLON  | 593 |
| ON THE PRODUCTION OF NERVOUS AFFECTIONS BY THE USE OF COSMETICS CONTAINING LEAD OF MERCURY. BY PROF. M. ROSENTHAL                   | 623 |
| CHEMICAL THERAPEUTICS   | 627 |
| ON THE VARIOUS MODES OF TREATMENT OF LATERAL CURVATURE OF THE SPINE BY UNPROFESSIONAL AND PROFESSIONAL MEN. BY DR. M. ROTH          | 632 |
| LUNG REST AND LUNG EXERCISE CONSIDERED AS THERAPEUTIC MEASURES. BY EDWARD T. BLAKE, M.D., M.R.C.S.                                  | 650 |
| ADDRESS BEFORE THE ANNUAL ASSEMBLY OF THE BRITISH HOMŒOPATHIC SOCIETY. BY DR. DUDGEON, VICE-PRESIDENT                               | 660 |
| REPORT OF THE LECTURES COMMITTEE APPOINTED BY THE BRITISH HOMŒOPATHIC SOCIETY   | 675 |

### REVIEWS.

|   |     |
|---|-----|
| COMPENDIO DI MATERIA MEDICA PURA E DI TERAPEUTICA. PER IL DOTTORE BERNARDINO DADDA  | 678 |
| CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. EDITED BY DR. H. VON ZIEMSEN  | 679 |
| DISEASES OF THE HIP, KNEE, AND ANKLE-JOINTS, WITH THEIR DEFORMITIES, TREATED BY A NEW AND EFFICIENT METHOD. BY HUGH OWEN THOMAS, M.R.C.S. | 68  |
| ESSENTIALS OF DIET, OR HINTS ON FOOD IN HEALTH AND DISEASE. BY THE LATE E. H. RUDDOCK, M.D.   | 68  |
| JOURNALS OF THE QUARTER   | 68  |
| CLINICAL RECORD   | 68  |

### MISCELLANEOUS.

Hahnemann Publishing Society, 745.—A Preface to a Preface. A Reply to the Review of the New Translation of the *Organon*. By C. Wesselhoest, M.D., 751.—British Homœopathic Congress, 755.

OBITUARY:—Dr. Franz Hausmann, 757.—Dr. John Ryan, 757.

Books Received, 758.

INDEX, 759.

APPENDIX:—Pathogenetic Record, by Dr. BRIDGEMAN.

## CONTENTS OF NO. CXXXV.

|  | PAGE    |
|--|---------|
| The World's Homœopathic Convention ... ..  | 1       |
| Dr. A. I. Gourbeyre on the Death of Socrates by Hemlock ( <i>continued</i> )...  | 18      |
| Dr. C. Wesselhoef on Homœopathy: its Name and Relation to Medicine   | 56      |
| Dr. W. Magdeburg on Diabetes Mellitus ... ..   | 67      |
| <b>Annals of the London Homœopathic Hospital.</b>  |         |
| Dr. William Bayes' Introductory Lectures... ..   | 77      |
| <b>Annals of the British Homœopathic Society.</b>  |         |
| Dr. D. Dyce Brown on a Case of Pelvic Hæmatocele, with Remarks ...   | 99      |
| Discussion on Dr. D. Dyce Brown's paper ... ..   | 106     |
| Dr. G. Clifton on Sulphate of Zinc in Nervous Headaches ... ..   | 108     |
| Discussion on Dr. G. Clifton's paper ... ..  | 115     |
| <b>Reviews.</b>  |         |
| Homœopathy in the Light of Common Sense and Modern Science. By<br>D. Dyce Brown, M.A., M.D. ... ..   | 119     |
| Four Lectures on Practical Medicine and the Homœopathic Treatment<br>of Bronchitis, Laryngitis, Pleurisy, and Pneumonia, delivered at the<br>London Homœopathic Hospital by R. Douglas Hale, M.D., &c. ... | 119     |
| On Ovarian Dropsy and Ascites; their diagnosis and treatment: also on<br>Prolapsus of the Uterus. By Richard Epps, M.D., M.R.C.S. ...  | 120     |
| Headaches, their Causes and Treatment. By E. B. Shuldham, M.D. ...   | 120     |
| The Veterinary Vade-Mecum: a Manual on the Horse, Cow, Dog, and<br>Sheep, their Diseases, Homœopathic Treatment, and General<br>Management. By R. P. G. Lord, J. Rush, and W. Rush ...                     | 121     |
| Materia Medica of the New Remedies. By Edwin M. Hale, M.D. 4th edit.<br>Vol. I. Special Symptomatology. Vol. II. Special Therapeutics ...  | 122     |
| Journals of the Quarter ... ..   | 126     |
| <b>Clinical Record.</b>  |         |
| Dr. Cooper, a Few Clinical Observations upon Nitrate of Silver ...   | 174     |
| <b>Miscellaneous.</b>  |         |
| Nothing New under the Sun ... ..   | 177     |
| British Homœopathic Congress ... ..  | 178     |
| Homœopathic Hospital at New York ... ..  | 179     |
| The Conspiracy of Silence ... ..   | 181     |
| Some Remarks on the Microscopical Structure of Lycopodium Sporules<br>in relation to their Pharmaceutic and Therapeutic Value. By<br>Mr. I. C. Thompson ... ..   | 183     |
| Asylum for the Insane at Monte Video ... ..  | 187     |
| <b>Correspondence.</b>   |         |
| E. W. Berridge on the Undiluted Remedy ... ..  | 188     |
| Dr. Bayes on the London Homœopathic Hospital ... ..  | 190     |
| Books Received ... ..  | 192     |
| <b>Appendix.</b>   |         |
| PATHOGENETIC RECORD. By Dr. E. W. Berridge ... ..  | 193-208 |

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THE  
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THE WORLD'S HOMŒOPATHIC CONVENTION.

THE year now begun bids fair to constitute an era in the history of homœopathy. It is, as every one knows, just a century since the United States of America issued their famous Declaration of Independence. In these days of centenary celebrations, it is not surprising that the great nation then "born in a day" should desire to keep in some special manner the hundredth anniversary of its nativity. Accordingly, a Great Exhibition is to be held in Philadelphia, and the Fourth of July is to be celebrated there by more than common speech-making and banqueting. It is hoped that representatives of many other countries will take a prominent part in the proceedings, so that the gathering will be to some extent an international one.

Opportunity will doubtless be taken of such an assembly to hold meetings and conferences for special purposes, and thus to make use of the presence of men who may never again be brought together at one time and in one place. It has been the happy thought of certain leading homœopathic practitioners of the States to make the celebration an occasion of gathering together their medical brethren in



the faith from all parts of the world. The scheme was first projected at the annual meeting of the American Institute of Homœopathy in 1871. As it is interesting to see (and to have on record) the beginnings of a thing of so great importance, we give here in full No. 1 of the "Record" of the Convention, which its Committee of Arrangements are from time to time sending forth.

During the session of the American Institute of Homœopathy in Philadelphia, in June, 1871, a movement was inaugurated looking to the holding of a convention of homœopathic physicians from all parts of the world in 1876—the occasion of our national centennial. This movement took shape in a communication addressed to the Institute, recommending the appointment of a committee "to consider the subject of a proposed *International Homœopathic Congress*, to be held in Philadelphia in the year 1876," said committee to report at the next session of the Institute. This recommendation was unanimously adopted, and the gentlemen who had signed the communication were constituted the committee. They are as follows: Drs. C. Hering, Carroll Dunham, R. J. McClatchey, W. T. Helmuth, B. W. James, I. T. Talbot, W. M. Williamson, T. F. Allen, T. S. Verdi, R. Ludlam, Pemberton Dudley, E. M. Kellogg, H. N. Guernsey, H. M. Smith, S. R. Beckwith, T. C. Duncan.

The members of this committee, scattered over a large portion of the Union, immediately engaged in an active correspondence, and when the committee met at Dr. Hering's residence in September, 1871, the views and suggestions of every member, whether present or absent, were laid before the committee. The importance and magnitude of the work to be performed prior to the assembling of the Convention appeared so great, that it was deemed best that this committee should not enter into any details respecting it, but should simply indicate to the Institute a *method* by which this work could be most carefully and successfully planned and executed. Moreover, it seemed eminently proper that, in the adoption and carrying out of any plan, every part of the United States should be *equally* represented; whereas, in the present committee, a large majority were from the states of New York and Pennsylvania. Still further, it appeared advisable that, at the very onset, the active co-opera-

tion of all the homœopathic physicians of our own country, whether members of the Institute or not, and of all homœopathic societies and institutions, should be secured. The above objects were kept steadily in view in the preparation of the report and recommendations of the committee. The report, after stating in general terms the importance that must attach to such a gathering of medical men as the one proposed and recommended, and the value of the work which might, by their joint efforts, be accomplished, approves of the time and place selected for the convention as being peculiarly appropriate. The recommendations of the committee are presented in the form of resolutions, as follows :

*Resolved.*—That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called "The World's Homœopathic Convention," be held in Philadelphia in 1876, on the occasion of the celebration of the centennial anniversary of American independence, and that the Institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

*Resolved.*—That at the present session of the Institute there be appointed by the President a Committee of Arrangements, to consist of one member from each state represented in the membership of the Institute, and that the committee thus appointed may appoint one additional member from the physicians of each state represented, and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee, to attend to local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organising the Convention, determining the nature and order of the proceedings, and securing from it the best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the Institute.

The report and resolutions were presented to the Institute on Wednesday morning, May 22nd, under a suspension of the order of business, and were concurred in without dissent. At the evening session of the same day, the President announced the

following as the "Committee of Arrangements," provided for in the resolutions :

Maine, William E. Payne; New Hampshire, J. H. Gallinger; Vermont, G. N. Brigham; Massachusetts, I. T. Talbot; Rhode Island, J. C. Budlong; Connecticut, G. H. Wilson; New York, Carroll Dunham; New Jersey, J. J. Youlin; Pennsylvania, J. C. Burgher; Delaware, A. Negendank; Maryland, F. B. McManus; District of Columbia, T. S. Verdi; Virginia, J. V. Hobson; North Carolina, W. E. Freeman; Georgia, F. H. Ormes; Louisiana, W. H. Holcombe; Arkansas, A. Walker; Tennessee, J. P. Dake; Kentucky, W. H. Hunt; Missouri, T. G. Comstock; Ohio, S. R. Beckwith; Indiana, O. P. Baer; Illinois, R. Ludlam; Michigan, F. Woodruff; Wisconsin, L. E. Ober; Iowa, G. N. Seidlitz; Minnesota, J. F. Alley; Nebraska, W. H. A. Sisson; Kansas, S. K. Huson; California, G. W. Barnes; Nevada, E. A. Wild.

Also, the following additional members from Philadelphia: C. Hering, R. J. McClatchey, B. W. James, W. M. Williamson, H. N. Guernsey, Pemberton Dudley, F. E. Boericke.

The following is a transcript of the proceedings of the Committee of Arrangements, since its appointment.

*Lincoln Hall, Washington, D.C.*

*Thursday, May 23rd, 1872.*

The Committee of Arrangements and Executive Committee of the World's Homœopathic Convention, appointed yesterday by the American Institute of Homœopathy, met at the close of today's session of the Institute. Present, Drs. Baer, Beckwith, Burgher, Dake, Dudley, Dunham, James, McClatchey, Ober, Seidlitz, Talbot, Williamson, Woodruff, Youlin—14.

On motion, Dr. Beckwith was called to the chair, and Dr. Dudley was appointed Secretary.

The Secretary read the list of members of the committee, after which a permanent organisation of the committee was effected by the election of

Dr. Carroll Dunham, of New York, Chairman; Dr. Pemberton Dudley, of Philadelphia, Secretary; Dr. Walter M. Williamson, of Philadelphia, Treasurer.

The following gentlemen were nominated as additional mem-

bers of the committee, from the states named, as authorised by the resolutions under which the committee was constituted.

|                  |                        |               |
|------------------|------------------------|---------------|
| Ohio . . . .     | Dr. N. Schneider . .   | Cleveland.    |
| New Jersey . .   | „ F. B. Mandeville . . | Newark.       |
| Iowa . . . .     | „ W. F. Dickerson . .  | Des Moines.   |
| Indiana . . . .  | „ Wm. Eggert . .       | Indianapolis. |
| Pennsylvania . . | „ Jas. B. Wood . .     | West Chester. |
| Tennessee . . .  | „ L. D. Morse . .      | Memphis.      |
| Wisconsin . . .  | „ T. F. Patchen . .    | Fond du Lac.  |
| Michigan . . .   | „ J. G. Malcolm . .    | Flint.        |
| Kentucky . . .   | „ W. E. Breyfogle . .  | Louisville.   |
| Maine . . . .    | „ Jas. B. Bell . . .   | Augusta.      |

The above nominations were then unanimously confirmed by vote of the committee.

It was moved that the members from the remaining states represented in the committee be authorised to nominate each an additional member from among the homœopathic physicians of his own state; and that the chairman be empowered to confirm said nominations. Unanimously agreed to.

Dr. Williamson then made a motion, which was adopted, that Drs. Dunham, Talbot, and Beckwith be a committee, to recommend a plan of operations, including a method of raising funds to meet the necessary expenses of the Committee of Arrangements, and report before the close of the present session of the Institute.

On motion of Dr. Talbot, the Secretary was instructed to notify the absent members of their election, to request them to nominate additional members as provided for at this meeting, and also to urge their hearty co-operation, and secure from them suggestions respecting the work of the committee.

The committee then adjourned to meet at the Arlington Hotel this evening at 7 o'clock, to hear the report of the sub-committee.

PEMBERTON DUDLEY, M.D., *Secretary.*

*Lincoln Hall, Washington, D. C.*

*Friday Morning, May 24th, 1872.*

The committee having had no session last evening, pursuant to adjournment, owing to other engagements, met this morning at the call of the chairman. Present: Drs. Dunham, Beckwith,

Youlin, McManus, Baer, Talbot, Seidlitz, Ludlam, Schneider, Williamson, McClatchey, James, Dudley—13.

The sub-committee appointed to prepare a plan for carrying out the objects of the committee and for raising funds made a verbal report, recommending that a circular be issued, and subscriptions solicited from physicians; the work to be in charge of the different members of the committee, each operating in his own state. And further, that the Institute be asked to appropriate one hundred dollars to meet the immediate expenses of the committee.

The sub-committee also recommended that in preparing the business of the Convention, the committee should impose a limit restricting it to the subjects of *Materia Medica*, *Clinical Medicine*, and *Surgical and Obstetrical Therapeutics*, and excluding *Physiology*, *Hygiene*, *Chemistry*, *Operative Surgery*, *Mechanical Obstetrics*, and other subjects not directly related to the science of homœopathy.

The recommendations of the sub-committee, on motion of Dr. Youlin, were all adopted, and the sub-committee discharged.

Dr. Beckwith moved, and it was carried, that the chairman and Secretary be instructed to prepare a circular, as recommended by the sub-committee, and transmit copies to the other members for amendment or approval.

A motion was adopted that a Finance Committee be appointed to take in charge and carry out the plan for the collection of funds, and to assist the Treasurer. Drs. Dunham, Beckwith, Talbot, McManus, and Ludlam were appointed said committee.

On motion, it was ordered that the Treasurer be required to give bonds in a sum exceeding by one third the amount of funds in his custody.

Dr. McClatchey said that he desired to have it go upon record, that the Philadelphia members of the committee—and he spoke on behalf of all of them—had no desire to be considered in any other light than as the servants of the national committee, ready to do the bidding of that committee, and to labour in any and all ways under its direction to make the World's Homœopathic Convention a successful event, and an honour to homœopathy, but having no desire or intention to exert any undue influence in the councils of the committee.

On motion, the chairman was empowered to audit and correct, if necessary, the minutes of the present meeting.

The committee then adjourned.

PEMBERTON DUDLEY, M.D., *Secretary.*

The only comment we have to make upon this document is with reference to the limitation of subject-matter in the papers to be read at the Convention. We quite approve of the exclusion of operative surgery and mechanical obstetrics, together with physiology, hygiene, and chemistry, at such a meeting. But in the allowed "Materia Medica, Clinical Medicine, and Surgical and Obstetrical Therapeutics," we see no place for what may be called the institutes of homœopathy—the various questions relating to our law of similars, its *rationale* and *modus operandi*. It seems to us one of the most pressing duties now resting upon the disciples of Hahnemann that they seek to give a reason for the faith that is in them, that they endeavour to translate *similia similibus* from an empirical rule of art into a rational law of science. Many explanations of the action of similars have been put forward, from the master's time to the present, but none has commanded general acceptance. There is a good deal of talk now abroad about the opposite action of large and small doses, and the gentle stimulation of the nerves of a part, which needs careful examination and discussion. Occasion might well be taken of this Convention to seek to arrive at some conclusion on such questions; and also at some agreement as to a putting of homœopathy, by which all who profess and call themselves followers of it can stand, and by which they are content to be judged.

We hope that the Committee of Arrangements will be able to satisfy us that such subjects will find place in their programme.

At the meeting of the Institute in 1874 the Committee of Arrangements had matured its plan, and the following is the record of its proceedings :

At Niagara Falls, June 10th and 11th, 1874, the Committee of

Arrangements met at the call of the chairman, and adopted the following as its annual report to the Institute :

**REPORT.**

\* \* \* The Committee have adopted and they recommend to the Institute to sanction and adopt the following plan for conducting the World's Homœopathic Convention :

"1. That the American Institute of Homœopathy meet in 1876 in Philadelphia as 'The World's Homœopathic Convention under the auspices and control of the American Institute of Homœopathy;' and that the date of the meeting be determined at the Annual Meeting of the Institute in 1875.

"2. That the bureaus and committees of the Institute which shall be appointed in 1875 shall present their usual reports at the regular meeting of the Institute in 1877; and that, in 1876, in place of the reports and discussions of the bureaus and committees of the Institute, the World's Convention receive the reports and discussions of essayists and debaters of our own and foreign countries, to be appointed by the Committee of Arrangements.

"3. That the transactions of the World's Convention be published in a handsome bound volume, to be distributed among the members of the Institute and their foreign guests; and that the expenses be paid by the Institute." \* \* \*

The Institute, by a unanimous vote, passed the following Resolution :

"*Resolved* :—That the Institute accept and adopt the report of the Committee of Arrangements of the World's Homœopathic Convention, and that it authorise the Committee of Arrangements to proceed to execute the plans adopted by them."

The following were elected to fill vacancies in the Committee of Arrangements :

Alabama, Dr. F. F. DE DERKEY, Mobile.  
 Mississippi, Dr. D. B. CHASE, Natchez.  
 Texas, Dr. WM. M. MERCER, Galveston.  
 Illinois, Dr. A. E. SMALL, Chicago.  
 New Hampshire, Dr. J. T. WHITTLE, Nashua.  
 Vermont, Dr. C. B. CURRIER, Middlebury.  
 Rhode Island, Dr. WM. VON GOTTSCHALK, Providence.  
 Louisiana, Dr. WALTER BAILEY, New Orleans.

On motion it was resolved that the chairman be empowered to fill all other vacancies, and that the Executive Committee have power to fill vacancies in their committee, and the chairman of the Committee of Arrangements was made *ex-officio* a member of the Executive Committee. On motion the chairman was directed to print the proceedings and reports of the Committee of Arrangements and distribute copies among the members of the same, that they may know what has been done and is proposed to be done by the committee and what is expected of them.

At the meeting of June 11th, 1874, the Committee of Arrangements unanimously adopted the following report of a sub-committee appointed to present a final plan of operations:

"1. That, wherever state or national homœopathic societies exist, they be appealed to to furnish historical and statistical reports concerning homœopathy in their respective states or nations; where there are no such societies, that prominent resident physicians be requested to do this work; and they recommend that the business of applying to these societies or individuals, in the United States, be placed in the hands of the chairman of the Committee of Arrangements and of the members who represent the respective States; and that, if the members representing States refuse or neglect this duty, the chairman of the committee shall have power to assign the work to other physicians. The object of associating the chairman with the State members is that he may have cognizance of what is doing and may be able to supply deficiencies. Also, the chairman shall be allowed to assign the business of soliciting and receiving reports of various *sections* of our country to such members of the Committee as may be peculiarly qualified to assist him.

"2. As regards foreign countries, that the Committee of Arrangements authorise their chairman to appoint a sub-committee of two members to act with the chairman as an 'Advisory Committee,' and which, with the chairman, shall conduct the foreign correspondence of the Committee of Arrangements and appoint essayists and debaters. They shall proceed, without delay, to the work of securing historical and statistical reports and of appointing and securing essayists, to the end that ample time may be allowed for the production of works worthy of the occasion, and shall make every effort to have all papers and reports in the hands of the chairman as early as January 1st, 1876.



"8. It being, at this time, uncertain what number of foreigners may contribute to our 'Transactions,' the apportionment of appointments as essayists, &c., among our own and foreign physicians, shall be left to the discretion of the chairman and Advisory Committee; but an American physician should be appointed to prepare a historical summary of what has been done and is doing in each of the departments of medicine which it is proposed to discuss in Convention. This will complete the historical portion of the 'Transactions,' giving us the history and statistics of homœopathic INSTITUTIONS, REPRESENTATION AND THOUGHT.

"The chairman and Advisory Committee shall also secure, if possible, in addition to essays from foreign individual physicians, official scientific communications from foreign national homœopathic associations.

"In recommending the lodgment of so much power and responsibility in the hands of the chairman and a small committee, the sub-committee are influenced by a consideration of the impossibility of conducting so complicated a business, to be done altogether by correspondence, if it be left in the hands of a large committee scattered over the Union. But they regard it as well understood, that, whenever this may be possible, the chairman shall consult with the entire Committee of Arrangements and shall seek and procure their approbation and consent to such measures as he and the Advisory Committee may propose."

This report having been unanimously adopted, the Committee of Arrangements, on motion, adjourned subject to the call of the chairman.

CARROLL DUNHAM, M.D., *Chairman.*

ROBT. J. McCLATCHEY, M.D., *Secretary, p. t.*

In pursuance of these resolutions, the chairman, Dr. Carroll Dunham, immediately entered into correspondence with the societies or individuals representing homœopathy in the various parts of the world. The statement of what was done in the case of this country will serve as a specimen of all. Dr. Dunham addressed himself to the British Homœopathic Society, requesting it to appoint two of its members to co-operate with the American committee, and

to represent it in making the necessary arrangements. Drs. Bayes and Hughes were selected for the purpose, and at once put themselves in communication with Dr. Dunham. They received from him in due course a copy of the following circular :

*“ Committee of Arrangements of the World's Homœopathic Convention to be held in Philadelphia, 1876.*

*U. S. of America, — — — 1874.*

“ To \_\_\_\_\_

“ In the name of the ‘ Committee of Arrangements ’ of the ‘ World's Homœopathic Convention ’ to be held in Philadelphia in 1876, I have the honour to send you herewith the records of the proceedings of the committee, and to earnestly solicit your co-operation in the work of the ‘ Convention,’ in the manner indicated in record No. 2. We hope to have the pleasure of welcoming as members of the ‘ Convention ’ delegates from your society, as well as from every other national or provincial homœopathic society ; and we shall be glad to see, in addition to the delegates, such other of our \_\_\_\_\_ colleagues as will visit us.

“ The *Transactions of the Convention* are to be printed in a handsome volume, at the expense of the American Institute of Homœopathy, for distribution among its members, and among the members and correspondents of the Convention.

“ It is proposed that, besides scientific memoirs, these *Transactions* shall contain materials for a complete history of homœopathy, in the form of historical and statistical reports from the national societies, or from individual physicians, of every nation or state in the world in which homœopathy is now represented.

“ In accordance with this design, I now, on behalf of the Committee, invite you to cause to be prepared a historical and statistical report upon homœopathy in \_\_\_\_\_. I venture to suggest that this report should embrace—

“ 1. The history and statistics of the introduction, growth, and actual representation of homœopathy in \_\_\_\_\_.

“ 2. The description, history, and statistics of \_\_\_\_\_ homœopathic societies and institutions (including hospitals, dispensaries, libraries, pharmacies, colleges, &c.)

"3. The history and statistics of homœopathic literature of all kinds in ———.

"4. The history and details of ——— legislation, affecting practitioners of homœopathy, whether by the government or by corporations (such as municipalities, universities, hospitals, academies, societies or commercial companies).

"5. A clear statement of the present legal status of homœopathic practitioners in———.

"6. A statement of existing means in ——— for the education of young physicians in the science and practice of homœopathy.

"In addition to this historical and statistical report, which we earnestly desire and to which we attach great importance, our committee request you to cause to be prepared a memoir on some scientific subject connected with homœopathy, and by which your society [or country] shall be represented, in the arena of science, in the *Transactions of the Convention*.

"And we request that both the report and the memoir may be prepared and transmitted to the chairman of our 'Committee of Arrangements,' as early as January 1st, 1876; in order that, if that be deemed advisable, they may be printed and ready for distribution among the members of the 'Convention,' when it shall assemble (probably in June, 1876).

"In the hope that I shall soon receive from you a response, signifying your readiness to comply with the requests of our committee, herein conveyed to you, and communicating the names of your members to whom you may have confided the tasks of preparing the desired report and memoir, I have the honour to subscribe myself, with expressions of great esteem,

Your friend and colleague,

CARROLL DUNHAM, M.D., *Chairman.*"

In pursuance of the wishes of our colleague, arrangements were made for the preparation of the several reports specified by him. Dr. Bayes undertook that upon education, and Dr. Hughes that upon literature; Dr. Ker consented to sketch the history of homœopathy itself in this country, Dr. Herbert Nankivell to give that of its institutions, and Mr. Pope that of its legal relations and *status*. These reports were read before the British Homœopathic Society at its November meeting in the past year; and,

being approved, were ordered to be sent to America as the Society's contribution to the Transactions of the Convention. To represent it in the scientific department, Dr. Drysdale was requested to furnish a paper, which he has consented to do.

We say that this will represent what has been done for all countries, and for every State in the American Union. From nearly all favourable responses have been received; and there is little doubt that the result will be a history of the past and account of the present of homœopathy which will be of inestimable value, and will afford a sure basis for the forecast of its future, whether this be made by friend or by foe. Our only fear is that the American part of the reports will be too full of personal and local details to be of general interest, and will add more to the bulk than to the value of the *Transactions*. A single State of the Union may be as large and as populous as a whole country of the Old World. Yet it has not the same place among the nations; and it would be false perspective to give it equal prominence with them in a general view. If this were an American gathering only, it might be well to treat each state as a unit thereof, and to give its affairs full relative importance. But in a "World's Convention" the nations of the world are the units, and the United States is one of them. That America is the place of meeting, and the centennial of American Independence the occasion, is but—so to speak—an accident. We should advise the compilers of the *Transactions* to recognise these facts; and, while justly giving their own country first place and largest space, to treat the history of homœopathy in it as a whole, throwing together into one the reports they may receive from its several states and territories.

At the 1875 meeting of the American Institute the Committee of Arrangements presented the following report.

"In pursuance of authority given them by the Institute in 1874, the Committee have, through their officers, opened correspondence with national homœopathic societies or with homœopathic physicians of every country in the world, in which

homœopathy is known to them to be represented, inviting co-operation in the Convention by the appointment of delegates and by the presentation of historical and statistical reports and scientific papers.

From many foreign societies and physicians they have received assurances of hearty approval and co-operation in the ways indicated, and information that the reports and papers requested are in course of preparation. These facts are more particularly set forth in a circular addressed to the members of the Institute, by the chairman and Secretary, under date of May 10th, 1875, and of which a copy is attached to this report.

The officers of the committee have also corresponded with the members representing the different States, and have received assurances from most of them that the preparation of historical and statistical reports on homœopathy in their respective States is in progress. Should those who have not been heard from fail to respond at an early date, the chairman will exercise the power vested in him, and appoint in their stead others who will do the work.

The final appointment of essayists and debaters will be made within a few weeks, so soon as letters now expected from abroad shall have informed the committee how much and what we may expect from our foreign colleagues.

The following plan of operations, in so far as a definite plan can be formed at present, is proposed by the committee :

By resolution of the Institute in 1874, the committee understand that the Institute will meet as the World's Homœopathic Convention, in Philadelphia, in 1876; that the officers of the Institute (viz. President, Vice-President, Secretaries, Treasurer, and Censors) elected in 1875 will be the officers of the World's Convention; it being understood, of course, that the Convention may, at its pleasure, elect to provisional honorary offices such distinguished foreign physicians present as it may desire to honour: that the bureaus and committees appointed in 1875 will not report until 1877, but that, instead of the reports of bureaus, &c., the World's Convention will receive and discuss reports on homœopathy and scientific papers from our own States and from foreign countries.

It will be necessary on some day during the session of the

Convention to hold a brief executive session of the *Institute* simply for the election of officers for 1877, for receiving and acting upon the reports of the Publication Committee, the Treasurer and the Board of Censors, and for the election of honorary and active members of the Institute. With this exception, the sessions of the World's Convention will be devoted entirely to the reading and discussion of statistical reports and scientific papers.

The Institute has already provided for the appointment of essayists and debaters. The committee propose that scientific papers received from abroad [as well as scientific papers presented by American essayists] shall be translated (if necessary) and immediately printed, and copies furnished to the physicians expected to discuss them (and to members of the Convention on its assemblage), in order that opportunity and time may be afforded for abundant preparation. That this may be done, it will be necessary that the Treasurer receive funds for the expenses of the Convention as early as January 1st, 1876.

The committee propose that the expenditure for the Convention be strictly limited to the printing of the *Transactions*, the cost of a hall, and the incidental expenses of a meeting of scientific men for the discussion of scientific subjects.

To raise the necessary funds, and in due season, the committee propose—

1. That members of the Institute be requested to pay their dues as established by law and by special resolution of 1875 [levying on each member an assessment of two and a half dollars for 1876, in addition to his regular dues], *before January 1st*, instead of waiting until June 1st, 1876.

2. That the committee of arrangements, of which two members represent their respective States, be constituted, with the treasurer of the Institute, a finance committee; the States representatives to secure from members of the profession (or others) in their States, irrespective of membership of the Institute, such contributions to the Convention fund as they may be able to procure, and send them to the Treasurer of the Institute.

The Committee have ordered their officers to estimate what sum of money, in addition to the income of the Institute (including the special assessment), will be required, and to apportion it among the States in ratio of membership of the Institute, and to

notify State representatives and members of the Institute of the per capita apportionment, and to urge speedy and generous contributions.

By the proposed arrangement, and in accordance with the resolution of the Institute in 1874, every member of the Institute who shall have paid his dues [including the special assessment] will receive the *Transactions of the World's Convention* (in a bound volume) But the material available for these transactions, constituting as it will a historical and statistical report of homœopathy and a representation of homœopathic thought and practice throughout the world, will involve a large and costly publication, which cannot be issued unless members, besides paying their dues [and assessments], contribute liberally and promptly, according to their ability, to the Convention fund. If issued in a complete form, the *Transactions* will, it is believed, constitute a work unique in kind, and of the greatest value to every physician of our school.

The committee propose that the time of meeting of the World's Homœopathic Convention be Monday, June 26th, 1876, and that the duration of the session depend on the business which may come before the Convention.

Respectfully submitted by order of the Committee of Arrangements.

CARROLL DUNHAM, M.D., *Chairman.*

P. DUDLEY, M.D., *Secretary.*"

This Report was unanimously accepted, and its financial proposals voted; so that all is in preparation for the intended gathering. We should have said that Dr. Ludlam, of Chicago, and Dr. Talbot, of Boston, were appointed in 1874 the "Advisory Committee" to aid the Chairman in his communications with foreign countries. They spent the summer of 1875 in Europe, and we had the pleasure of seeing them at the Annual Assembly of the British Homœopathic Society, and again at the Congress at Manchester. It was a real pleasure to have among us such earnest and intelligent workers, as well as genial companions; and we are sure that their presence and communications did much to awaken interest in the Convention, and to induce many British homœopathists to do their best to attend it.

At the same meeting of the Institute were elected the officers for the following year, who will occupy their posts in the World's Convention. They were Dr. Carroll Dunham for President, Dr. Franklin for Vice-President, and Drs. McClatchey and Duncan for Secretaries. No better appointments, we conceive, could have been made. Dr. Dunham, by the large share he has had in the conception and carrying out of this great undertaking, has only crowned a life of valuable labour in the cause of homœopathy. His writings are familiar to every practitioner of the system; and display alike the learning of the student and the observation of the practised physician. Moreover, what is still more important in the presiding officer of such a gathering, Dr. Dunham is a man of catholic spirit. Himself belonging to the stricter Hahnemannian school among us, he has shown the largest tolerance for those who differ from him, and the firmest determination not to allow such varieties of opinion on non-essentials to mar the brotherhood which should unite all who cordially accept the great principles of the method of Hahnemann. This was especially shown in the Address which he delivered at the Chicago Meeting of the American Institute in 1870, on "Freedom of Medical Opinion and Action; a vital necessity and a great responsibility." It repressed a tendency to exclusiveness which was then manifesting itself, and struck a key-note which has vibrated ever since in the sphere of American homœopathy. Dr. Dunham is one whom European physicians, as well as those of his own continent, will delight to honour. Dr. Franklin represents the West of his country and the Surgery of his system; he is Professor of that branch in the Homœopathic College of St. Louis, and has published an excellent treatise on its *Science and Art*. Drs. McClatchey and Duncan are the editors respectively of the *Hahnemannian Monthly* and the *United States Medical Investigator*—journals which have done good service to our cause, and whose vigorous management shows what we may look for from their conductors.

Besides these names, we are glad to see that of the  
VOL. XXXIV, NO. CXXXV.—JANUARY, 1876. B



venerable Constantine Hering as Honorary Chairman of the local executive committee. He thereby testifies his interest and sympathy in this gathering, and welcomes it from the stand-point of the original disciples of Hahnemann, of whom he is almost if not quite the last survivor.

It is understood, then, that on the 26th of June, 1876, there will assemble in Philadelphia, U.S., a World's Homœopathic Convention under the presidency of Dr. Carroll Dunham; and that thereto are cordially invited the practitioners of the system from this and every land. It will be a great demonstration, and may have very important results. We trust that the homœopaths of this country will do all in their power, by their presence, contributions, or co-operation, to make it a success.

ON THE DEATH OF SOCRATES BY HEMLOCK:  
A BOTANICAL, PHILOLOGICAL, HISTORICAL,  
PHYSIOLOGICAL, AND THERAPEUTIC  
INVESTIGATION OF THIS PLANT.

By A. IMBERT-GOUBBEYRE, M.D.\*

(Continued from Vol. XXXIII, p. 657.)

CHAP. IV.—PHYSIOLOGICAL EVIDENCE (continued).

*Vertigo with Amaurosis.*

THE vertigo and amaurosis produced by hemlock are so intimately associated that they constitute, as it were, but a single symptom, viz. *vertigo tenebricosa*, or, as it might be termed, amaurotic vertigo. On account of its frequency it is a symptom of prime importance. If we may rely on the philological data given above, the appellation of hemlock in primitive languages was derived from this symptom. Most authors who have treated of hemlock poisoning have given prominence to this symptom; usually, like Dioscorides, they have assigned to it the first rank. It is also the symptom which has been most frequently remarked in

\* From *l'Art Médical*.

individual cases; it has been mentioned by numerous authors, particularly by such as opposed the doctrines of Störck on the subject of hemlock in the last century. As regards this the passage quoted from Dioscorides is fully confirmed by the results of modern observation.

Boerhaave, in his *Histoire des Plantes*, relates that he was himself seized with vertigo after handling crushed hemlock leaves.\*

Murray mentions several authors who have proved the occurrence of the same symptoms, as Lange, Schmucker, and the Swiss Pharmacopœia. Andree, Gataker, and an anonymous writer, mention dimness of vision as well as vertigo; Whytt mentions tremulousness of the eyes; Fothergill, agitation of the same, with prominence of the eyeball.† Adair when administering hemlock to a patient advised the latter to remain in bed in the event of vertigo coming on.‡

Bergius remarked—"Expedit initio a parca incipere dosi, praesertim cum saepe fiat, ut conium subjecta sensibilia valde commoveat, *vertiginem* et debilitatem, imo et *caecitatem* periodicam induendo." Bergius is the only author who mentions periodic blindness, an interesting phenomenon in the description of the amaurosis caused by hemlock; I do not know what accounts he could have adduced in support of his assertion. Baylies, an English physician of the last century, who devoted much attention to the study of poisons, when treating of hemlock, stated that many patients treated with it experienced heat,

\* Boerhaave de ipso refert quod a solis cicutae foliis nonnihil contritis et naribus experimenti causa admotis, statim quasi ebrius stupidusque factus fuerit. (Triller, *Dispensatorium Pharmaceuticum*.)

In the "Botanical Evidence" I spoke of the symptoms produced by the mere smell of hemlock; Vogel mentions a case of vertigo thus caused:—*Etiam solo odore impensa cicutae, quod hortulano contigit, qui eam praecidendo vertigium passus est* (Vogel, *Materia Medica*, 1764).

† Lange, *Diss. Dubia Cicutae Vexata*, Helmstadt, 1874. Schmucker, *Chirurgische Wahrnehmungen*, t. ii. Andree, *Observations upon a Treatise on the Virtues of Hemlock*, London, 1761. Gataker, *Essays on Med. Subjects. Practical Essays*. Whytt, *On Nervous Disorders*. Fothergill, *Med. Obs. and Inquiries*.

‡ *Medical Commentaries*, vol. vii.

tremors, *vertigo*, and *dimness of vision*, and were compelled to desist from using it.\* According to Halle, *vertigo* affords a delicate test of the degree of action of hemlock, thereby giving us a means of administering hemlock with desirable precision (*Nouveau Journal de Médecine*, t. v, 1819).

Modern experiments on conicine have yielded the same results. In 1851 Orfila communicated the results of his experiments on animals to the Academy of Medicine. The symptoms of poisoning by the alkaloid of hemlock may be divided into three stages—(1) *vertigo*, (2) convulsions, (3) sinking. The celebrated dean had observed *vertigo* in the case of animals poisoned by conicine as early as 1837.

In 1838 Poehlmann tried the effects of conicine on himself, and established the occurrence of *vertigo* with heaviness of the limbs.† In 1849 Wertheim‡ studied the action of this drug in typhus and intermittent fevers; when the dose was a little raised he observed symptoms of intoxication, with *vertigo*, vomiting, and weakness of the limbs, to come on. Albers relates in his experiments on conicine§ that a young relative of his own after having been long exposed to the odour of this drug was seized with attacks of *vertigo* which lasted for three days. He himself after having inhaled conicine for five or six minutes had attacks of *vertigo* during the remainder of the day, and felt a tendency to the same for three weeks, together with great fatigue. A woman suffering from cancer, to whom he had given several doses of conicine, suffered from *vertigo* for four weeks. Van Praag in his numerous experiments on animals usually found insensibility of the pupil, and consequently blindness.|| Schroff, who experi-

\* Baylies, *Pract. Essays on Med. Subjects*, London, 1778.

† Poehlmann, *Phys. und Toxic. Untersuchungen über das Coniin*, Erlangen, 1838.

‡ Wertheim, *Das Coniin in Wechselfieber und Typhus*, Wien, 1838.

§ Albers, *Ueber die Wirkung des Theins auf das Herz, und die physiol. Wirkung des Coniins*. Deutsche Klinik, 1853.

|| Leonides van Praag, *Toxicologische-pharmakodynamische Studien*, *Journal f. Pharmakod., Toxicologie und Therapie*, von Reil; Berlin, 1856.

mented with conicine from 1852 until 1862, obtained the same results.\*

Vertigo was a constant symptom in the numerous experiments performed by Harley on himself and others; he employed the alcoholic tincture. The bottle of conicine being open, says Casaubon, my friend Meuriot was immediately taken unwell, and left the laboratory; he told us he had optical hallucinations and headache; there were muscular tremors, and his pulse was 108. Roussel and M. Landrin obtained the following results:—A few drops of conicine having been spilt on the ground in the course of their experiments the vapour was inhaled by the experimenters, and, in the course of a few minutes, gave rise to violent symptoms of congestion, with headache, vertigo, and pricking in the eyes.

Vertigo accompanied by amaurosis is a prominent symptom in cases of poisoning. I subjoin several observations in proof of this.

Obs. XXXIV.—Filius mercatoris Pisaurensis, annos natos undecim, cum extra urbem cicutaë summitates, jejuno stomacho, comederet, et ad torridum solem illico dormiret, brevi mortuus fuit. Nam cum a somno expergisceretur, *non videbat*, nec mente constabat. Ad domum igitur portatus, brevi diem suum obiit. Pisauri, hæc evenere in calce mensis maii, 1556. Hæc scribenti mihi in mentem venit Socrates. (Amatus Lusitanus, *Curatorium medico. centurias*, Burdigaloz, 1620.)

Obs. XXXV.—Addamus exemplum recentis experimenti neostadio. Ubi rusticus cum uxore, filio, duabus filiabus et ancilla, in delirium repente incidebat, *oculi caligabant*, guttur extreme siccabatur. Omnibus pervestigatis, reperta sunt radices cicutaë residuae, quarum partem alteram pro pastinacis comederant. Atque idem loco parochi cisterciensis ordinis vix triennio post accidit quo ex relationi vicini autoptæ habeamus. Nota etiam cicutam, perinde ut solanum, modo somnolentiam inextricabilem, modo vigiliæ contumaces efficere. (Faber, *Strychnomania*, Aug. Vindel, 1677.)

Reil, who experimented with conicine applied locally to carious teeth for toothache, mentions that he has often

\* Schrott, *Lehrbuch der Pharmakologie*, Wien, 1862.

found vertigo and ocular aberration come on among other symptoms from one to three minutes after the application. Objects seemed to the patient to be unsteady, and, in particular, much magnified; he fancied his nose to be like a shapeless mass.

OBS. XXXIV.—I have frequently, after taking fifteen or twenty grains of hemlock extract, found my eyes become weak and dazzled and experienced vertigo, with weakness throughout the whole body, but chiefly in the legs and arms, so that I staggered like one intoxicated when I tried to walk. (Whyte, *On Nature of Nervous Disorders*, Edinburgh, 1765.)

OBS. XXXVII.—The patient was a lady, æt. 54, suffering from a recurrent cancer in the right breast. As the ulceration was very wide-spread, preparations of hemlock were given, to be taken according to a specified graduated scale. She thus came to take eight pills daily, each pill containing two and a half milligrammes of conicine. There was marked improvement, but her unwonted ease, unfortunately, led her to exceed the prescribed dose, and to take first twelve, then, for some days, sixteen pills. She was then attacked with tremors in the upper limbs, but there were no other symptoms. We at once suspended the medicine, and after eight days she recommenced taking the pills one at a time, with injunctions not to take more than six. She took twelve, but was seized with obstinate vomiting two days after, followed by dizziness and vertigo; on the subsequent days there were spasms of the limbs, the face became cyanotic, and there was continuous delirium; *complete blindness* presently ensued on photophobia. It might have been expected, if these symptoms did not prove fatal, that they would have gradually decreased, as in cases of poisoning with *Aconite*, *Belladonna*, &c.; but such was not the case in the present instance. Most of the symptoms—the vomiting, spasms, and delirium—lasted for a fortnight. (Devay & Guillermond, *Recherches nouvelles sur le principe actif de la ciguë*.)

Harley has given in his treatise a detailed physiological analysis of the vertigo and amaurosis caused by hemlock, which is of sufficient importance to deserve to be quoted. The *first* effects produced by hemlock are *invariably* depression of the motor functions and impairment of the third

pair of nerves, as is shown by the following symptoms : vertigo, sensation of a dull weight depressing the eyelids, and bringing on ptosis ; the countenance is heavy, dull, or fixed and expressionless, like that of an intoxicated person ; the pupils are dilated. After moderate doses a fine vaporous cloud seems to float between the eye and external objects, as if the patient were gazing through a medium of unequal density, like that of a mixture of hot and cold air around a strongly heated pan. This occurs independently of the dilatation of the pupils, and even when the vision is undisturbed, being due to imperfect adaptation of the refractive media of the eye consequent on partial paralysis of the ciliary branches of the third pair, which branches give the first indication of the effects of hemlock, for if the patient is reading he suddenly feels weariness, and shortly afterwards is unable to read at all ; he is glad to close his eyes in order to relieve this symptom, and when muscular lethargy comes on he will lie down as though he wanted to sleep. With larger doses the depressant action extends to the other branches of the third pair ; sluggishness in the movements of the eyelids, and a fixed, dull, and sometimes divergent gaze, indicate partial paralysis of the internal muscles of the eyeball, while the occurrence of more or less complete ptosis shows that the *levator palpebræ* is paralysed.

Diplopia, due to imperfect convergence of the optic axes, is only a transitory and rare effect of hemlock. I have only observed it in a few cases ; in a delicate woman who was usually confined to a recumbent posture the succus conii in two-gramme doses brought it on. The symptom was constant, coming on about an hour and a half after the drug had been taken, and lasting twenty minutes. She continued taking hemlock for six months, and often told me, when I happened to come in while she was under the influence of the drug, that everything in the room appeared double, my eyes seemed double, and that she seemed to herself to squint.

Dilatation of the pupils occurs usually only after very small doses ; it is often but slight, and only observable in a

dull light, too bright a light destroying the tendency to dilatation (Harley).

To recapitulate the phenomena of amaurotic vertigo, we find that both the vertigo and the amaurosis are liable to the greatest variations in respect to their course, duration, and concurrent circumstances. Thus they may last from half an hour to several days, and their course is sometimes continuous, at other times periodic. In fine, it is as true of hemlock as of all other drugs, that everything depends on contingency and individual diathesis.

I am unwilling to conclude my account of amaurotic vertigo without quoting Hahnemann's pathogenesis of *Conium maculatum*. It accords perfectly with the facts which observation has placed in such prominence.

66. Vertigo on rising from his chair.

Vertigo on rising to the erect posture after stooping.

Vertigo, especially on lying down, as if the bed was turning round.

Vertigo on rising from bed in the morning.

70. Vertigo going down stairs; patient is obliged to lean against something, and for a time she does not know where she is.

123. Pressure on the eye, especially when reading.

143. Starting in the upper eyelid, quivering gaze, as if the eye were trembling.

146. Protrusion of the eyeball.

Difficulty of opening the eyes in the morning.

Dilatation of the pupils (after the expiry of an hour).

153. Blindness in the afternoon, lasting but a short time. After complaining of pain in the head and eyes the child lost the power of vision, a symptom which recurred subsequently several times.

Dimness of vision in the open air; patient sees best in his room.

Presbyopia in a short-sighted person (after three and a half hours); increased myopia (after thirty-nine hours); sees objects double and triple; a thread seems to waver before his right eye; clouds and bright spots before his eyes.

Specks of fire moving about among one another before his eyes when he shuts his eyes at night.

When reading at a very short distance the lines seem to rise and fall; sparks of fire before his eyes on walking in the open air; increased irritability of the eye (during the first days).

Hahnemann adduces also the observations of Fothergill, Lange, Boerhaave, Gataker, Baylies, and Andree; if we were to go over in detail all the cases of amaurosis which I have mentioned, and endeavour to tabulate them after the Hahnemannic method, the list of symptoms would be boundlessly extended. Hahnemann may justly be censured for his method of exposition, his want of order and brevity, his neglect to mention the doses corresponding to each symptom, &c.; still his physiological facts are indisputable, and are amply proved by the account of amaurotic vertigo as given above. I cannot refrain from remarking for the hundred and first time how completely the opponents of Hahnemann have exposed their own ignorance by regarding his pathogeneses as mere reveries.

Hahnemann also notices other symptoms respecting the eyes, all of which have reference to the various phenomena of conjunctivitis (S. 125—140). Barbier said that the eyes of persons who took hemlock daily become red. The observation of Dyce Brown (Obs. xxxii) supports this assertion, which is further explained by the experiments performed on animals by Van Praag and Roussel. In many cases, says the former, we find congestion of the conjunctiva; in his experiments conicine was subcutaneously injected. The experiments of Roussel are still more numerous. Congestion of the conjunctiva was observed in six dogs, one cat, and four horses, and was usually accompanied with injection of the buccal mucous membrane. "Injection of the capillary vessels," says the young French physician, "is rarely absent, especially in the conjunctiva; it is sometimes so distinct as to assume the character of ecchymosis. We observed this in the case of a mare which was subject to the action of conicine for the first time. We administered three grammes by the stomach in a little alcohol and water;



the symptom appeared four minutes after the administration of the drug and persisted throughout the whole time of the experiment, which lasted an hour. This congestion of the mucous membranes which appears so soon, is, at the same time, one of the slowest to disappear; we even think it is the one which persists last: as a matter of fact, we have observed redness of the conjunctiva two hours after every other symptom had disappeared. With toxic doses the congestion of the mucous membranes gave place to marked discoloration a few minutes before death."

This congestion of the buccal mucous membrane is a symptom which needs to be added to the physiology of *Conium*. The opponents of Hahnemann find fault with the symptoms in his pathogenesis as too numerous, but if they need to be retrenched, there is also need of addition.

In fine, vertigo is one of the best established symptoms produced by hemlock, which led John Rutton, an English physician at the end of the last century, to say:—Whatever we may think of the Athenian hemlock, it is certain that our common hemlock perfectly accords with that of Dioscorides and Galen, both in its external characters and in its effects; particularly as regards the vertigo, which is a symptom usually produced by the extract. (*Med. Observ. and Inquiries*, t. iii.)

Along with the visual symptoms we must give the auditory. MM. Devay and Guilliermond are the only observers who have established the occurrence of deafness in animals. In the case of two dogs, one of which was poisoned with six grains of conicine, and the other with ten grammes of powdered hemlock, vision and hearing disappeared simultaneously on the approach of death. Proper attention certainly would have enabled other experimenters to prove the occurrence of the same symptom. Observation has not yet detected this phenomenon in the case of man. In the experiments performed on themselves by Earle and Wight, they remarked that hearing as well as vision was impaired. The student of Chiappa, after a prolonged course of hemlock poisoning, continued to suffer

from humming noises in the head and ringing in the ears. In Reil's experiments on conicine applied to carious teeth, auditory hallucinations were observed among other symptoms.\* All these observations corroborate the numerous auditory symptoms recorded in the pathogenesis of Hahnemann, from No. 165 to No. 188, and which constitute *Conium* an important remedy in the diseases of the organ of hearing.

#### *Analysis of certain Symptoms.*

In order to give a complete view of the pathogenesis of hemlock, and to follow out its history, it will be well to consider some of its accidents or symptoms in detail.

I. Hiccough, *singultus*, *λυγμός*, mentioned by Dioscorides, is again referred to in the descriptions given by Ardoinis, Paré, and Sennertus. It is only named in three old observations of the seventeenth century (Timæus, Rösler, and Waldschmidt). Hahnemann mentions it three times in his pathogenesis (Symp. 285, 314, 322), but he often refers to eructations and risings, symptoms closely resembling hiccough. We find *ructus stomachi* noticed by Simon Paulli; in the numerous experiments performed on dogs, MM. Devay and Guilliermond alone have recorded *singultus*. The fact that hiccough, after having been mentioned by Dioscorides, was so often overlooked by others, is to be ascribed, partly to inattention, partly to the small number of the observations on hemlock poisoning which we possess. Further researches will, undoubtedly, confirm Dioscorides. We may rely on the ancients as to the pharmacodynamic action.

II. Positive symptoms of paralysis occur of the pharynx, larynx, tongue, and jaws. Bauhin's patient was unable to swallow. Melchior Friccius mentions dysphagia among the accidents of hemlock poisoning. Ehrhart speaks of cramps in the pharynx and difficulty of deglutition. Reil, in his experiments with conicine on painful carious teeth, states that he frequently observed the supervention of dysphagia

\* *Journal f. Pharmakodynamik*, 1856.

in the course of from one to three minutes. In Bennett's case a little water was given to the patient, but he was unable to swallow it. It seems possible that the dryness of the throat and tongue mentioned by Faber, Schlegel, and others, as well as the sore throat mentioned by Haaf, may be connected with these paralytic symptoms. Roussel observed movements of the jaws in two horses poisoned with conicine, which seemed to indicate uneasiness of the throat. Hahnemann also mentions difficulty of swallowing and sharp pain in the throat (Symp. 250, 252, 254).

Störck, after putting two drops of the juice of the fresh root of hemlock on the tongue, felt a sensation of stiffness, swelling and pain, and afterwards lost the faculty of speech. Among the effects of hemlock, difficulty of speech is mentioned by Andræus and aphonia by Ehrhart. Loss of voice occurred in the observations of Hunter, Haaf, and Bennett. Dr. Wight remained dumb for some time when experimenting on himself with hemlock. Among the children poisoned at the Hôpital Sainte-Eugénie, "some in whom intelligence remained unimpaired, suffered from paralysis of the muscles of the tongue, which hindered them answering the questions addressed to them." Harley himself remarked that speech was embarrassed and impaired under the influence of powerful doses of hemlock. Hahnemann, did not verify these symptoms, but was satisfied with quoting Störck, Andræus, and Ehrhart.

Symptoms of paralysis of the lower jaw are clearly portrayed. In Hunter's observation we have prolapsus of the jaw; in Addison's, depression of the same; in the cases of two children mentioned by Skinner, both the tongue and the jaw hung down. In three dogs poisoned with conicine by Casaubon, the mouth was half opened, the tongue hanging out. In the case of two dogs poisoned with hemlock seed, MM. Devay and Guilliermond affirm that the animals opened the mouth as if desirous of swallowing air.

The paralyzing action of hemlock on the tongue, larynx, pharynx, and jaw is indisputable, and forms a remarkable characteristic of this drug. In the case of the jaws, we

must add tonic contraction to paralytic relaxation of the muscles. Ehrhart remarked trismus. The same symptom was confirmed by Roussel in the cases of a horse and a dog poisoned by conicine, who also remarked frequent yawning in two dogs. Wepfer had mentioned the same symptom, "oscitatio," in a she-wolf which he had poisoned with common hemlock.

III. Harley draws special notice to the rapidity with which the paralysis spreads over all the body. With a strong medicinal dose, he says, the action is so powerful and sudden that the patient, if standing, has scarcely time to raise his arm and seize a fixed object in order to prevent himself falling. Even with smaller doses, the muscular depression comes on so suddenly that women have been known to drop their children or whatever else they were carrying in their arms (pp. 11, 12). In the experiments of Casaubon (p. 107), on a dog 'poisoned with conicine, the hinder part was paralysed first, but the fore-quarters also were speedily and *suddenly* attacked. In the case of another dog, eight minutes after the subcutaneous injection of conicine, there occurred great stiffness of the hind-quarters (Roussel, p. 27). In a second dog there was sudden paralysis of the fore quarters at the end of forty-three minutes (id., p. 29).

The sudden occurrence of the symptoms after the first dose of hemlock, according to Harley, sometimes excites the heart's action in nervous persons, during a few minutes, or brings on slight nausea, cold perspiration, or a motion, but these *emotional* effects are very rare, and even when they occur are quite independent of the action of the hemlock (p. 16).

The English author is in error in maintaining this independence; these symptoms, among others the stools, occur in the lower animals, which disproves the idea of "emotional effects."

The rapid occurrence of the symptoms of hemlock poisoning fully justifies the Greek synonym *δολία*, "acting by surprise, or craft," found in Dioscorides. Hermolaus Barbarus, in his commentaries on Dioscorides, mentions

another synonym:—*Cicutam sunt qui etiam ephemeron a celeritate interitus vocarunt, ut Photion auctor est.*—It is not surprising that this poisonous plant causes death so speedily. The experiments with conicine have amply demonstrated this. Seven drops of this drug taken internally killed three dogs in ten, twenty-three, and twenty-four minutes (Van Praag). Nearly identical experiments were recorded by Casaubon and Roussel. The latter killed a cat with five drops in three minutes, and a mare with four grammes in eight minutes. MM. Devay and Guilliermond killed one dog in twelve minutes with fifty grammes of the extract, and another in eight minutes with one gramme.

Probably a sufficient dose of conicine will destroy human life in less than seven and a half minutes. Santes de Ardoinis seems right in fixing three hours as the period of death with ordinary preparations of hemlock. Socrates does not appear to have outlived this time. The deaths of Philopœmen and Demosthenes are said to have been very speedy. Seneca asked for hemlock when he found he did not expire so soon as he had desired. The precise period was specified in three modern observations, and, curiously enough, these confirm the figures of Ardoinis. Hunter's patient died in two hours; Haaf's soldier, three hours after the fatal supper; in Bennett's case, death occurred in three hours. The rapidly fatal action of this poison was so well known to the ancients that Plutarch, in the life of Dion, speaking of honey and hemlock (both Attic products), says that Attica produced the most deleterious hemlock, or, rather, to translate the Greek term *ὠκυμωρώτατον* literally, *that which kills most speedily.*

IV. I am not aware that any of the writers on hemlock have paid attention to the following passage of Pliny:—*“Bibendi etiam causa venena conficiuntur, aliis cicutam præsumentibus, ut bibere mors cogat”* (L. 15, c. 22). In this chapter, in which he condemns drunkenness, the Roman naturalist goes so far as to say, that poisons were prepared for drinking purposes, and that the deadly plant, hemlock, was swallowed in order that they might be constrained to drink the more. This extract from Pliny proves the exist-

ence of a singular property of hemlock,—that of causing thirst, and teaches us that it was employed for this purpose by drunkards in his day. This is fully confirmed by modern observation. In Kircher's cases one of the patients said he was changed into a duck, and declared he could only quench the internal fire which is consuming him by throwing himself into the river. Although by many this observation is treated as a mere fable, we see the symptom of thirst clearly indicated throughout the hallucination. In Smet's cases one of the poisoned females suffered great thirst, and intense heat in the throat and stomach. In the case of the two women mentioned by Simon Paulli, troublesome thirst remained after four hours. In Faber's case the throat was extremely dry. Baylies and Fothergill mention thirst among the symptoms ascribed to hemlock by the adversaries of Störck.

In Schlegel's case the young man complained of violent thirst, together with burning and pressure at the hypogastrium many hours after taking the poison. Hahnemann thrice mentions the symptom (Symp. 273, 274, 874). Casaubon says:—"In many of our experiments, especially on rabbits, we have established the occurrence of thirst, arising, no doubt, from deficient secretion and dryness of the throat. The thirst is even intense in cases of poisoning with *cicuta virosa*; in poisoning with the greater hemlock, according to the testimony of observers, there was a sensation of heat and dryness in the throat, with intense thirst." In Roussel's experiments one dog refused to drink, another drank repeatedly. According to Casaubon, there was intense thirst in the case of a rabbit into which one drop of conicine had been injected. All these facts sufficiently establish thirst as one of the symptoms produced by hemlock, and explain the passage in Pliny.

V. In juxtaposition with thirst must be placed salivation, which has only been once noticed in man up to the present time. It is given by Hahnemann in reference to an observation of Bierchen which I cannot find. On the other hand it has been frequently established in experiments on the lower animals. MM. Devay and Guilliermond

noticed copious salivation in two dogs which had been poisoned with conicine administered by the mouth. According to Leonides van Praag, salivation is frequently observed, but is not constant. Conicine produced this symptom in the case of two dogs poisoned with conicine administered either by the mouth or applied to a wound. Roussel, in his experiments on horses, only found salivation to occur when conicine was administered by the mouth, and he ascribes it to the local action of the drug. The symptoms established in the case of three dogs, says Casaubon, seem to us sufficiently conclusive. A flow of white saliva occurred as soon as staggering began. In these cases conicine had been administered by hypodermic injection, a fact which overthrows Roussel's theory about the local action of the drug. Salivation is clearly a dynamic effect; besides, conicine given by the mouth does not invariably salivate.

VI. In a poisonous dose hemlock either speedily kills or else the symptoms rapidly disappear, generally within twenty-four hours; in a strong medicinal dose the symptoms rapidly disappear, as is seen in Harley's experiments. There are exceptions to this rule, especially in poisonous doses. Many consecutive symptoms are recorded by observers. In the case of Timaeus oppression and dyspnoea remained until the third month.\*

Bartholin speaks of constant pain in the head. The two monks mentioned by Kircher survived for three years, but they continually suffered from tremors, and spots appeared on the surface of the body. In the case of the young man mentioned by Chiappa, who had taken hemlock improperly, so great gastric weakness supervened that indigestion, buzzing noises in the head, ringing in the ears, excessive weakness of the lower limbs, and frequent attacks of periodic fever, ensued immediately upon the slightest excess. The cerebral symptoms are remarkable. Limprecht, quoted

\* Scaliger, who wrote a good chapter on hemlock, says, in reference to the symptoms it produces, "*Multos alios vertigine torsit et oblivione.*" It is remarkable that Hahnemann also mentions *extraordinary failure of memory*, at the same time quoting Kowlay in support of the total loss of this faculty, but I am unable to find the observation.

by Pereira, tells us that an old woman suffered during three months from abdominal pains and convulsive movements of the limbs, in consequence of having eaten the root of the greater hemlock.

Dalechamp, in his notes upon Pliny, states that he saw a man who had been poisoned with hemlock become mad for the rest of his life.\* The Franciscan monk mentioned by Mathiolus was, during several months after taking a poisonous dose of this plant, attacked sometimes with dementia, sometimes with mania. On the other hand, in an old observation of Smet, we find delirium persisting throughout four days, and in a recent observation of Devay and Guilliermond, during fifteen days. Far from rejecting such facts, as some have ventured to do, it is our duty to record them scrupulously. *A priori* it is not surprising that cases of poisoning should be followed by *sequelæ*; such certainly occur with *Arsenic*, *Belladonna*, and, I will venture to add, with all poisonous drugs. There can be no doubt that, in time, further researches will confirm the results of ancient observation. All these *sequelæ* are, moreover, confirmed by the minute physiology of this drug. If scepticism is to proceed so far as to maintain that in these poisoning cases the herb may perhaps not have been true hemlock, I reply that Mathiolus and Dalechamp, for example, knew this plant much better than most modern physicians and pharmacists.

VII. Like so many other drugs, hemlock undoubtedly produces exanthemata. Two observations referred to in the present treatise confirm this, viz. the cases of Simon Paulli, in which two women several days after taking the poison exhibited the following eruption:—"Totum corpus maculis ex rubro subnigris, subasperis et scabris, magnitudinem squamæ cyprini piscis æquantibus, minoribus hinc inde interspersis pictum."—For three years the two monks of Kircher were liable to the occurrence of spots on the skin. Although the hemlock eruptions were not specified by the ancients they have been frequently observed by the

\* "Esu cicutæ, quæ spii hortensis specie incautum fefellerat, ego quemdam novi ad extremum usque vitæ dementem factum." (Dalechamp.)



moderns. Juncken, in giving the formula of hemlock plaster, which was the only preparation of the plant in use in his time, warns his readers that it is apt to produce redness: *ruborem inducit*.\*

At the beginning of the present century Kretschmar, a German writer on *Materia Medica*, observed:—the fact that the skin is affected by the vapour arising from the inspissated juice of hemlock used in the proportion of the extract proves that the plant possesses a volatile acrid principle. Hemlock, says Burdach, has a strong action upon the skin, producing itchings, vesicles, and even erysipelas (*Arzneimittellehre*, 1809). Voigtel in like manner mentions itching and erysipelatous inflammations. Sachs denies having seen *gutta rosacea* supervening on the internal administration of hemlock (which had been said to occur), even with increased doses, thus showing that others had seen it.†

According to Neumann, hemlock in large doses produces cutaneous eruptions and even erysipelas.‡ Erythematous eruptions are referred to in the observation of Earle and Wight.

Harley does not speak of the action of hemlock upon the skin; still in a child twelve years old suffering from chorea, whom he treated with 8 and 12 grammes of *Succus conii* thrice daily, an eruption of urticaria appeared on the tenth day, which lasted thirty-four hours (p. 41). In another observation in reference to a case of cancer of the breast treated during eleven months with hemlock externally and internally, Harley was twice compelled to suspend the external administration on account of its producing an eruption of dry, squamous, crescentic spots. The skin, which was highly irritated, had a coppery appearance identical with that of acute lepra. Whenever the *Conium* was suspended the skin resumed its natural appearance (p. 54).

Besides the above-mentioned *petechia* of Simon Paulli, Hahnemann records, from Störck, pruritus, and, from

\* Juncken, *Corpus Pharmaceutico-chimico-medicum*, Francofurti A. M., 1711.

† Sachs u. Dulk, *Handwörterbuch der Arzneimittellehre*, 1830.

‡ Schmidt's *Jahrbücher*, 1840.

Baylies, general inflammation of the skin, with burning pain. He further describes numerous cutaneous symptoms from personal observations.

Jahr thus epitomises them and sums them up: Dartings and pricking pruritus in the skin; bluish tint of the skin over the entire body; urticarial eruption; vesicles, like those of itch, which become scabby; bluish or red pruriginous spots over the entire body, fugitive but reappearing; moist, or scabby and burning tetter; blackish ulcers, with sanious, bloody, and fœtid discharge; gangrenous ulcers; whitlow; petechiæ; reddish and greenish spots, like ecchymoses (Jahr, *Nouveau Manuel de Méd. Homœop.*, 2<sup>e</sup> édition, 1872).

The local effects of the hypodermic injection of conicine deserve to be studied; Casaubon first drew attention to them. He states that twenty-four hours after having injected a mixture of alcohol and conicine under the skin of a bitch, a tumour as large as the hand appeared at the seat of puncture. Six days later the hairs fell off the surface of the encysted tumour, and a wound was formed with hard, callous edges. Towards the twentieth day the ulcer began to dry; it measured only three centimètres in diameter. The wound had not entirely cicatrised forty-six days later. The author all the more regretted not having continued his experiments, because, in the course of his investigations, he had observed that conicine, in continued doses, would produce various retrograde metamorphoses of the tissues. Roussel devoted a large number of experiments to this subject; however small the dose of *Conicine* injected, says he, it produces an appreciable disorder, consisting in a livid, greenish ecchymosis, round in form, and disappearing in the course of some days. With a somewhat larger dose, after a period varying in different species of animals, all the ecchymosed parts become gangrenous, forming an eschar which becomes detached after an effusion of serum. Then a perfectly circular ulcer appears with perpendicular edges, the base being formed by the muscle enclosed in its sheath; no trace of cellular tissue remains to protect it. This ulcer takes a longer or shorter time to

cicatrise in different species of animals. Thus, in the dog, without treatment, a month is required; in the horse, in the same circumstances, six or seven weeks are necessary (p. 58).

It is needless to say how interesting all these facts are, and of how much importance it is to continue the investigation in order to study *the different kinds of degeneration* produced by hemlock, and which have not sufficient time to form when toxic doses are given. To understand them clearly it would be necessary to keep the animals in a state of chronic cicutism. The lesions which occur in cases of repeated and chronic poisoning are what is least understood in toxicology. All these questions would yield an ample harvest to experimenters.

In concluding this chapter, let us sum up the chief features of the physiology of hemlock as revealed by observation. The cerebro-spinal action predominates. Acting on the brain, it produces delirium of many kinds, with hallucinations, foolish actions, &c. Acting on the spinal cord, it produces convulsions and paralysis. Paralysis is much the more frequent, either general or local; two principal localities seem oftenest affected, viz. the nerves of vision, with amaurotic vertigo, and the lower part of the cord, with paralysis. Ascending paralysis is one of the most striking characteristic effects of hemlock, but it is not a *sine quâ non*. No other drug seems to produce so many distinct palsies; paralysis of vision and of the eyelids, paralysis of hearing, paralysis of the glottis (aphonia), paralysis of the pharynx, œsophagus, and tongue, paralytic ptosis of the jaw, paralysis of the lungs, producing final asphyxia, paralysis of the genital organs, and of the sphincters of the anus and bladder. The poison of hemlock seems, as it were, to dissect the whole nervous system in a wonderful manner by these distinct partial palsies, which sometimes exist alone, sometimes in combination, or lost in general paralysis of the cerebro-spinal system.

Hemlock, then, is essentially a paralyzing agent; its powers of curing paralysis must be shown by clinical experiments.

I have spoken of its action on the skin. It does not seem much to affect the intestinal canal; it has a powerful elective affinity for the generative and mammary organs, as we shall see in the following chapter.

#### CHAP. V.—THERAPEUTIC PROOFS.

The ancients employed hemlock in a considerable number of maladies. I select two of these therapeutic applications: the first being its use in affections of the organs of generation; the second, in diseases of the mammary glands. I do this on purpose, because in these two cases use has been made of special properties of hemlock which hardly any other drug possesses. If these properties recorded by the ancients have been verified by moderns in the case of common hemlock, this will be an additional proof of its identity with the hemlock of antiquity.

Let us begin with the action of hemlock in the genital region. This must have been perceived in the very dawn of medical science, since hemlock was used by Hippocrates to procure the lochial discharge, given externally in hysterical pains, administered by fumigation in cases of morbid uterine discharges and sterility. Locally, hemlock buds boiled in wine were applied to prevent prolapsus of the rectum.\* These were the sole applications which he made of this drug: it is worthy of note that both were in the ano-genital region.

Dioscorides recommended hemlock *in seminis profluvio* and to prevent lascivious dreams; applied externally, it causes the testicles to atrophy. Pliny says as much—"extinguat venerem testibus circa pubertatem illita." Aretaeus extols it as a remedy for satyriasis. The compiler Marcellus Empiricus wrote thus at the end of the fourth century:

\* In Alderson's case the sphincter ani was unable to prevent the discharge of the fecal matters contained in the rectum. According to Casaubon, emission of urine and feces occurs in the lower animals in the later stages of poisoning. Roussel also mentions defecation as occurring a few moments before death. Thus Hippocrates adopted homoeopathic treatment in employing hemlock in cases of prolapsus ani.

“ Ut eunuchum sine ferro facias, radices cicutae ex aceto teres et inde testiculos illines . . . hoc quantum tenuioribus infantibus feceris, eventu efficaciore proveniet.”

The hierophant, or high priest of the Eleusinian mysteries, was sentenced to perpetual chastity in virtue of his office: it was by means of hemlock that he subdued his amatory passions, as we learn from Origen's book against Celsus.\* At the end of his first book against Jovinian, where he eulogises Christian chastity, St. Jerome thus refers to this fact in pharmaco-dynamics: after having cited several instances of chastity among pagans, he continues, “ Hierophantes Atheniensium usque hodie cicutae sorbitione castrari legant et postquam in pontificatum fuerint electi, viros esse desinere.” Elsewhere, in his treatise on monogamy, addressed to Gerontia, he again repeats in his energetic style, alluding to the paralysing action of hemlock;† “ Hierophanta ad Athenas evirat virum et aeterna debilitate fit castus.” In the *Hexameron* of St. Basil and in that of St. Ambrose mention is made of the anaphrodisiac property of hemlock. We can now see what degree of authority is to be ascribed to the statements of the Fathers of the Church respecting this matter. MM. Ollivier and Bergeron, in their article in the dictionary

\* The following is the passage of Origen in which that illustrious father of the Church institutes his splendid comparison between the poor high-priest of paganism and the crowd of Christians who had no need to take hemlock in order to lead chaste lives, the Word of God alone sufficing to dispel all concupiscence even of thought:—“ Et apud Athenienses quidem unicus pontifex ne ipse satis sibi fidens quod imperare possit masculis cupiditatibus, cicuta oblinitis virilibus, putatur satis idoneus ad caste obeundas ejus civitatis solemnes ceremonias, et apud Christianos non desunt viri quibus cicuta ad hoc nil opus est ut Deo caste serviant, sed pro cicuta eis Verbum Dei sufficit ad expellendas e cogitatione omnes concupiscentias et vacandum precationibus” (Origenes, *contra Celsum*, L. 7).

† St. Jerome positively affirms that the hierophant drank hemlock. The Latin translator of Origen renders *κατασθησις τὰ ἀρσενικά μέρη* by *cicuta oblinitis virilibus*, which conveys the idea of a local application, reminding us of the methods recorded by Dioscorides, Pliny, and Aretaeus. The Eleusinian Mysteries were still extant in the time of St. Jerome, *usque hodie*; they were only abolished in the reign of Theodosius the Great, as may be seen in the article *Eleusinia*, by the learned Meursius (Joannis Meursii, *Opera*, t. ii, Florentiae, 1744).

somewhat petulantly remark that "no one would have expected to meet with St. Jerome in this discussion." He has a right historically to appear in the debate, since he has preserved to us a pharmaco-dynamical custom in vogue at Athens.\* We are indebted to Jerome and Origen for our information respecting the process of emasculation by means of hemlock adopted by the hierophants. We shall, furthermore, find that this property of hemlock, which the authors of the article in question regard as fabulous, is handed down by tradition, and established by the results of modern observation.

Avicenna mentions hemlock in his chapter *de exsiccativis frigidis spermatis*. Later, we find Platearius recommending it for sterility in the female. Ranchin quotes Basil, "a distinguished physician and theologian," who states that he saw persons *quae potione cicutae exstinxerunt rabiosas cupiditates*. He adds that this is confirmed by experience, but he does not advise the internal administration of hemlock. According to Sinibaldi, it quenches the ardour of concupiscence. Henri de Heer considered it to be a true *arcantum ad inflationem et tumorem penis ex nimio venere*,† while Caesalpin recommended it *ad refrigerandos testiculos intempestiva nocturna pollutione*. Antony Legrand, in a work extolled by Haller, prescribes hemlock in satyriasis.‡ Subsequently, we find Störck, in imitation of Hippocrates, treated obstinate leucorrhœa with *conium intus et extus*; Bergius praises this treatment, and mentions a case of

\* St. Jerome's account of the High Priest of Eleusis was the occasion of a singular poisoning case in the last century, as may be seen in the works of Duval (Valentin Jameray), Paris, 1785. This learned curator of the museum at Vienna fell violently in love in his youth. Having read the above passage in St. Jerome, in order to overcome his passion he sent for a quantity of hemlock, which he ate in the form of salad. His rashness well-nigh cost him his life, and caused him many months of suffering. The use of the remedy was reasonable, but the dose was too large.

† Ranchin, *Opuscula*, Lugduni, 1627. Sinibaldi, *Geneastropheias sive de hominis generatione decatouchon*, Roma, 1642. Henricus ab Heer, *Observationes medicæ*.

‡ Antonius Legrand, *Curiosus rerum additarum naturasque arcanorum percrutator*, Nurnberg, 1681

impotence cured by hemlock. Hunter and Swediaur used it in engorgement of the prostate, and Astley Cooper in irritation of the testes.

The homœopathists also have contributed their share. Hahnemann prescribed hemlock in the various degrees of impotence, and also in the hypochondria arising from want of sexual indulgence in unmarried persons; this latter, perhaps, was suggested by the hierophants. *Conium* is a sovereign remedy against pollutions not preceded by venereal excesses (*Allg. homœop. Zeitung*, t. i, p. 161). Lobethal likewise extols it in cases of frequent pollutions occurring in the young and in partial impotence. In the homœopathic school *Conium* is a valuable remedy in numerous diseases of the genital organs, as may be seen in the manuals of Jahr and Hughes, where it is stated to be indicated in pollutions, impotence, sterility, chronic ovaritis, amenorrhœa, uterine congestion, cramps and displacement of the uterus, uterine polypi, and leucorrhœa.

Harley's evidence is important on this head. He not only confirms the testimony of tradition, but even the homœopathic school, which he does not scruple to denounce as the offspring of ignorance and error. The English physician begins with the case of a gentleman who had a severe fall, but was able to resume his journey and his usual occupations on the day of the accident. But for twenty-two days afterwards he was troubled with continual erections, together with profuse seminal discharges, which ultimately became bloody. At this stage Harley saw him; he was agitated, powerless, the limbs weak and trembling, the pulse weak, rapid, and irregular. Twelve grammes of *Succus conii* were prescribed and repeated at intervals of several hours. The treatment lasted six days. The emissions occasionally recurred on the first day of treatment, then ceased. At the end of the week the cure was complete and permanent.

"This observation," says Harley, "leads me to speak of the action of *Conium* on the genital organs. I have performed thorough experiments respecting every kind of disease of these parts. I have never seen *Conium* fail to

prove beneficial in cases of exhaustion and irritability arising from onanism, in the painful irritation occurring in persons suddenly deprived of sexual intercourse, as well as in erotic cases arising from obscure irritation in the lumbar portion of the cord. It is very remarkable that *Conium*, which is so energetic in these morbid states of the sexual organs, is powerless to repress the normal function. The ancients thought that not only did it extinguish venereal desires, but directly caused atrophy of the testicles and mammary glands, the latter necessarily involving atrophy of the ovaries. This is contrary to my experience, which has led me to conclude that *Conium*, in toxic doses, has no more the power to suspend or depress voluptuous desires than it has to arrest or depress the respiratory functions. *Conium* in medicinal doses can only act on morbid conditions of the cord, leaving its physiological functions unaffected" (p. 50).

These statements of the English physician call for criticism. While all along acknowledging the curative powers of hemlock in diseases of the sexual organs, exhaustion from self-abuse, and different degrees of excessive excitement, Harley denies that the drug possesses any physiological action on these organs. This is a most serious error. Not only does *Conium* cause atrophy of the genital organs and depress their functions in the healthy subject, but it also exalts them, thus giving evidence of those alternating and seemingly opposite symptoms which are of such frequent occurrence in certain regions of the organism. *A priori*, it is impossible that a drug which manifests a curative power in disease should not display itself in some manner in the healthy state. If I were to be told that *Belladonna* is an excellent remedy in affections of the eyes, but exerts no physiological action on the eyes themselves, I should not believe in its curative power. Has not *Mercury*, which acts so strikingly in affections of the mouth, a physiological action on the same? The new drug—*Jaborandi*—for instance, which is such a powerful sialagogue, we may, *à priori*, range alongside of *Mercury*. In fine, no therapeutic action is possible without physio-



logical action, and *vice versa*: *ubi virus, ibi virtus*. Let us now examine the facts which prove the physiological action of hemlock in the generative organs.

With respect to atrophy of the testicles and mammæ we have, first of all, the affirmation of antiquity; [this ought to be sufficient. The ancients were not deceived as to the efficacy of hemlock against pollutions. Why should they have been mistaken respecting the atrophy of the two glands in question? I know of no modern case of atrophy of the testicles, though Wood seems to say that such occurs.\* The occurrence of atrophy of the mammæ is indisputable; I shall presently instance proofs. Therapeutically, the resolvent action of hemlock on glandular engorgements is certain; a German physician, Dunkler, and two American physicians, See and Gibson, have even extolled it for goitre. Thence there is but a step to the physiological atrophy of the testicles and breasts; it is just the case of iodine.

Hahnemann mentions in his pathogenesis pains in the testicles, total loss of venereal desires, pollutions, lasciviousness, emission of the prostatic secretion during defecation (a symptom which may well be supposed to have been spermatorrhœa); furthermore, vaginal pruritus and leucorrhœa, all which symptoms demonstrate the physiological action of hemlock on the genital organs. He even quotes an observation of Limprecht, which I am unable to find, in reference to inordinate venereal desire, which bears upon the following observation.

OBS. XXXVIII.—Feminam primariam quæ forte inter pastinacas radicem cicutæ comederat, in tantam mentis alienationem et cæstrum venereum abreptam fuisse, ut adstantes omnes ad coitum invitaret, Boccone affirmat (Marci Mappi, *Historia Plantarum Alsaticarum*. Amstelodami, 1742).

In the *Philosophical Transactions*, 1697, John Ray mentions the case of a woman poisoned with hemlock.

\* The ancients said that hemlock caused atrophy of the mammæ and testicles; modern writers have adduced some evidence in support of this (Wood, *loc. cit.*).

She was almost immediately seized with furious delirium, *used obscene language*, and could not restrain herself from dancing.\* The symptoms ended with fugitive attacks of epilepsy.

Many will be disposed to consign these accounts of the production of nymphomania and obscene delirium by hemlock to the region of fable. This aspect of hemlock delirium seems to me curious. I admit the facts. Many will also deride the Hahnemannic symptoms; such may repeat the experiments, that is the only way of clearing the matter up. For my own part I have never found Hahnemann in error when I sought to verify his statements experimentally, as what I have written upon arsenic proves. I learn from antiquity and all tradition that hemlock is one of the best remedies for seminal emissions; I am not surprised to find such appearing among the physiological symptoms of conium. That must be in virtue of the *simile*.

We may next adduce the following confirmatory facts. In his experiments above referred to, Albers states that the procreative function is weakened. According to him the weakness both of motor and emotional power which follows the ingestion of conicine coincides also with the impaired generative activity observed after the administration of extract of hemlock to irritable subjects and such as are liable to convulsions. According to MM. Damourette and Pelvet,† the depression of the generative functions attributed to conium by the ancients, if it really occurs, is to be accounted for by the anæmic condition of the vessels proceeding to the *corpora cavernosa*, by the paralysis of the erector muscles, by a certain anæsthesia of the seminal canals, and perhaps, also, by diminished activity of the spermatozoids.

*A priori*, when we find from the history of poisoning cases that hemlock acts so energetically on the cord, pro-

\* This justifies the name given to hemlock in Provençal, viz. Ballandina (p. 192).

† "Action physiolog. et thérap. de la Ciguë et de la Conicine" (*Gazette Médicale*, 1870).

ducing alternately convulsions and paralysis, is it surprising that it should elicit symptoms of excitement and depression in the genital organs? Harley, who denies any physiological action of conium on these parts, ought to have been enlightened by the observation of Alderson, in which the poisoned subject voided urine as well as fæces. In fine, there are sufficient facts to prove this physiological action, and so antiquity was right in deeming hemlock an anaphrodisiac.

In order to confirm these conclusions it is necessary to reply to an objection which naturally arises against this property of hemlock. Special reliance is placed on the testimony of Störck, who maintains that he never noticed any physiological action of this drug on the genital organs. Sachs seizes on this statement in order to demolish what he calls the idolatry of antiquity. Cesterlen laughs at Dioscorides and Pliny on account of what they related concerning the atrophy of the mammæ and testicles. According to M. Gubler, the doctrine is not confirmed by the *rigorous observation of facts* (one of his decisive phrases). As we see, Dr. Harley has precedents and supports. Certainly, the negations of Störck and of the English physician deserve to be examined and pondered, since they proceed from two men who, at the interval of 100 years, have specially experimented upon hemlock. We thus reply to this objection, one which, it may be added, is constantly raised in respect to other drugs.

Every physician who denies a fact because he has not himself witnessed it, takes a ground which is wholly untenable. In the whole course of our life we hardly see the  $\frac{1}{100,000}$ th of the entire mass of facts, especially in pharmacodynamics. The frequent administration of a drug does not confer a complete knowledge of the same. How many physiological circumstances escape our notice through lack of attention, and even of observation! Further, the diseased state is not well adapted to the study of the physiology of drugs. Morbid symptoms usually cover and annihilate medicinal symptoms; besides, the two are often

confounded by the ignorant, that is to say, by the greater number of persons. In order to see clearly we must have pure experiment.

On the other hand, every drug, with its numerous symptoms and the multiplicity of their combinations, may be compared to a lottery. One may draw, so to speak, all one's life long without seeing some particular number or series of numbers. Numbers of physicians, especially in hospitals, give *Arsenic* every day in massive doses; how many among these have observed arsenical tremors? I have only myself seen them once.

Compare what Störck said respecting the action of this drug with what is now known on the subject, and it will be seen of how many points in its physiology he was ignorant. Harley himself is very incomplete on this subject; yet both he and Störck largely experimented with the drug. They did not see everything, any more than many other people. But if, leaving the diseased subject, they had experimented on healthy subjects in large numbers and for a long time, with various doses, they would have themselves witnessed numerous cases in which the action of hemlock on the genital organs was manifest. The physiology of hemlock, which is still so incomplete, would have gained thereby.

On the other hand, this drug, administered in medicinal doses, seldom produces its extreme effects. The occurrence of priapism or nymphomania is exceptional. But, short of this extreme effect, how many minor effects escape us in this department, for the simple reason that it is difficult to interrogate invalids on this delicate subject, and to discriminate between the medicinal action and the physiological state or its accidental aggravation!

I have said enough to reduce the combined negatives of Harley and Störck to their just value. On this point in pharmacodynamics their *dicta* cannot be accepted; until further light shall be thrown on the subject, the verdicts of Hahnemann and Dioscorides must be sustained.

Let us now approach the question as to the breasts. Dioscorides said:—"Lac ibidem restringit et mammas

virginum crescere non patitur." Pliny, in like manner:—  
 "Anaxilaus auctor est mammas a virginitate inlitas  
 semper staturas; *quod certum est*, lac puerperarum mammis  
 imposita extinguit." The voice of antiquity then, asserted  
 the occurrence of atrophy of the mammæ, and of the sup-  
 pression of the mammary secretion in nursing women.  
 Pliny deemed this latter effect certain; it is needless to  
 add that the verdict of the ancients has been repeated  
 up to the present time. With regard to tradition, Avi-  
 cenna, Ambrose Paré, Etmuller, Geoffroi, and many others  
 may be quoted as to this point. It is noteworthy that the  
 belief in the atrophic powers of hemlock has at all times  
 prevailed among the multitude. At the beginning of the  
 18th century Francken of Frankenau mentioned, in his  
 Flora,\* that women used to put hemlock plasters on their  
 breasts, when the latter were flaccid and pendulous, in  
 order to make them firmer, and so to improve their  
 figures. In mentioning this custom, Geoffroi states that  
 Dodonæus deemed it rash and dangerous. Borelli had  
 already published the account of a fatal poisoning case  
 resulting from this practice. The numerous experiments  
 of Störck and his disciples upon tumours of the breast all  
 support these facts. Although the experimenters may in  
 some cases have been in error as to the nature of these  
 tumours, still hemlock possesses a curative action, and  
 thus confirms the accounts of antiquity.

Hahnemann himself, before he became a homœopathist,  
 as may be seen in his translation of Cullen, recommended  
 hemlock plaster in indurations of the breast due to ex-  
 ternal violence. In our own time Pereira has furnished us  
 with important evidence; of late, he says, a special action  
 on the breasts has been ascribed to hemlock. In two  
 cases its use brought on atrophy of these organs (*London  
 Medical Gazette*, viii). We shall adduce other facts which  
 prove the power of hemlock to arrest the secretion of milk.

The opinion of antiquity is unanimous as to this.  
 Geoffroi, who condemns the use of hemlock on account of  
 its producing atrophy of the breast, seems not to reject it

\* *Flora Francica rediviva*, Leipzig, 1716.

as a lactifuge. Contemporary observation is more conclusive:—A weak, very irritable woman suffered from a constant excessive flow of milk for eight months after her confinement. After the fruitless use of many remedies, she was completely cured in a few days by extract of hemlock administered in half-grain doses every two hours (Gebel, *Hufeland's Journal*, 1803). Guidet esteems the extract a remedy sovereign in such cases (*Journ. de Méd. et Chir.*, 1806). D'Outrepoint was convinced that hemlock holds the first rank among specifics for this affection. It has a marked action on the mammary glands, consisting in an immediate lowering of their activity, but not restricted to diminishing the secretion of milk, since the prolonged administration of hemlock brings on complete atrophy of the mammary gland, so as to render it unfit to discharge its functions after subsequent pregnancies (*Zeitsch. für Geburtshilfe*, 1829). He brings forward the two following interesting observations on this subject.

Obs. XXXIX.—A very beautiful actress was, many months after her confinement, attacked with considerable enlargement of the breast and excessive secretion of milk. All the usual remedies were applied in vain; at length her physician ventured to prescribe a mild infusion of hemlock, which she took for two days. The flow of milk was all at once arrested, but the two breasts diminished wonderfully in size, which vexed the patient much. She became pregnant shortly afterwards, but the breasts remained unaltered; they hardly swelled even during her confinement, only secreting a few drops of milk, after which they never more resumed their functions.

Obs. XL.—The mother of four fine children, all of whom she had nursed, suckled the last during fifteen months. She weaned it, but the secretion of milk continued so profuse that she lost 4 litres daily, being obliged to keep constantly changing the linen and underclothing about her breast. The menses were suppressed, and she was still unable to become pregnant. This state of things lasted for four years, during which time every imaginable remedy had been tried. D'Outrepoint then took her in hand. The patient was not at all enfeebled by the constant discharge. He tried first to restore the menses and succeeded

after five months, but the excessive flow of milk persisted to some extent. The woman was very impatient to be cured. D'Outrepont then gave her one grain of extract of hemlock thrice a day. At the end of a week the flow was completely arrested, but the breasts had considerably diminished in bulk. The menses resumed their normal course, but when they ceased the flow of milk reappeared. The patient then took, on her own responsibility, seven grains of extract of hemlock instead of three. The effect was soon apparent: the breasts diminished to such a degree that nothing remained but flaccid skin; the menses ran a tolerably regular course, but the flow of milk never returned, and the patient never again became pregnant.

The German accoucheur quotes Professor Benedict of Breslau in reference to this, who, he tells us, had previously noticed the remarkable action of hemlock on the organs of lactation. I succeeded in procuring the German professor's monograph, from which I extract the following passages:—Conium acts on the mammary glands in a specific and, as yet, inexplicable manner. In a woman in whom the glands are healthy it produces fugitive darting pains with a shooting and tearing sensation in the secreting organ. After a long course of hemlock the parenchyma of the gland becomes shrunk and shrivelled; in nursing women it gradually diminishes, and at length stops the secretion of milk; it does not cure true scirrhus of the breast, but, on the occurrence of the pains caused by hemlock, the tumour, instead of increasing, appears sometimes to diminish. In ulcerated cancer it only improves the quality of the pus temporarily. It acts very energetically in obstinate lactating engorgements, even if of some standing. . . . As a rule amelioration takes place when the fugitive dartings, of which we spoke above, come on. . . . In the cases of lactatory engorgement which I have treated with *Conium* I have never seen the occurrence of inflammation or suppuration. In such cases we may also try *Belladonna*, but this drug has not, like hemlock, a specific action on the gland in question (pp. 15 and 16). Benedict returns to this question in another chapter:—Hemlock, he says, which has been so highly spoken of by the Vienna

school in cases of cancer of the breast, undoubtedly possesses a specific action of its own on this organ. By the internal use of this remedy lactatory engorgements diminish, the diminution being accompanied with special darting pains, and they finally disappear altogether. Excessive flow of milk is cured by hemlock. This drug produces a sensation of drawing and shooting pains in the healthy breast, and at length evident atrophy of the gland. It was this atrophied condition of the breast which led physicians to extol the remedy. While the mammary gland became more or less flattened they imagined the scirrhus was diminished . . . . All these phenomena have given credit to hemlock in the palliative treatment of cancer. It is not true, as I have frequently observed, that hemlock will make an adherent cancer movable, and facilitate an operation. The long-continued use of *Conium* in increasing doses brings about a singular alteration in the patient's constitution, and predisposes to paralysis, hectic fever, and dropsy (p. 116).\*

Dr. Moritz has recently drawn attention to the use of hemlock in engorgements of the breast in puerperal and nursing women (*Wien. Med. Press.*, 1871). According to him the best remedy in these affections is extract of *Conium*, a drug which, though not new, has fallen into desuetude. He has employed it for many years—(1) when during the first days after confinement the patients complain of violent pains in the breast; (2) in mammary engorgement in women who have weaned the child; (3) when the lacteal secretion will not yield to the ordinary remedies; (4) in cases of inflammation followed by lactatory engorgement. In all these cases Moritz is convinced of the promptitude and certainty of this remedy, which he gives in doses of from three to twelve centigrammes four to six times daily.

These results are so satisfactory that, as Pereira says, we ought to employ hemlock more frequently in engorgements of the breast and excessive lacteal discharge. We look in

\* Benedict, *Bemerkungen über die Krankheiten der Brust und Achsel-drüsen*, Breslau, 1825.



vain for these applications of the drug in our recent dictionaries (Dechambre and Jaccoud). In one of these works MM. Ollivier and Bergeron speak of the lactifuge property of hemlock as fabulous, while M. Gubler discovers that it is not demonstrated by "rigorous observation of facts." Evidently the professor of the Faculty of Paris has spoken without knowledge. Sceptics and disbelievers are too often persons who have neither read nor investigated for themselves.

Assuredly there are facts enough to endorse the justness of the observations of the ancients; besides, the physiology of the drug comes in support of them. Hahnemann has mentioned, in his pathogenesis of hemlock, pain and even engorgement of the breasts as produced by this drug. Now, the symptom "pain" is completely confirmed by Benedict, the Breslau professor, who was no homœopathist. He agrees with Hahnemann. He describes minutely shooting and tearing pains produced in the breast by means of hemlock; this is, in his view, one of the conditions of cure, and for every physician it ought to be a proof of the elective affinity of *Conium* for the mammary gland. This elective affinity is a perfect criterion of its therapeutic action.

The moderns have verified what the ancients said about hemlock in the case of the common hemlock; therefore, it is identical with the hemlock of Dioscorides and Pliny.

#### CHAP. VI.—ADDENDA AND CONCLUSIONS.

When I began the present article on hemlock I lacked several important documents; among others, the old thesis of Steger, and the work of Christison which appeared in the *Edinburgh Philosophical Transactions*, 1836. I was so fortunate as to obtain these subsequently, and am therefore obliged to append certain *addenda*.

I. The thesis of Steger, *De cicuta Atheniensium pœna publica*, Lips., 1723, is a masterpiece of learning surpassing any of the works of our inferior age. I subjoin an

analysis of it in order to give completion to some of the topics which I have handled.

Plato and Xenophon usually employed the word *φάρμακον* where others used the term *κώνειον*. We learn from the old grammarians Hesychius and Pollux that the first word, besides having a generic signification of its own, was used as a synonym of the second. The orator Libanius used the following expression in one of his speeches: *venenum (φάρμακον) peto, cicutam quero, mortem desidero*.

The Greeks used the word for hemlock in the feminine gender also, *κωνεία*. They likewise called it *νάρθηξ*, *ferula*, on account of its resemblance to that plant; from the likeness of its seeds to those of anise it was termed *ἀνησοειδής*; it was also designated *ἐφήμερον*, as formerly stated, on account of the rapidity with which it causes death.

The Latins designated hemlock by means of many circumlocutions:—*Calix venenatus* (Seneca); *potio publice mixta* (id.); *herbæ pestilentis succus noxius* (Apuleius); *veneni potio* (Valerius Maximus); *sorbitio cicute* (Persius); while the Greeks used such phrases as “to drink hemlock,” *κώνειον πίνειν*; or described this mode of punishment as “the draught of hemlock,” *τὴν τοῦ κωνείου πόσιν*; and, humorously or ironically, *φιλοσηγία*, an act of friendship, which the lexicographers have rendered *propinatio, invitatiuncula ad propinandum*.\* I have already spoken of the word *φάρμακον*.

Steger is of opinion that the use of hemlock in judicial executions dates from the time of the thirty tyrants, one of whom, Theramenes, was the first victim mentioned in history. This opinion may be supported by a passage from Lysias, in which it is stated that the custom was introduced or habitually practised by the Thirty. The Greek passage is ambiguous: *ὑπ’ ἐκείνων εἰθισμένον*.

Clearchus, tyrant of Heraclea, thus put to death a number of his fellow-citizens. Olympias, mother of Alexander the Great, sent a sword, a rope, and some hemlock to the

\* *Thesaurus linguae Graecae*, 6d. Didst.

imprisoned Eurydice, giving her the option of any of these modes of death.

Polemarchus was the next victim of the Thirty after Theramenes; next came Socrates and Photion. A passage in the *Phaedo* proves that many had been put to death by means of hemlock before the Athenian philosopher. Long after the overthrow of the Greek republic persons were put to death among the Romans by means of hemlock. In proof of this Steger adduces the martyrdom of St. Justin.

Hemlock is not universally poisonous. Galen mentions the case of an Athenian woman who used to swallow large quantities of it with impunity. Steger might have added that St. Augustine relates the same fact. We learn also from a passage in the *Phaedo* that many of those sentenced to death were obliged to repeat the dose of the poison two or three times before a fatal result occurred; it is a question of individual idiosyncrasy.

The ancients had many antidotes to hemlock, such as wine, rue, gentian, amomum, myrrhis, and pepper. The Heracleans used rue.

Xenophon says, in his apology of Socrates, that death by hemlock is the easiest of all deaths. Libanius, in his orations, says the same thing, which accounts for the fact of hemlock's having been used for suicidal purposes more than any other poison, even in mythological times. When Sthenobœa had fallen in love with Bellerophon, and was unable to gratify her passion, she put an end to her life by drinking hemlock. The impious violaters of the temple of Minerva did the same. Three dissolute Athenians—Pericles, Callias, and Nicias—killed themselves in the like manner after having squandered all their means. The accounts of the old men of Ceos and of Seneca's fruitless attempt are well known. Many references occur in Libanius to this use of hemlock for suicidal purposes, which is readily accounted for by the rapidity and painlessness of this mode of death.\*

\* On the 5th April, 1875, the New York papers mention the suicide of Professor Walker by hemlock. His death occurred in two hours, ten minutes; up to the last moment he had the courage to write a description of the effects of the poison. This is the first case of suicide by hemlock in modern times.

It was for this reason that this mild form of punishment was inflicted on distinguished men in the republic, who were thus discriminated from ordinary criminals. Their corpses, too, instead of being cast into the Barathron, or ditch which received the bodies of such as had been executed, were restored to their friends, who honoured them with the due rites of sepulture.

The Athenian executioner himself supplied the hemlock to his victims, making the latter pay him its cost. Steger does not think that the judicial poison was publicly kept at Athens as at Marseilles. He is no adherent of the theory of its having been a compound poison, and embraces the notion of Licetus, which I shall presently explain. I may remark that no ancient author has said anything about the poison's having been *mixed*.

We do not know what fluid was employed as the vehicle of administration. Steger conjectures that it was wine, on account of a passage in Pliny—*in vino pota irremediabilis*.

We may infer from a passage in the *Phaedo* that those who were put to death by hemlock drank the poison after sunset, having previously taken a good meal.

On 6th October, 1651, Guy Patin wrote to Licetus, a learned physician in Padua, asking his opinion as to the substance of which the ancient poison was composed. Three months later the Italian physician replied at full length to his Parisian confrère's query on this matter.

Licetus thought the French and Italian hemlock was less active than the Athenian hemlock, because the natives of Marseilles sent to Greece for their supplies of the drug. We learn from Plutarch, Pliny, and Dioscorides that the Greeks made no addition to the hemlock. At Athens the judicial poison was not kept in a public store. They purchased it from druggists, who prepared it from the juice dried in the sun and made into lozenges, or dissolved the same in wine for administration to criminals. The Greek hemlock was sufficiently active of itself not to require the admixture of other poisons.

II. When Professor Bennett read the account of his case to the Medical Society of Edinburgh, Christison, struck

with the facts, said he felt disposed to embrace the opinion of those who held the identity of modern and ancient hemlock, and that he had the more pleasure in expressing this conviction because ten years previously he had maintained the opposite doctrine in an article published in the *Transactions*. I must now examine this work in order to reply to some objections which are there started.

The eminent toxicologist has stated that the descriptions given by Dioscorides and Pliny were applicable to twenty different umbelliferous plants; that the term *nigricans* applied to the stem did not tally well with the remarkable spots on hemlock. The comparisons drawn with the leaf of the *ferula* and of coriander are not exact, a remark which also applies to the term "hollow" given to the root by Pliny, and that of "deep" bestowed on the same part by Dioscorides.

I cannot allow, with Christison, that the *cicuta virosa* is the plant most nearly resembling the description of ancient hemlock. The root of conium is hollow as much as that of water-hemlock; besides, the latter did not grow in Greece. It is not the fact that the latter is more poisonous than conium.

Christison was not staggered by the assertion of Sibthorp. He maintains that the old name of hemlock does not occur in modern Greek, and that it has nothing to do with the modern word *βρωμοχόρτον*, by which it is now designated according to the English botanist. Here there is evidently a mistake. The word *κώνειον*, hemlock, is found in the modern dictionary of Charles *βυσαντιος*, printed at Athens in the year 1846. The word *βρωμοχόρτον* does not occur in that book; besides, this word means "a plant with an unpleasant smell," which of itself is sufficient to demonstrate the identity of ancient and modern hemlock. Pereira was right in saying that the word *κώνειον* is still in use among the modern Greeks.

Christison was willing to acknowledge that *physiologically* the description of ancient hemlock agreed much better with the known properties of conium than did its botanical description; nevertheless, he maintains that the description

given by Nicander is applicable to many other narcotics and to various umbelliferæ. It is difficult to accept this statement in view of the facts above recorded.

Christison thinks it surprising that Theophrastus, who was born twenty-eight years after the death of Socrates, nowhere speaks of the celebrated state-poison; he thence infers that this poison was not hemlock. But though, in speaking of κώμηλον, Theophrastus does not refer to its use in judicial executions, the omission clearly ought to be ascribed to the fact's being universally known.

Christison, like so many others, maintained that the description of the death of Socrates does not agree with modern observations on hemlock-poisoning nor with that given by Nicander. He adds that no toxicologist could maintain the existence of a poison which acts by producing ascending paralysis, with coldness and stiffness of the limbs, without at the same time causing pain and stupor. I have adduced facts in reply to this objection, and discriminated between the variety of hemlock-poisoning which occurred in the case of Socrates and that which is characterised by delirium and convulsions. In considering the account of the death of Socrates Christison is forced to conclude either that Plato (who was not himself present at his master's death) has given an imaginary description, or that we have lost all traces of a very active poison only known to the ancients. We cannot accept this dilemma for reasons adduced in former pages; besides, there is no use in preaching to a convert, and Christison seems to have acknowledged his mistake when he learned the particulars of Bennett's case.

This article, which has cost me so many researches, must now be brought to a close.

I fancy we shall no longer be allowed to say with Quarin—"Planta hæc . . . multum hallucinari fecit botanicos, ita ut venenatissima illa veterum cicuta, qua Socratem e medio sublaturum Plato refert, minime esse videatur" (*Tentamen de cicuta*).

No more shall we be allowed to say with the modern annotators of Pliny (coll. Panckouke, 1831) that the *plant*

hemlock is different from the *draught* of hemlock so famous in antiquity on account of the death of Socrates.

I think I have abundantly demonstrated, by means of five distinct classes of evidence, that the celebrated philosopher was put to death by means of what is now called hemlock, and by nothing else. I hope I have been so fortunate as to produce conviction in the minds of my readers.

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## HOMŒOPATHY: ITS NAME AND RELATION TO MEDICINE.

By C. WESSELHOEFT, M.D., Boston, Mass.

THE *Boston Medical and Surgical Journal* (vol. xcii, No. 22, p. 661) quotes a reply of Dr. R. E. Dudgeon to an article in the London *Lancet* on homœopathy, which we copy below. The number of the *Lancet* containing said article is not at hand, but we trust it is correctly copied. We herewith offer a few remarks on Dr. Dudgeon's words, not for the sake of criticising them, but for the purpose of supplementing a few ideas.

In doing so we feel induced to apologise to one of the champions of homœopathy in England, nay, to one who has battled long and successfully against oppression, and who has succeeded in forcing our opponents into a position whence their ridicule, at one time offensive, now begins to be ludicrous in its weakness.

Still they have not surrendered; still they are numerically strong; and it will not do to concede too much to propitiate an opponent who is ever ready to take undue advantage of every generous advance. Dr. Dudgeon's words are—

“ We do not assume the name objected to; it has been bestowed upon us, and most inappropriately, for it refers only to a part of our practice.

“The sole difference between you and us is, that we are medical men who hold ourselves free to avail ourselves of all the resources of therapeutics, including homœopathy, while you profess yourselves free to avail yourselves of all the resources of therapeutics, except homœopathy. Having always felt that the names ‘homœopath’ and ‘allopath’ were nicknames, we shall only be too happy to abandon them. Cease to call us homœopaths, acknowledge our right to practise medicine according to our judgment, throw open your hospitals and dispensaries to the competition of all without distinction of medical creed, and you will see a rapid extinction of homœopathic journals, hospitals, societies, and directories.”

How is Dr. Dudgeon going to include homœopathy in his therapeutic resources and at the same time abandon the distinction? We do not see how he can even partially admit a principle without claiming some name or application for it. Even if he only conditionally admits it other physicians will find some name or title for him, and what, after all, is the harm in the term homœopathy? It suits the principle to which it is applied quite as well as most Greek or Latin derivations, such as, for instance, pharmacodynamics, electro-therapeutics, gynæcologist, chiropodist, and a thousand other similar appellations that only remotely define the thing they are applied to. The term homœo-therapeutics was long ago suggested. It is much more appropriate; why was it not adopted? Merely because it was fashion to say homœopathy. Or, if it had been adopted, does Dr. Dudgeon believe it would not have been assailed and objected to by captious opponents? There is no doubt of it.

If we are to abandon the name of homœopathy to please our opponents, what may we be graciously permitted to call ourselves or our practice supposing a large number of those still to remain who are convinced that the maxim of similars is the best we have to govern our choice of medicines—who still entertain the firm conviction that under this simple empirical rule most medicines need not be given in large doses, nor in the form of compounds, but



singly and simply in more or less minute or even attenuated doses?

The attempt has frequently been made on the part of ardent adherents of homœopathy to change its name, but without success. It has not suited, and may be changed; but what shall we call our practice? Please inform us, is it after all the name, the shibboleth, the "exclusive dogma?" We say it is not that which troubles our opponents. They have long felt conscious of having assumed a weak position in regard to us, and the excuse of the objectionable name sophistically said to imply an "exclusive dogma," as they call it in Boston, is, in our opinion, a confession of weakness which would be more creditably expressed by a frank avowal if reconciliation were really their object.

They do not object to *similia similibus*, to small doses and all that—oh no; it is only to the names, for the editor of the *Boston Medical and Surgical Journal* (No. 22, p. 554) assures us that no one has objected to their employing any medicine they chose. No one has found fault that they believe in "*similia similibus curantur*," &c.—no indeed; it is only that they practise according to a "specific dogma," or a "certain dogma," or an "exclusive dogma," which has always born the title of homœopathy, whose favorable working threatens to displace their ruder and less successful practice.

The case is well put by Dr. Dudgeon in saying that we claim the right to avail ourselves of all therapeutic resources, while our opponents do not. But to say that we employ all therapeutic resources including homœopathy naturally conveys the impression that it occupies a very inferior position in our practice, worthy to be mentioned last among therapeutic resources, and the *Lancet* is not slow to take advantage of the phrase.

There are many physicians who make the rule of similars go a great way—who know how to accomplish excellent results by it in the majority, the great majority, of their cases; if they are graciously permitted to continue their practice, by what definition shall they be distinguished?

although they will admit, nay, demand that all the therapeutic resources be open to them.

Our opponents know well enough that we have always made use of other therapeutic means ; we have freely made use of surgery and anæsthetics ; have always used antidotes to poisons as any rational being would have used them, and have freely acknowledged every other possible way of using medicines, but were in the main satisfied that the principles known as those of homœopathy were not only correct, but that they answered the therapeutic purposes of everyday practice better than other methods, for the exceptional use of which, however, we always claimed the right—to be sure, not the *exclusive monopoly* which we might without injustice accuse our opponents of claiming, who call themselves “rational” and “regular” while they dispute our modest title.

Every man of sense and taste hates shibboleths and partisan watchwords. Science and patriotism leave such phrases to charlatans and politicians. But let us know who we are. If we have the right to practise medicine in a way differing from that of others, we should also have the right to define our practice by an appropriate name.

When Hahnemann called the Galenian principle of *contraria contrariis* “allœopathy” he meant no offence ; neither did he nor do we intend to pin our last hope to the name of homœopathy, by which its originator simply intended to express a distinction between his, and the Galenian maxim. If those of different practice from ourselves disavow that ancient principle which Hahnemann rejected, we certainly are no longer justified in calling them allœopaths, and we will never do so again if we can help it and if they don't practise that way. On the other hand, they shall have the privilege of calling us homœopaths, or not, if they want to. But they should bear in mind, if they can, that, while we are ready to abandon that name for a more appropriate one, which we are ready to accept even from our opponents, we shall fasten the stigmata of “quacks,” “exclusive dogma,” “falsehood,” “fraud,” upon those who so wantonly indulge in these epithets.

By generously admitting too much Dr. Dudgeon has been interpreted by the editor of the *Lancet* as having dealt the "death-blow to homœopathy," and the editor at the same time expresses the hope that the name will henceforth be erased from our writings, our hospitals, societies, &c.

That is the point. We are not only expected to surrender the name, but our practice and convictions, identity and self-respect. All we get by honorable concessions is, that our opponents indulge in insulting language, by demanding that we should "undeceive" the public by openly declaring, as Dr. Dudgeon has done, that we do not exclusively practise homœopathy.

Grant each man absolute liberty of conscience, say we. There are those who choose to practise homœopathy exclusively. Let them do so; who dares object? Let those who choose include any other method or principle in their manner of prescribing drugs; they have a perfect right, and no one shall condemn or abuse them; or, like the man in the Vatican, hurl anathemas at others because they dare to be free in practice. Condemn those only who profess to practise homœopathy exclusively or partially, but who do neither.

Give up the name if you please; who cares? But those who imagine that a principle is to be surrendered with an objectionable name are much mistaken; for we shall still claim the liberty of publishing clinical cases of cures performed according to the maxim *similia similibus* with all sorts of doses; and of cases cured with simple, single medicines. We shall continue to want journals to publish our cases in; and if the *Lancet* or the *Boston Medical and Surgical Journal* will not accept them, we shall publish them in our own journals.

We shall, notwithstanding possible relinquishment of the name, accept and treat patients according to the above maxim; and if our opponents refuse to treat patients homœopathically in their hospitals, as they have a right, we shall continue to build hospitals of our own, and cordially invite every lover of liberty in science to come and see us

work instead of placing difficulties in his way. If we are not allowed to learn anything about the method of Hahnemann in Harvard Medical College, or other kindred institutions, we must have medical schools of our own, where we may teach *all* the best methods of curing the sick. And lastly, if we are not permitted to belong to other medical societies, on the sophistical and utterly unfair pretext that we "advertise an exclusive dogma" (whatever such nonsense may mean), if we are denied the right and privilege of speaking of our mode of practice in those societies whose rules and bye-laws—constitutional or unconstitutional—exclude us, we shall continue to belong to societies where we may cultivate a branch of medical science which others prefer to abandon. At the same time we cheerfully concede that each society has the right to determine who shall be its members, and what the object and business of the Society shall be; and if it is a part of their creed to exclude physicians because they differ from the majority in their convictions concerning the administration of drugs, no one should deny them that right any more than if they chose to wear their garments inside out. But we would remind our friends as well as our opponents, if any of the latter should surreptitiously scan a number of this Journal, that the common sense of the public will judge medical societies according to the ethics, taste, and sense of propriety with which their bye-laws are framed and executed.

Notwithstanding much annoyance, the late "trial" of our colleagues in Boston has been fruitful of some experience, not the least of which was that we had allowed ourselves to fall into the same error which now proves to be the weak point of the old-school medical societies, and which will surely lead to their decline. They demand of their candidates that they shall practise according to certain dogmas, or, in the words of *Boston Medical and Surgical Journal* (loc. cit.), "to sign an agreement to do certain things;" and not to do certain others, namely, to recognise or to practise homœopathy introduced by a famous and honoured German physician, whom they odiously place in one category with the scum of quackery such as can only

emanate from their own New England—and Boston in particular—spiritualism and Thomsonism.

As has been frequently pointed out in able articles and rejoinders contained in past numbers of this Journal, and as everybody knows, homœopathic societies were established on account of this very ostracism and exclusive dogmatism of the self-styled “regular” or “rational” doctors, and in forming these societies a bye-law was adopted making it obligatory upon candidates for admission to practise according to a maxim known as *similia similibus curantur*. Although not a word was ever contained in such bye-laws prohibiting applicants for admission from practising any other method of applying drugs, the construction of the clause contains a technical rather than an actual error in principle.

The writer of this article, though in no manner connected with the so-called “trial,” watched its progress with much interest, and was soon forcibly impressed with the inconsistency of the position of our societies, who, by farther retention of such sections of their bye-laws, placed themselves on an equal footing with their intolerant opponents, who, with their reliance on their numerical strength, shrank from no measure of injustice, however flagrant.

Still, other disadvantages resulted from the weak clause in our bye-laws. Many very respectable physicians, who had not yet practised according to the maxim required in the bye-laws, but who desired to see its workings and to know those who were conversant with it, could not become members of the society. They were obliged to remain outside, or they, as well as the censors, were constrained to stretch matters in order to avoid palpable injustice to respectable practitioners. There were others, again, who had practised homœopathy a little, and who only partially understood or accepted its teachings, though they still depended largely on other methods of practice. These could also have been excluded by rigid enforcement of the bye-laws.

It was one of those laws that are easily broken and difficult to enforce, because wrong in principle and construc-

tion, though not in intention. It was too much of one spirit with the bye-laws of opponent societies whose asperity and intolerance had called ours into existence. Now that our integrity and firmness of principle were at stake it was time to correct the error; and at the meeting of the Massachusetts Homœopathic Medical Society of October 9th, 1872, the author offered the following amendment to the bye-laws, namely, to strike out the clause requiring of candidates that they should *practise medicine in accordance with the maxim "similia similibus curantur,"* and to insert in its place—

*"This Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects."*

These objects, which had not been defined at all in the old "Constitutions and Bye-laws," it was now time to designate distinctly, as they are expressed in this clause:

*"Since homœopathy aims at the improvement and reformation of the art of healing by medicines proved by every means that promises to enlarge the knowledge of the laws governing the action of drugs, this Society hereby declares its object to be—*

*"The development of the Materia Medica by proving of drugs upon the systems of men and animals.*

*"The administering of medicines, thus proved, to the sick, in accordance with the formula 'similia similibus curantur.'*

*"The encouragement of special studies and reports calculated to improve its members in the collateral branches of medicine."\**

This amendment was unanimously adopted at the subsequent meeting, April 9th, 1873. In the same year similar bye-laws were adopted by the Boston Homœopathic Medical Society; and in June, 1874, by the American Institute of Homœopathy at Niagara Falls.

\* Although this is not quite the original wording of the amendments as offered by me, the committee to whom it was intrusted reported favorably the entire substance of the original, with but few verbal alterations,

#### 64 *Homœopathy, its Name and Relation to Medicine,*

The effect of this is, in the first place, to express most distinctly the object of the society, and to define the reasons and purpose of its existence. And secondly, the status of the members was also defined. It places homœopaths where they should have stood before, upon a declaration of principles like those expressed by Dr. Dudgeon, that we hold ourselves free to adopt and perfect homœopathy along with every other branch of medical science, to the study and perfection of which all respectable physicians are invited.

Homœopathy, or what we still imply by that name, was purposely made prominent among the objects of the society, but it excludes nothing that experience does not prove to be objectionable. It is still imperfect; our provings, though voluminous, are imperfect, and our manner of applying medicines requires numerous tests and much research.

The object of the society was, therefore, defined as above to prevent, if possible, too great differences in the discussions, for which the field is sufficiently ample.

Each branch of medical science is represented by a distinct committee or section; and if it should be deemed necessary to appoint such a committee on any other principle of applying drugs but that of homœopathy, there can be no objection under the bye-laws.

The limitation and division of *society-work*, as agreed upon and accepted by its members, is a very different thing from the persecution of physicians on account of differences of opinion and practice *outside of societies*, for they were expelled, not for what they did in the Massachusetts Medical Society, nor for what they did outside, but for what they were *accused* of doing outside, in private practice. In the course of their opposition our Boston opponents hesitated not a moment in urging the most absurd objections. Thus, in their answer to the *Bill of Complaint of the Homœopaths*, they quote a sentence from the preface of a book, Hahnemann's *Organon* (fourth American edition, p. 18), as if it were a clause of the bye-laws of our Society, or as if every man were bound by it. It is a sentence in which Hahnemann defines homœopathy as "a perfectly simple system

of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive (and in that way only serviceable) that, as the doctrine is pure, so must the practice be also . . . &c."

Although no physician ever held himself bound morally and intellectually by any clause in the preface of any text-book, the members of our old-school State Society pretend to think that we are bound in that manner, that we have transgressed our own laws and theirs, in proof of which their legal adviser was cajoled into incorporating such a nonsensical plea in their rejoinder to the injunction of the homœopathists.

Since the same arguments are constantly repeated in England, these facts may be of interest to the readers of this Journal.

What is homœopathy but a branch of medical science, and of therapeutics more particularly? It is but one method of applying medicines in disease, different from, though not necessarily excluding, other methods. We do not deny their usefulness; we do not deny that medicines can be applied, in the case of diseases, upon other principles. All we claim is, that we desire for the present to develop this one principle of applying drugs as medicines. It is of so great a scope, it has already proved to be of vast general applicability, and promises still greater development and success, that many physicians find other methods quite superfluous.

As all other branches of medical science have subdivisions or specialties, therapeutics are also advantageously divided. Surgery is separated into innumerable specialties, some of which require a life-time for their acquisition, some but a few hours. It is common to find societies formed for the special purpose of developing and perfecting these subdivisions. There are otological and ophthalmological societies; there are organisations devoted to the improvement of obstetrics, the diseases of children, &c., &c. The members of each special organisation are usually also members of some central or general medical society.



The homœopathic method of treating diseases is a specialty in therapeutics, but it is one permitting of so extensive an application, involving so inexhaustible an amount of material and research, that it overshadows other methods of applying medicines, though possibly it may not prove to be of universal applicability. Why should not therapeutics have its specialties as well as surgery? Why cannot we practise the specialty of applying medicines according to a certain maxim and method?

Notwithstanding this very necessary and wise subdivision of scientific work, we are accused of exclusiveness, of advertising dogmas, and what not. Let us suppose we were not excluded from other general societies, and that we had always lived in perfect harmony, we would, nevertheless, have the right and privilege to form societies for special purposes, just as those do who persecute us.

The same principle applies to our homœopathic general societies. We will suppose, again, that a certain number of members of a State society were especially interested in some question or subject which they do not consider as sufficiently represented or cultivated, who could possibly object that these persons unite for the purpose of cultivating the subject in which they happen to be especially interested? No general society would be justified in attempts to disparage such unions. On the other hand, a member of some special society, who might attempt to condemn or disturb the general society to which he also belongs for not adopting each individual's views, would merit severe censure on account of bigotry and intolerance.

We believe that the determination of our rights in professional communities, by liberating the constitutions and bye-laws of societies from errors, by throwing open our doors to all well-accredited physicians, will strengthen our position immensely. We feel that we have taken a step in advance of our opponents, who in their own cramped exclusiveness, which they forgot to expel with us, can no longer offer successful resistance.

The free acknowledgment of our errors has always strengthened our position. Scientific errors are abandoned

as soon as they are proved to be untenable. All we ask for is logical demonstration and scientific proof. The free correction of ethical errors is of equal importance with demonstration in the field of science, and it is our sincere hope that the bold example of our societies may lead to similar fruitful changes abroad.

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## DIABETES MELLITUS.

By Dr. W. MAGDEBURG.\*

IN January, 1878, I was called to a decrepid man, 52 years of age. He complained that he had not had a wink of sleep for a whole week ; his most ardent desire was to be able to get a good night's sleep. In answer to the question as to what was the matter with him he was of opinion that he had the gout in his left leg. It seemed to him as if the bones were sore and the flesh loose ; at times there was a burning shooting through the leg, then a general, to him inexplicable, restlessness, and finally a morbid twitching in the leg from below the knee down to the heel, so much so that he would frequently observe these twitchings of the limb for hours. This peculiar attack usually came on by night, but he was constantly haunted with the fear of them ; at times this was accompanied with pain, but not always. "Otherwise he felt nothing the matter with him."

On these two or three statements I was to base my treatment. I might have followed the example of that general who could not seem to get on the right track against the enemy, and so concentrated his forces in the rear and led his unconquered army home, but I determined upon a different plan. In the meantime I gave *Aconite* in a low

\* Translated by Dr. Burnett from Hirschel's 'Zeitschrift für Homöopathische Klinik,' Bd. xx, No. 14.

dilution, and becoming better acquainted with my patient I learned the following from his communications and from my own observations :

For about the last three years patient, who otherwise had continued at his business, has been feeling himself out of sorts and unable to keep closely to business. His mode of life could hardly be called regular. His motto is business before pleasure. The most necessary acts were attended to when he had time. Rest was taken only when his powers began to fail. A restless life at home, varied with fatiguing journeyings, had filled up the last thirty years. But now this is no longer possible in consequence of frequent indispositions. Two medical men (allopaths) had in vain plied their art before me. They had ordered vapour baths, injections of morphia, colchicum with opium, chloral hydrate ; they had cupped, and rubbed in all sorts of salves. We will not occupy ourselves with the results of these cures. The poor man continued to get frequently indisposed, and in one of the exacerbations he stood before me as object of treatment.

Besides the before-mentioned symptoms of the left leg there is considerable disturbance in the digestive apparatus. The tongue shows a smeary grey coating, its margin indented here and there, red and painful ; there is a tendency to circumscribed inflammation of the mucous lining of the oral cavity. Taste insipid ; hunger ; dislike to flesh meat. Bowels lazy ; an insufficient evacuation every three, four, or five days after repeated enemata ; micturition irregular ; urine thick, muddy, yellow, or very dark or transparent.

The urine was examined in a local laboratory in my presence, and found to contain sugar. A quantitative analysis was not undertaken on account of the expense. The specific gravity of the yellow, muddy, thick urine 1036, that of the darker, but transparent, 1038.

As soon as the analysis had shown the presence of sugar in the urine I communicated the fact to the patient. I told him plainly that his symptoms were, in my opinion, due to glycosuria. The rather indolent patient, but other-

wise, however, a man of a certain education, and who knew a good deal about the serious nature of the complaint from hearsay, was neither rendered anxious by my communication, nor did he follow the not unusual and meaningless plan of tall talking and big promises. On the contrary, he seemed quite indifferent, and wanted special attention directed to the violent pains in the lower limb. He had tried allopathy in vain, and my (thus far expectant) treatment had helped him no more, and he thought it pretty nearly time that something should be done for his relief.

Such expressions from one's patient have, of course, a certain justification from the sufferer's standpoint, but they are not specially satisfactory or cheering to the physician. Indifference on the part of those for whom one is mentally and physically wearied and worried is, alas! too often the reward of him who occupies himself with the healing art, and so it is no wonder that we here and there meet with men who turn away in disgust from this one of the most noble callings—a calling having for its object the diminution of the infirmities of mankind, and which has borne its own honorable part often in the teeth of persecution and under the ban of heresy to the perfection of human existence; a calling, moreover, whose reward is but rarely material well-being, and still more rarely is the mental power expended in it recognised, but rather do we meet more frequently with the miskenning of our endeavours and sacrifices, and from the great bulk we get indifference.

But let us return from these digressions from the history of our case, which is our proper theme.

Well, then, I have a case of *diabetes mellitus* in the field, and I am to go to war with it. For many reasons this is a rather comfortless undertaking. In the first place the patients have but rarely sufficient perseverance to allow us, from the chronicity of the trouble, time to obtain a successful issue. Secondly, different pathologico-anatomical conditions are comprehended under the symptomatic nosologous

*diabetes mellitus*, and we rarely succeed in diagnosing one of them with absolute certainty. And finally, therapeutics until lately have been pretty well powerless. The drug which has the most symptoms of *diabetes mellitus* is, perhaps, *Lachesis*, as American and other physicians have placed it before us. But its exact proving hardly lies within our sphere of observation, and the remarkable effect of the bite of a *Dipras* has probably not been seen by a single European physician. No doubt several of the metals have a pretty near relationship to *diabetes mellitus*. We know that sugar is found in the urine of persons suffering from chronic metallic poisoning; in like manner these agents produce a number of other analogous symptoms. To these we must reckon *Arsenicum*, *Pb.*, *Cuprum*, and the latterly much mentioned *Uranium*.

*Besides, I have satisfied myself by my own experiments that after several weeks' ingestion of small doses of URANIUM MURIATICUM or URANIUM NITRICUM by healthy persons sugar can be found in their urine.\** Besides, this Uranium covers many other symptoms of glycosuria, but it is not my intention to enter upon a consideration of these here, inasmuch as they are fully treated of in our literature.

I made up my mind, then, in the present case to employ *Uranium muriaticum* by reason of its homœopathicity. Patient received for daily use a quarter of a gramme of the second decimal trituration, such powder to be dissolved in 200 grammes of water and to be exhibited in four equal parts at convenient times in the day. Although with this attenuation there is no specific taste, still less any disturbing primary action in the stomach, yet it generally happens that between the second and the sixth day of its exhibition the patient experiences disgust at it. Hence, I found myself compelled, also in this instance, to make concessions, and allowed the drug to be omitted on the fourth and fifth day, but thereafter it could be taken again. The diet

\* The italics are mine. This is a very important statement, which will, perhaps, lead Dr. Blake to modify his sweeping assertion, that "the results put glycosuria quite out of the court, as a condition theoretically calling for this medicine."—TRANSLATOR.

during treatment was so arranged that flesh meat was recommended, prepared as nicely as possible, and the use of farinaceous food was somewhat restricted but not forbidden ; light vegetables were allowed, and Faching water to be the drink. The before-mentioned constipation had to be met with emollient enemata.

Under this treatment the condition remained, with slight variations, the same up to the middle of the third week. At this period a feeling of euphoria came over the patient, the first time for many a long day. The dread of the before-mentioned attack left him, and he got a healthful uninterrupted night's sleep followed by a better day, but towards the evening of this day the old ailment returned, but not so badly. The next nights were got over so that up to 11 or 12 an inexplicable dread, and at times pains, seized upon him, then followed sleep, quiet, and increased activity of the skin ; gradually an evident amelioration, also during the day, became manifest and with it confidence in returning health.

Thus things went on for about four weeks steadily under this treatment, and then patient would no longer put up with the prescribed restrictions. By dint of much persuasion and with the help of the family we with great difficulty got him to abide by the treatment for another fortnight. At the end of this period the treatment was ended, not because there was, in my opinion, either a cure or the maximum of amelioration, but simply because the patient would no longer obey. Still, very decided results had been attained. His looks and his state of nutrition were better ; his digestive organs were performing their functions less abnormally ; the mucous membrane of the mouth had assumed a fresher appearance ; his appetite for flesh meat was good ; there were good alvine evacuations about every other day ; mental and bodily vigour had returned. The appearance of the urine was pretty well normal, showing, however, off and on, the before-mentioned irregularities, but constantly in a lesser degree. The specific gravity of urine was 1023, as against 1036-38 at the beginning of the treatment. The chemical test still showed the presence of

sugar in the urine, but still there was a notable difference in the intensity of the reaction. From motives of economy a quantitative analysis could not be made. Hence, I am all the more pleased at being able to report another case in which exact analyses were made.

CASE 2.—A lady, moving in the higher walks of life, æt. 63, fell ill in August, 1874, of febris gastrica. My lady was by no means unaccustomed to dyspeptic troubles, and she was herself quite aware that she gave her digestive organs more work to do than they were capable of. She ate much and often, had a choice super-refined kitchen; eating was her way of killing time, and she killed it with a vengeance, remarking often that "eating was her sole pleasure." With this she drank not exactly too much, but still divers glasses of port and sherry, and furthermore, she had the habit of smoking from ten to twenty cigarettes a day. She took almost no exercise at all. She maintained that for the last five years she was quite unable to walk except on softly-carpeted floors. Within doors she lounged heavily from sofa to chair and then back again; she drove out once or twice a day to take the air or to pay visits, and when it came to getting up a few steps, why, the rich lady had servants to bridge over the difficulty. For years she had been getting corpulent, and her weight varies from 160 to 170 pounds. Fatty degeneration of internal organs, especially of the liver, was shown to be present.

No wonder, therefore, that with such a state of things and with such habits there should be, off and on, all sorts of disturbances. Dyspepsia, colic, constipation, diarrhœa, &c. But such "little disagreeables" were not sufficient to deter her originally robust nature from her evil way, and the less so as she soon got the better of them. But the febris gastrica was all the more disagreeable. She could not understand how it was that this attack in August, 1874, should be so stubborn, or why the fever should run so high, when thus far all her gastric disturbances had gone off so easily. Her temperature had gone up to 40° C., and called for the application of cold

ablutions. She could not see why this ailment could not be "stopped;" altogether it was a very satisfactory little case to deal with. Still she had to stand it, and it took two months to get her only fairly beyond convalescence.

One day, towards the end of the sickness, there was a complaint about a painful spot in the sacral region. I thought of decubitus. Viewing the part I discovered two little cutaneous furuncles, and a more close inspection revealed a whole lot of little scars about the back, traces of ancient furuncular processes. On questioning the patient she said she knew that very well, and likewise knew the cause of the whole trouble: she had been suffering from diabetes mellitus for the past six years. She had very frequently consulted physicians in her native place about it, and had gone through a good many courses of treatment, but had never seen any good come from them.

The regulations with regard to her diet had been so tiresome that she had never really carried them out. Repeated urinary analyses had always given the same unfavorable result.

There was no ground whatever for doubting any of these statements, and, under the circumstances, it was quite impossible to begin to treat her for *diabetes mellitus*. Whether after getting out of the tedious convalescence I should ever be called upon to treat her for this complaint I had no means of knowing. But about two months thereafter the opportunity was offered to me. I at once insisted on having a reliable analysis of the urine made by a recognised authority. This was acceded to, and Professor Neubauer, of this place (Wiesbaden), did the analysis, which resulted thus:—Specific gravity 1032; reaction acid; sugar 2·25 per cent.; albumen traces.

The copious sediment consists of epithelial cells and uric acid. This places the diagnosis of the case beyond doubt. Besides, there were, however, the following interesting symptoms, which have already been touched upon, viz.:

1. Very dry skin, mealy desquamation, tendency to furuncles.



2. Badly-nourished muscles, especially those of the extremities.
3. Fatty condition of internal organs.
4. Great thirst, which can rarely be slaked.
5. Copious micturition, corresponding, of course, to the quantity of imbibed fluid.
6. Large appetite, feeling of hunger.
7. Dryness of the inner mouth, not infrequently a feeling as if hairs were in it.
8. Notwithstanding good living and tolerably good appearance, constant feeling of weakness, almost complete incapacity of walking.

On this basis the treatment was begun. I had made up my mind to give *Uranium muriaticum* against the diabetes mellitus for the following reasons :

1. Because the symptoms produced by it have a great similarity with those present in this case.
2. Because this drug has of late been highly extolled in the treatment of this affection ; and
3. Because I have already seen favorable results from its use.

So I gave my patient at first  $\frac{1}{4}$  gramme powders of the second decimal trituration, each powder to be dissolved in water and to be taken in three doses during each day. But my patient very soon began to take liberties. That is to say, she took such very tiny sips of the medicine that it would have taken her two days to consume the daily dose. To be even with her on this point I prepared powders of *Uran. mur.* 2<sup>r</sup>, each containing  $\frac{1}{10}$  gramme, and gave strict instructions for her to take one of these three times a day. I was obeyed for nine days, but on the ninth day she had very great dislike to the drug. So I gave at first *Ipec.*, and then *Nux* up to the sixteenth day. Then a day's pause, and from the seventeenth the *Uran. mur.* again as before. For four days patient took two powders a day, then for further fourteen days three powders. Thus passed five weeks, and I found it prudent to pause for a couple of days, as she had again become disgusted either with the *Uranium* or with taking physic. After this two days' pause

patient wished to take *China*. Why, I do not know. Perhaps she had once heard that *China* was good for diabetes mellitus, perhaps it was from some other caprice.

To attain my object I gave way and exhibited *Nihil*, instead of *China*. So I got back, with these concessions, to *Uranium mur.* Again in four days, and before the commencement of the seventh week, patient was again getting *Uran. mur.* 2<sup>x</sup>,  $\frac{1}{4}$  gramme, ter in die.

This was carried on for fourteen days, then followed nine days with the same dose twice a day, and then ten days with only one dose a day. With this medication eleven weeks had elapsed since the beginning of the treatment with *Uranium*, and here I pause to report on a few other points.

I have first to speak of the arrangements about diet. My readers will remember that, at the commencement of this report, mention was made of patient's great appetite. If I had been rigorous in this case about the diet, I should soon have lost my patient. Besides I do not see the object of strictly prohibiting all those articles of diet which within the human organism are soon transformed into sugar. It would rather seem to me that such abstinence during the exhibition of a specific remedy is rather calculated to render the results of the treatment inconclusive. The diseased organism should be led by our medicines not to act abnormally. By that strict deprivation we should get an artificial and not a dynamic diminution in the glycogenesis, and the most favorable analysis after such treatment could have no great value. Hence my instructions as to diet were limited to the absolutely necessary. I forbade vinegar and acrid spices; somewhat limited excessive ingestion; and regulated the meals on general principles. Tepid baths of 25—26 Réaumur were ordered twice a week.

The condition of the patient during the treatment was, with the exception of slight disturbances, and of the disgust created by the remedy and by the unusual restraint in her mode of life, on the whole good and visibly im-

proving. After a treatment of eleven weeks things stood thus:—The action of the skin is better; the skin feels softer, and there have been no furuncular processes these six weeks; the quantity of urine is diminished, and the quantities voided at different periods of the day no longer show any notable differences. The thirst is more easily quenched. The former feeling of hunger has given way to simply a good appetite. Disturbances in the digestive tract frequent. Dryness of the mouth gone, but there are still abnormal sensations in the mouth. She feels better, and can walk a very little better. At this stage a further urinary analysis by the same authority is made at my request. The result:—Sp. gr. 1013; reaction, slightly acid; sugar, unweighable traces; albumen none; sediment slight, composed of epithelial cells and uric acid.

On comparing this analysis with the one made before *Uran. mur.* was commenced we find that very great improvement has been made. Dr. B. Bähr says in his *Therapeutics on Homœopathic Principles*, art. "Diabetes Mellitus"—"We must maintain that it is a pernicious deceiving of one's self to believe that one has really done any good by an artificial reduction in the production of the sugar. Only when there is a diminution in the quantity of sugar while patient takes his usual food, can we say that the inclination of the organism to faulty elaboration of its material is lessened."

Have we in the present case, in which there is a material reduction in the sugar formation, and in which there is at the same time a corresponding and manifest amelioration, both subjectively and objectively, such a deceiving of one's self of which Dr. Bähr speaks?

I think I may safely answer with an emphatic no, and as proof of this I refer to my regulations with regard to patient's diet. I avoided rigorously depriving her of those stuffs which are easily transformed into sugar, and tried, with the exclusion of the absolutely hurtful, merely to regulate the meals and the manner of eating and drinking.

Hence I think I may assert that this case may be regarded as a favorable result of the treatment with *Uran.*

*mur.*, and which is of all the greater weight, as the analyses were made by a third party, who is at any rate impartial.

My patient is about to start on a long journey; I gave her instructions and *Uran. mur.*, and hope at a future time to be able to complete the history of the case.

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## INTRODUCTORY LECTURE

*Delivered at the London Homœopathic Hospital on Thursday,  
October 7th, 1875.*

By WILLIAM BAYES, M.D.

### *How Best to Study Homœopathy.*

GENTLEMEN,—Having been requested by the Lectures Committee to deliver the Introductory Lecture at this second session of what I hope we may look upon as our school of homœopathic therapeutics, I have chosen as my subject “How best to Study Homœopathy.”

I do this in answer to the oft-repeated question which is put to us by inquirers into our system of materia medica and therapeutics. I shall necessarily have to go over much ground which is familiar to those of my hearers who have already adopted and practised the homœopathic method of therapeutics as long or longer than myself, and I must claim their indulgence and patience while I enter into many details which, already well known to themselves, yet form a very necessary part of an Introductory Lecture to others who now for the first time listen to an exposition of the teachings of homœopathy.

From the misconception which exists in many minds as to the principles and practice of homœopathy, the want of instruction as to the very rudiments of the system is much felt by many earnest inquirers. The series of lectures which are to be delivered at this hospital on each

succeeding Thursday, during the coming medical session, will render the acquirement of a knowledge of homœopathic therapeutics easy of accomplishment. By the liberality of the British Homœopathic Society; and by the self-denying labours of the medical officers of the hospital, and of Dr. Richard Hughes, our lecturer on *materia medica*, the opportunity of studying homœopathic clinics and therapeutics is thrown open freely to the profession and to all medical students. It is not easy to estimate how far this scheme will succeed in spreading the knowledge of that which we believe to be a great truth in the world of medicine. It is a true proverb, that "You can lead a horse to the pond, but you cannot make him drink." We cannot, however, go so far by one step. We cannot be sure that we can even lead our horses to the water. But this we can do: we can provide the fountain, so that those who desire it may drink.

The medical student of to-day will find the teaching of homœopathic therapeutics far less at variance with those of the advanced dominant school than it would have been his lot to find even ten years back. He now sees the study of the physiological actions of drugs inculcated in all the best works on therapeutics in his own school. The works of Harley, of H. C. Wood, jun., of Ringer, of Charles Phillips, all pave the way for the acceptance of homœopathic teachings. And we, as homœopaths, welcome all the discoveries which have been made by physiologists of late years, and more particularly such researches as tend to define more exactly the tracts, parts, or organs on which medicinal drugs act, and the kinds of action induced by larger or smaller doses; and for this reason, that we are able by the application of our rule of similars to utilise every such new discovery in the cure of some morbid state. That which we claim to have attained is that which the foremost teachers of the allopathic physiological school of therapeutists allow that they are seeking for. We offer them the light of our experience, little as yet (for what are eighty years of experience in the age of a science?), but still eminently useful as guiding us to a greater certainty in the science of the practice of medicine than has hitherto been obtained.

In the preface to Dr. H. C. Wood's *Treatise on Therapeutics* (page 10), he, speaking from the allopathic rostrum, says, "The plan of the present work has been to make the physiological action of remedies the principal point in discussion. A thoroughly scientific treatise would, in each article, simply show what the drug does when put into a healthy man, and afterwards point out to what diseases or morbid processes such action is able to afford relief. Unfortunately, in the great majority of cases, our knowledge is not complete enough for this, and the clinical method has to be used to supplement the scientific plan." So far for the allopathic therapists. Now let us see what a homœopathic therapist would say were he writing a similar work—he would equally make the "physiological action of remedies the principal point" in his work. He would equally insist that "a thoroughly scientific treatise would, in each article, simply show what the drug does when put into a healthy man, and afterwards point out to what diseases or morbid processes such action is able to afford relief." But in place of the lame excuse, "Unfortunately, in the great majority of cases, our knowledge is not complete enough for this, and the clinical method has to be used to supplement the scientific plan;" the homœopathic therapist would be able to say, "Fortunately, in the great majority of cases, our knowledge enables us to do this, and we are able to appeal to clinical experience to prove the practical truth of our scientific plan."

The great difference between the outworking of Hahnemann's method of obtaining the physiological action of drugs on the healthy body and that of the modern school of physiologico-therapists lies in this, that Hahnemann chiefly relied on the symptoms recorded by the experimenters, as perceived in their own bodies, while modern physiological experimenters rely on experiments, chiefly made upon animals, showing more exactly the anatomical seat of the lesions induced by toxical doses of the drugs.

Both schools avail themselves of accidental poisonings and their results. Neither of these methods is perfect, but the combination of the two gives us an immense advantage,

especially to that modern school of homœopaths who adopt the theory of that disease affecting the functions of a special part, tract, or organ is, for the most part, caused by a depressed condition of one or other of the nerves distributed to the part, tract, or organ affected.

The knowledge that certain drugs act on the same part, tract, or organ, as that affected by a disease, is of great use to us as a guide for the selection of the class of drugs likely to prove of service, but it does not give us a definite rule for the selection of an individual drug. Hahnemann's record of symptoms, here, shows its superior practical utility, since it enables us to select one drug from the class, guided by its more exact correspondence in toxic power to the disease before us.

For example, Dr. H. C. Wood classes *Belladonna*, *Hyoscyamus*, *Stramonium* together as mydriatics, and having devoted much time to a consideration of the therapeutic indications of *Belladonna*, he says of *Stramonium* and of *Hyoscyamus*, that they may both *be used to meet precisely the same indications as Belladonna*.

The teachings of our lecturer on *Materia Medica* will give no such careless generalisations, but will show you not only from Hahnemann's more careful individualisation, but also from a comparison of the pathogenetic effects gathered from other sources, that you cannot use any one of these three remedies interchangeably with the others. Each remedy has a sphere very distinct from the other. It is not my place here to define these differences, but those among you who attend Dr. Hughes' lectures will have their characteristic differences pointed out in clear lines of demarcation. The general resemblance of many of the physiological effects of the three medicines, and the fact that in certain doses they all dilate the pupil, is a very insufficient guide for their administration. Moreover, the mydriasis is only characteristic of a special dose, for in another dose they contract the pupil. This fact alone shows the folly of giving these medicines a name characterising only one of these symptoms.

The action of *Belladonna* as a paralyser of the vaso-

motor nerves is shown by its power to flush and redden the face and eyes when given in a toxic dose, but the small dose has a directly opposite effect, and Dr. H. C. Wood says (p. 211) that "*atropia in not too large amount is a stimulant to the vaso-motor centres.*" I wish you to bear these points in view, as I shall revert to them further in their proper place. At present I would simply draw your attention to the fact that, owing to the gradual advance of therapeutic knowledge among the allopathic school, the student of to-day finds himself far on the road to the adoption, in great part if not in its entirety, of the system propounded by Hahnemann.

Twenty years ago the division between the modes of thought of the disciples of the two medical schools—allopathic and homœopathic—was far wider. The study of the physiological action of medicines was then wholly or almost wholly confined to the followers of Hahnemann. The microscope had not revealed the infinitesimal proportions of the germs which produce infectious and contagious diseases, and disease was generally treated on principles of antagonism and antipathy. Large doses of powerful drugs were still the ascendant practice. It was difficult in those days to obtain a fair hearing, and I knew not a few good old practitioners, estimable men in every relation of life, who always spoke of homœopathy and hydropathy as delusions of Satan. It was not only the principle of homœopathy which incurred their ire, but its practice of small dosing. How was it possible for men who had been accustomed to bleed patients by the pint or more; to purge them with drastic medicines; to give *Carbonate of Iron* by the teaspoonful; and black draughts by ounces, to follow, patiently, an inquiry into a system which treated disease on precisely opposite indications from those they had been accustomed to follow, and which gave infinitesimal doses of drugs where they had been accustomed to rely on those of heroic or, at least, of large material proportions?

Now all these difficulties have diminished, and the inquirer into our method of therapeutics can approach his



subject without that total *bouleversement* of ideas and of thought which, at one time, was a necessity.

The first step towards a scientific examination into a new theory is the divesting oneself of all preconceived ideas—the bringing an unprejudiced and impartial spirit into the investigation. While, on the one hand, we defend ourselves against possible errors by a careful inspection of all the facts laid before us, and by an exhaustive criticism of the theories deduced from them, we must equally guard ourselves against falling from the lofty impartiality of the judge, to the lower level of the partizanship of the advocate. We must bring a calm judicial spirit to our aid if we wish to attain for ourselves real sound knowledge in medicine or in any other science.

In making these remarks I wish it to be fully understood that I apply them not merely to the student or practitioner who is inquiring into homœopathy. The true physician is always a student, and it is my earnest desire to see the same spirit of inquiry ever kept up, and the same calm judgment exercised, by the physicians who have mastered homœopathic therapeutics. It is equally a necessity for them that they should keep themselves, fully, *au courant* with all the advances of medical science in the other schools, and I believe we may claim for ourselves that a wider eclecticism is to be found in our ranks than in any other school. Recently the American physician, who is acting as agent for the sale of Ziemssen's *Cyclopædia*, told me that the work had a larger sale proportionately among homœopathic than among allopathic practitioners in America, and from the number of homœopathic practitioners whom I know to have subscribed for it here, I should think the same remark would hold good in England. It must always be our aim to perfect, as far as possible, the science of medicine, and this can only be done by our seizing on every new discovery and fitting it into its appropriate niche in our Æsculapian temple.

When we look back over the more than threescore years and ten—since Hahnemann first entered into the controversial field—we must not only claim for our own

school its great influence in the better state of things which exists in the healing art, but we must equally concede to the earnest labourers on the allopathic side an amount of good honest work in assuring a better foundation for medicine, as a science, such as no previous, similar period in the whole 2000 years—since the days of Hippocrates—is able to show. The advances in physiology, in pathology, and in therapeutics have been nobly planned and admirably executed. If there has been a hesitancy to advance in the last at the same pace as that which has characterised our school, we must remember what the medicine of the majority was seventy years back, and then we have reason to feel fairly satisfied with that which has been done and that which is being done.

Medicine had hitherto, before the reform which Hahnemann introduced into its practice and theory, been less a science than a series of recorded theoretical opinions, often at variance with one another, seldom coherent, and constantly changing as, one after another, a new medical genius arose; in fact, as one of their own writers expressed it in speaking of the allopathic system, "Medicine is a series of guesses, and he is the best physician who makes fewest blunders," or, as a Cambridge professor once said to me, "Medicine is not a science; physicians know little, but guess a great deal," and this was true as to the allopathic medicine of that day.

Now, Hahnemann attempted to erect medicine into a science:

*Firstly*, he claimed that all disease (excepting that belonging to manual surgery) is a derangement of vital force, and is non-material. This is true as regards a very large number of diseases, although it does not cover all.

*Secondly*, he claimed for drugs that they all act in one definite direction, in their curative sphere, which he formulated into the rule *similia similibus curantur*.

Unfortunately, Hahnemann was too dogmatic, too imperious, and many men, who might have been won over to look into his facts and theories by a modest and gentle mode of their statement, were driven into opposition to

them by the dogmatism which repelled discussion. Hahnemann has, nevertheless, done real service to medicine by his practical and simple methods of reform. He found chaos, he left form and regularity. He found lawless disorder, he left a rule which contains the best indication for the treatment of a large number, in fact, of the majority, of diseases. His genius of reform was thorough and severe. Looking on the various schemes for the classification of drugs by this or that writer on *Materia Medica* as open to many and grave objections, he swept away all attempt at classification altogether and adopted the simple alphabetical order of their names.

Having experimentally discovered the power of drugs to cause deviations from health in the previously healthy when given in sufficiently large doses, and that these same drugs, given in small doses, possess the power of curing diseases presenting similar symptoms, he formulated the rule of *similia similibus curantur*.

In describing the first of these propositions he says, "It is very evident that medicines could never cure diseases if they did not possess the power of altering man's health, which consists in sensations and functions; indeed, their curative efficacy must be owing solely to this power they possess of altering man's health."\*

Experiments made, by the administration of drugs to the healthy, having shown him that they have the power to induce morbid states in persons previously free from disease (each drug according to its kind inducing a special train of symptoms, simulating those induced by some natural disease) Hahnemann next recognised that, in the administration of drugs to the sick, the two modes of treatment already laid down by Hippocrates were open to our choice; the one, that of using drugs having an action opposite to the symptoms; the other, that of using those having a similar action and inducing similar symptoms to those of the disease.

In deciding the point, as to which of these two methods is the best, Hahnemann rejects theory and appeals solely to

\* *Organon*, Proposition XIX.

experiment, pointing out that it is simply a question of experience as to "whether the morbid symptoms are most readily, certainly, and permanently removed and changed into health by drugs capable of producing similar or opposite medicinal symptoms." Hahnemann affirms that the result of his experience shows that after transient apparent alleviation those diseases, which have been treated by the antipathic, enantiopathic, or palliative method, break forth again with increased intensity and become painfully aggravated, while he claims for the homœopathic method of employing drugs that it is truly curative and always beneficial provided it is carried out by the administration of doses sufficiently minute to insure the patient against medicinal aggravation.

This method of treatment, however, by choosing *similarity* in place of *antagonism* as the indication for treatment involves a total reversal of all former modes of thought to those, who have been brought up under the allopathic system.

We are no longer to meet constipation with such medicines as will purge a healthy man; on the contrary, we are to give him such medicines as will constipate a healthy man, if given in a sufficient dose to disturb his health.

We are no longer to cure fever or inflammation by antiphlogistic means, but, on the contrary, we are to give a medicine which would flush and heat a healthy man, if given in a pathogenetic dose.

We are no longer to cure diarrhœa by astringents and opiates, but are to give such means as would, in their large dose, purge a healthy man.

We are no longer to cure vomiting by sedative means, but are to give minute doses of medicine, which themselves are emetics to the healthy, when given in the large dose.

We are no longer to compel sleep by stunning the brain with narcotics, but are to give such drugs as would, in the large dose, prevent sleep in the healthy man, *e. g.* *Coffea cruda*.

The student of homœopathy must thoroughly learn to think thus before he enters his new path. Having

mastered this new idea of therapeutic indications, he will readily see how necessary the small dose becomes to him who practises it. The large dose of a purgative given in diarrhœa would obviously only increase the purging. The large dose of an emetic would only increase the vomiting. If we are to expect curative results from homœopathically administered drugs, we must therefore, diminish the dose to something very materially smaller than that which is needful and proper, when given antipathically or allopathically.

The large dose given homœopathically would be as futile, and more harmful, than would be the small dose if given allopathically. The small dose is as much a necessity to the proper administration of homœopathic medication, as is the large dose, needful, to induce the changes prescribed by allopathic indications.

The size of the dose in each case, allopathically or homœopathically, is determined in the same manner by experience, and by experience solely. Allopathically a purgative, such as *Colocynth*, must always be given in a dose large enough to purge; an emetic in a dose large enough to induce vomiting. But when the homœopath gives *Colocynth* to cure a painful griping diarrhœa, chiefly affecting the colon, he must avoid giving a large dose or he will increase the evil which he seeks to mitigate, and the 100th, the 1000th, or even the 1,000,000th of an allopathic dose may be the true curative quantity. So, when the homœopath gives *Ipecacuanha* to cure vomiting he must give a minute dose if he expects success, whereas the allopath, giving *Ipecacuanha*, must give it in ten or twenty-grain doses, or more, to induce vomiting.

A full appreciation of the fact, that the effects of the large dose of medicine, on a healthy man, and of the small dose on the sick man (if his illness correspond to the artificial disease induced by the drug) are precisely opposite the one to the other, is essential in the education of every physician desiring to experiment into homœopathy. This fact has been demonstrated by the most careful and repeated experimentation made by Hahnemann and by many of

his followers. Various explanations of this behaviour of medicinal drugs have been attempted by Hahnemann and others. To my mind the following is the most satisfactory and explanatory :

Hahnemann demonstrated the simple fact, that a drug possesses the power of curing a disease, which is characterised by similar pains and sensations to those which the drug has the power to induce, when given, in a health-disturbing dose, to a man previously healthy.

Dr. Sharp, in his *Organopathy*, goes a step further, and says—

Firstly. "That each cause of disease acts primarily or most powerfully upon certain tracts, parts, or organs of the body, the blood and fluids being parts."

Secondly. "That each medicinal drug, as a cause of disease, also acts upon certain tracts, parts, or organs of the body, solid or fluid."

Thirdly. "That, in sickness, the best remedy is a drug which acts upon the tracts, parts, or organs of the body invaded by the disease."

It is now generally conceded that, in that large class of diseases which depends on irregularity of function, the chief, if not the sole cause of the disease, is adynamic, and results from paralysis or depression, more or less complete, of one or other of the nerves of motion, of sensation, or of the sympathetic system.

The disease-inducing power of drugs (when it falls short of the chemical action of certain poisons, which action is outside the question altogether) appears also to be due entirely, or in great measure, to a similar action, *i. e.* the power to paralyse or depress the tract which it selects for its special action.

It has been further shown, that the small dose of a substance (such as alcohol) acts as a stimulant, where a large dose acts as a paralyser; this is also shown by electricity, where the small and gentle current stimulates, while the powerful shock paralyzes and exhausts. These facts, which have been demonstrated by experiments both on the sick and on the healthy, point to this as a great law.

The first onset even of natural disease, if it invade the system gradually, is often characterised by stimulation, and the action of *Opium* and other known narcotics is that of a stimulator in the small dose.

Hence, when we meet with a disease in which some definite tract, part, or organ is partially paralysed and depressed we have not only to follow the indications given us by Hahnemann and Sharp, of selecting a drug which is homœopathic to the disease, and which acts on the part, tract, or organ affected, but we must also use it in such a dose as to stimulate the part, tract, or organ to be acted upon, and so to choose the dose as not either to over-stimulate or to depress (by narcotising) the tract diseased.

But even this explanation does not include a perfect theory of drug-action. There still remains the question, how do drugs act at all? Why is one substance a food to us, and why are other substances, possessing similar elements, though in slightly varying quantity, deadly poisons?

We are not, perhaps, in a position to solve this most interesting question, but I think some light may be thrown upon it by a consideration of the force which is evolved during metamorphosis. Our food, our drink, all carry with them latent force, which parts from them, within the body, during the slow metamorphosis involved in vital chemistry during the acts of digestion and assimilation. Rapid metamorphosis may mean danger to the tissues in which it takes place, just as severe over-stimulation means paralysis and death. In contemplating the changes which convert rock, air, and water into trees and herbage we see but the extraction of latent force from inorganic nature by organic nature. The force was in the rocks, in the air, and in the water, but the tree or the herb by slow trituration of the rock and by absorption of the air and water succeeds in extracting and appropriating the latent force hitherto utilised in another direction. In liberating the latent force from water by the action of heat we are able to produce motion in the steam-engine, thus imitating that which, before the age of steam, was the special prerogative of

organic life. Other illustrations of the rapid evolution of latent power are found in the explosion of gunpowder, gun-cotton, &c., on the application of the smallest spark. Now we can conceive that some such power to evolve latent force from drugs exists in the living body, that some drugs evolve their force slowly and safely, others with a dangerous rapidity, and that when the drug reaches the tract, part, or organ for which it has a natural selection, as shown by Hahnemann and Sharp, it there parts with its force. If the dose be exactly suited to the needs of the patient it gives just such stimulation as will restore the healthy balance to the deranged tract, part, or organ; if the dose be excessive, especially if the drug be one whose solubility is so great as to admit of rapid metamorphosis, it liberates too much force, and injures still further the part it ought to succour. Dr. Bence Jones says, in his *Lectures on Pathology and Therapeutics*, p. 304, "Physicians at some future time will estimate exactly the effect of the increased or diminished action of any one force upon all the other forces concerned in the production of general or local disease; and by adding to the resistance of one or more forces, or by liberating more energy by means of the powers that are latent in food and medicine, they will restore that equilibrium of action in the body upon which our health depends." That perfection in our means of adjusting the balance of forces, which Bence Jones prognosticated, is already in the hands of those physicians who intelligently practise homœopathy. Our knowledge that drugs select for their action certain tracts, parts, or organs, our further knowledge that they carry force to the parts to which they are thus drawn, our ability to exactly adjust the degree of force to the wants of the parts by the methodic subdivision of drugs into doses of definite fineness (and in doses varying from the strong drug up to the decillionth or even higher subdivisions still), place it in our power to fulfil the indications which Bence Jones foretold would be utilised by "physicians at some future time."

I fear that I may have appeared to have been somewhat discursive and to have kept but little to my text as to



“How best to Study Homœopathy,” but the points on which I have allowed myself to dilate, all of them demand more than the mere passing notice of the inquirer into homœopathy. Let us, however, consider more closely how homœopathy should be studied by two classes into which inquirers may be divided.

Firstly. Let me say a few words to those students who are entering the profession with the intention of practising homœopathy as soon as they have completed their studies.

To such men it is often a matter of regret that we do not possess a recognised university, or examining body, at which they could study, or from whom they could obtain their degrees. For my own part, I think this is no reason for regret. We are so few in numbers as compared with the work we already have to do, we are scattered widely, we possess few of that class from which the professors in the schools are recruited, *i. e.*, men of good education and of sufficient age, who have yet but few private patients, and who consequently have plenty of time on their hands. Owing to the small number of our physicians, as compared with the number of patients desiring to be treated homœopathically, the demands upon our time are so incessant that few of us have the time to devote to public work as teachers. This is one of our difficulties. But more weighty reasons still militate against the formation of a special medical school, which shall be solely homœopathic. To form such a school would perpetuate the division between us and the older school, which we at present deplore in the interests of science. We would rather work within the profession than outside it; we reject the sectarian position which the attitude of the profession towards us attempts to force us into, and we would do nothing to widen the distance which divides us. Excepting in our therapeutics, there now is no difference between our teachings and those of the most advanced of the allopathic school, and we hope that, sooner or later, a truer sense of what is due to the science of therapeutics will admit of the establishment of chairs of homœopathic therapeutics side by side with those of allopathic therapeutics, in the ordinary schools of medi-

icine. It is of immense advantage to those students who intend to practise homœopathy that they should study both systems, in fact all systems, of medical treatment. Therefore I would say to our medical students—Advance as far as you can in the ordinary medical schools, particularly acquaint yourselves with all the modern theories and modes of practice, examine well every new development of science, either directly or collaterally connected with your medical studies. Pay special attention to the therapeutics taught in your school, then go to the bedside, and well mark the clinical results ; see how the two things fit one another, disease and remedy. Afterwards study electricity and hydropathy. These have both won their way, to some extent, into the best hospitals. Then, when you have learned all that is taught in the allopathic schools, turn your attention also to the other side, and acquaint yourselves with homœopathic therapeutics. Whatever mode of practice most commends itself to your mind by its greater success in the cure of disease, and therefore is ultimately adopted by you in your practice, the knowledge of both must prove of great service to you in after-life. When you find yourself in charge of an anxious case of acute disease, or of a lingering case of chronic ailment, the question will often occur to you, “Is there any other means by which I can obtain more relief or a more speedy cure for my patient?” If your knowledge of therapeutics were confined to one method of cure, you would be unable to solve this important inquiry to your own perfect satisfaction ; and, to the conscientious physician, such uncertainty, as to whether he is doing that which is absolutely best for his patient, must bring him no little pain. But, to the man who is thoroughly acquainted with therapeutics all round, who has carefully studied allopathy with its anti-pathic, palliative, and varied means of cure, who has watched the method which attempts cure by varying temperatures, by elimination and by revulsion, included in hydropathy ; who has seen the nerve stimulation of electricity, galvanism, and magnetism applied ; who has acquainted himself with the curious powers of animal magnetism, of rubbings, of the ice-bag and hot-water bag (introduced by Dr. Chapman), and

who has added to these a study of the homœopathic action of drugs—to such a man, thoroughly furnished by the comparative knowledge, which he possesses, with such varied armamenta against disease, there comes a confidence in treatment which gives him calmness in the face of danger and yields him many resources, so that should the one means fail he has yet many others to which he can appeal for aid. Hence, while I would advise every physician to acquaint himself thoroughly with homœopathic therapeutics, I would equally urge him to study every other therapeutic means, and, as far as possible, to include, in his researches, a clinical study of each. When it is in his power, it would be advisable to visit the clinical practice of two or three systems concurrently. This could be accomplished by attending the practice of an allopathic hospital and that of this hospital (the London Homœopathic) on the same day, and there are now many hydropathic institutions within an easy range of London where a student desirous of so doing could see the practical working of that system. Or the student could spend his holiday at one or other of the large hydropathic establishments which are situated in so many healthy and beautiful spots, both in England, Scotland, Ireland, Switzerland, Italy, and other countries. If, before settling down into practice, the young physician has means which will enable him to visit Paris, Vienna, and Berlin (to watch the practice there), I would strongly urge him to do so. Once having entered into private practice much of the opportunity is lost, and it is impossible to overrate the importance of thoroughly investigating many modes of treatment, by which alone comparative knowledge of the advantage to be gained from the use of each can be attained. Broad, catholic views of medical treatment go, not only to make a good physician, but also give him that gentlemanly bearing which is born of a well-founded self-respect.

Let us now turn to the second class of inquirers, practitioners who have become dissatisfied with the ordinary routine practice of allopathic art, and who seek for some supplementary aid by extending their knowledge of thera-

peutics, or for a system founded on more definite and scientific indications.

To those inquirers who reside in London, or in some large town where hospitals and dispensaries are within their reach, their course is more easy than it is for those residing in the country. If there be a homœopathic hospital or dispensary, or if there be a physician of good standing acquainted with homœopathic therapeutics within reach, it would be better to seek the assistance of such physician in his studies, and to watch the practice at the hospital or dispensary. Many such institutions exist where able men would gladly give aid and instruction to those inclined to learn. Our London homœopathic hospital, with its talented staff, affords such an opportunity both in its wards and in its rooms for out-door patients. At Birmingham an admirably conducted small hospital, with an able medical and surgical staff, affords the same opportunity in that town.

At Bath a small hospital is well worked by Drs. Newman and Morgan. At Liverpool a large and admirably conducted dispensary already has been the means of teaching homœopathy to not a few practitioners. At Aberdeen, under the excellent teaching of Dr. Dyce Brown, many students are obtaining a knowledge of our system of therapeutics. Every large town has its dispensary, and good, self-reliant men are to be found in most of the large towns, well qualified to assist those who desire to inquire into the practice of homœopathy. So far, then, but little difficulty exists to him who has the courage to inquire. I have nothing to say to those who have not.\*

It will be expected that I should say something as to the best works to consult in order to obtain such a knowledge of the theory and practice of homœopathy as will enable a man to form a correct estimate of its merits, and such as will

\* A large number of those physicians now practising homœopathy have themselves been cured of some chronic ailment, by its means, after it had refused to yield to ordinary remedies; and an excellent way of testing a new system is to try it on oneself in any little ailments which may occur, or on the members of one's own family, because we are then able to watch the effects with minute care.

enable him to prescribe its remedies with success.\*

\* In entering upon this part of my subject I would premise that there are two modes in which to study homœopathy practically—the clinical and the therapeutical. Hahnemann strongly advocated the therapeutical as being the only truly scientific method in which to study medicine. In this Dr. H. C. Wood and the leading allopathic writers on materia medica are following Hahnemann. The clinical method, with its recorded experiences, has been tried for 2000 years, and, as Dr. Wood says (p. 7), "Yet with what a Babel of discordant voices does it celebrate its 2000 years of experience!"

The therapeutical method, no doubt, must be tested by careful clinical experience, but as no two individual cases are precisely alike, as they present such differences as are to be met between any two persons, it is essential, in the treatment of each case, to find a medicine whose symptoms afford a precisely similar individuality.

Let us take an example: before cholera had reached Hahnemann's resident town its symptoms had been carefully noted by those physicians who had seen it in its fatal march westward. The futility of all ordinary means proposed for its cure was manifest in its large mortality. Hahnemann, sitting in his study, was able to predicate the medicine whose pathogenesis (toxic power) most closely assimilated to the general features of this dread disease, and pronounced that *Camphor* would prove its cure; and, to this day, no treatment has proved so successful as that of *Camphor* where properly administered. But when, in the presence of a number of cases, it is seen that individual morbid states are met with in cholera patients which do not closely correspond with *Camphor*, but are more similar to the toxic effects of *Arsenic*, of *Copper*, of *Veratrum album*, of *Iris versicolor*, of *Ipecacuanha*, of *Mercurius*, &c., and those cases (which would refuse to yield to *Camphor*) are best cured by one or other of the above medicines according to the symptoms present.

That Hahnemann in his study should have been able to foretell the beneficial use of *Camphor* in cholera is a clear proof of the scientific accuracy of his therapeutics; but the material dose in which it was ordered to be given proves still more the practical prescience which enabled him to prescribe such doses as would be likely to destroy the contagium vivum, whose development (although then unknown), it is now very generally conceded, is the true cause of cholera.

The clinical method, as taught in the homœopathic practices of medicine (whose prove name is legion), will never prove satisfactory to the philosophic physician. It does well enough for domestic practice, just to stop a gap till the physician appears. It may be of use as suggesting the names of several remedies to a beginner or to a busy practitioner from which to select those remedies for study among which the true *similar* may be found; but, in treating disease at the bedside, the finer shades of difference must be selected and appreciated, noted down with pencil, or engraven on the memory, and then compared with the finer shades of symptom-correspondence in the symptomatology.

In the correct appreciation of minute differences much of the art of medicine lies.

Perhaps the most complete introduction to the study of homœopathy is to be found in Sharp's essays; but every one wishing to seriously study the system should read Hahnemann's *Organon*, his *Chronic Diseases*, and *Lesser Writings*; he should, however, read them (as he would Hippocrates, Celsus, or Sydenham) as the classics of the system he is about to investigate, and should remember that these works were written before pathology had a right to be called a science.

One of the best works to place in the hands of a beginner is out of print, but is to be found in most homœopathic libraries; it is entitled *An Introduction to the Study of Homœopathy*. *Henderson's Enquiry* and *Dudgeon's Lectures on the History of Homœopathy* also are excellent books to place in the hands of the beginner, and should be well studied by all homœopathic practitioners. But all these works still leave the actual practice at the bedside untouched. Here I would advise the beginner to study Hull's or Snelling's *Jahr*,\* in its two volumes, the one containing the symptomatology, i. e. a record of the symptoms induced by each medicine, the medicinal drugs being catalogued in their alphabetical order; the other volume being the repertory, in which the diseases are named, and each drug which is likely to be useful in a disease is pointed out.\* Few symptoms of disease ever come before us which are not to be found in these volumes, and, what is more, few combinations come before us which are not here set forth. In addition to these two volumes, *Hale's New Remedies* is an essential work. If to these the student adds the able and instructive works of our lecturer on *Materia Medica*, his *Pharmacodynamics*, and his *Therapeutics*, he will have a very workable and eminently practical library, sufficient to enable him to conduct his experiments to a satisfactory conclusion.

\* The larger editions of the *Symptomatology* and Hahnemann's *Materia Medica Pura*, which are all useful as works of reference, are apt to confuse the beginner. There are a great many faults in the construction of these works, and their pathology is most imperfect; still, as a practical guide in the treatment of disease homœopathically, no work with which I am acquainted is so concise and so practical.

In using Jahr's manual I would advise the beginner to study it first in the method laid down in the introduction to the symptomatology. This will give him a fair outline of the pathogenesis of those medicines called polychrests, from the number of diseased states and conditions to which they are homœopathic. In commencing to experiment on disease I would advise that simple cases of well-defined pathology and symptoms should be the first subjects for experiment, such as feverish cold, sore throat, pneumonia, or some other uncomplicated disease. Having diagnosed the case with care, then the disease, named, should be turned to in the repertory, and studied in section 1. Afterwards it should be followed through the other sections, and the remedy whose symptoms most simulate that of the morbid state present should be selected.

Lastly, the remedy thus chosen should be turned to in the symptomatology, and its effect on the part or organ, invaded by the disease, should be studied. If it present a fair picture of the morbid state present, then the medicine should be given in a small dose, more or less frequently according to the severity of the symptoms of the disease. In this scheme for the seeking out a homœopathic remedy we see that the first step is diagnosis. Diagnosis is as essential to the practical working of the homœopathic as it is to that of allopathic system of medicine. A treatment founded on the "totality of the symptoms" alone, must fail to give us the true indications for treatment. Simple symptom-treatment will fail to enable us to judge between pleurisy and rheumatism of the intercostal muscles; or between pneumonia and bronchitis. It will not give us any indication as to the true lesion in diabetes, nor of the real indication for treatment in Bright's disease. At the same time ordinary diagnosis alone will not suffice to enable us to treat a case successfully by homœopathic therapeutics, unless we also consider the symptoms presented by each individual case, *i. e.* we cannot treat disease by specific remedies, according to its name; but, having defined the disease, by an accurate diagnosis, we then turn to our repertory and find the varied morbid states which

are likely to be presented to our notice in individual cases, each set forth under the head of the medicine which has the power to induce these states, and we select the remedy from one or other of these medicinal drugs, taking that which most closely corresponds to the morbid state of the patient we are about to treat; not according to the name of the disease alone. Our diagnosis reveals the morbid species, but our collection and arrangement of the symptoms enables us to individualise the exact tract, part, or organ most needing strength and support, to enable it to recover its lost tone, and to rally it from its state of disease.

I have so recently (in my address at Manchester) entered into a discussion of the theory that disease is, in a large number of cases, an adynamic state, that I will not here enlarge upon it, but it will be easily conceded that, in all such diseases as depend on a want of force, on a partial paralysis, or a depressed condition of a tract, part, or organ of the body, the method of treatment I have here indicated will possess special advantages. Diagnosis as to the exact seat of the diseased lesion and a record of the pains, sensations, and symptoms pointing to the tracts, parts, or organs invaded by the disease, enables us to form an exact picture of the tracts invaded by the disease.

Drugs, which experiments have proved to possess the power to paralyse or to depress these same tracts, parts, or organs, and which will induce these pains, sensations, or symptoms, have an evident relation to, or correspondence with, the disease-cause.

Our knowledge that the power of a drug to paralyse on the one hand, or to stimulate on the other, is simply a question of "*the dose*," enables us, by adjusting the dose, to utilise the stimulating power of the drug (and to avoid its depressing action), and thus to restore the patient pleasantly, safely, and quickly to health.

I have said nothing as to dilution or as to dose. Probably the best dilution or trituration for a beginner to experiment with, is the third decimal, and the best dose from one to two drops or one to two grains. The question



of the dose will be found treated of in a practical manner in many monographs scattered through our periodical literature, and is also discussed in my little work entitled *Applied Homœopathy, or Specific Restorative Medicine*, in which I have recorded my personal experience during thirteen years of practice. My own feeling is, that an advanced knowledge of homœopathic therapeutics will show us that certain cases and certain individuals will be best treated by low dilutions, while other diseases will yield more readily to the higher, and that all dilutions, from the lowest to the very high, have their appropriate sphere.

And now the pleasing duty remains to me to announce to you that on Thursday next our talented lecturer on *Materia Medica* will resume his course of lectures, and will continue to deliver them on each succeeding Thursday at five o'clock in this room. At the conclusion of his course the medical officers of the hospital will give a series of lectures on practical medicine.

1. "Lectures on Diseases of the Digestive Organs," by Dr. MACKECHNIE, one of the Physicians to the London Homœopathic Hospital.

2. "Lectures on Diseases of Children," by Dr. DRURY, Physician to Diseases of Children at the London Homœopathic Hospital.

3. "Lectures on Diseases of the Chest," by Dr. R. DOUGLAS HALE, one of the Physicians to the London Homœopathic Hospital.

4. "Lectures on Diseases of Women," by Dr. DUNCAN MATHESON, Physician to Diseases of Women at the London Homœopathic Hospital.

5. "Lectures on the Theory of the Homœopathic Principle," by Dr. J. DRYSDALE.

These lectures will afford those physicians and students who desire to study homœopathy an opportunity of doing so in a manner at once practical and pleasing, and it is to be hoped that good results may accrue from this effort to afford instruction in homœopathic *materia medica*, therapeutics and clinical medicine.

With these few remarks, gentlemen, I conclude the

introductory lecture for this session ; when we meet again, next year, as I sincerely hope we may, I trust that our tree may have borne some good fruit, and that we may find that the knowledge of that great medical truth, of which we are the trustees and guardians, may have spread among physicians to an extent that will greatly benefit the public health and prove of inestimable benefit in relief of human suffering.

We must ever bear before our minds that it is not a fulfilment of our whole duty if we content ourselves with a mere personal attainment of a great truth. It is still our duty to spread the knowledge of truth among others. The first is a very high and solemn duty to ourselves, but the second includes part of our duty to our neighbour. In spreading a knowledge of that which we believe to be truth we must do so in such a manner as least of all to pain those who differ from us, and we must avoid all sectarian or partisan spirit. In therapeutics we must spread the knowledge of the great truth included in homœopathy, but we must never forget that other parallel lines of truth also exist which the true physician will, in their proper sphere, avail himself of. With these concluding words I commend you to your task which the succeeding lectures will open to you.

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CASE OF PELVIC HÆMATOCELE, WITH  
REMARKS.

By D. DYCE BROWN, M.A., M.D.

(Read before the British Homœopathic Society.)

ISABELLA M—, æt. 25, unmarried, came complaining that she was subject to too frequent and too profuse menstruation. For seven months she had had only an interval of a fortnight between each menstruation, the menstrual

period lasting each time for five days at the least, and often for a week, and the discharge being profuse. In the interval she was troubled with leucorrhœa. She complained much of weakness, evidently the result of this condition. Judging by her general appearance, one would not have called her anæmic, but on examining the palpebral conjunctivæ, decided paleness gave evidence of an anæmic state.

On May 10th, 1873, *Crocus* was prescribed with the view of lessening the excessive discharge of menstrual fluid from which she was then suffering. After it stopped *China*, was ordered to be taken in the interval, with an injection of *Alum* and *Sulphate of Zinc*, on account of the leucorrhœa.

She came again on June 3rd, saying that her illness had again returned, profusely as before. She was again prescribed *Crocus* as before.

I did not hear of her again for six days, when (June 9th) she sent for me. I found her in bed, and got the following history from her. The discharge had not abated till two days before, when it began to moderate. On the evening of the 8th, quite suddenly, acute pain came on in the lower part of the abdomen, and obliged her to go to bed. There was no previous shivering. She did not sleep that night, and was feverish. The discharge externally stopped the following day (9th). When I saw her on the 9th the pulse was 96, tongue rather dry and coated. She had headache, was thirsty, and had slept very little. She felt sick, and complained of much pain across the lower part of the abdomen. There was marked tenderness over the lower abdomen—all across, but chiefly towards the left side from about the mesial line. No tenderness at all above the umbilicus. On palpation there was marked fulness to be felt over the left iliac region and as far as the mesial line, and over this part there was dullness on percussion, as compared with the right side, for about three fingers' breadth above the level of the ramus of the pubes. She also had pain on micturition.

On making a vaginal examination, I did not detect any

marked fulness or tumour in either cul-de-sac, but there was very considerable tenderness on pressing the finger in the left cul-de-sac, and posteriorly. I prescribed *Aconite* and *Belladonna* alternately every hour, with poultice to the abdomen.

Next day (June 10th), on vaginal examination, there was distinct fulness and swelling posteriorly and to the left of the uterus, but the uterus was not displaced perceptibly. She had slept better. Pulse 88. She was still thirsty, headache had gone, and the bowels had opened without giving pain. The tenderness in the lower abdomen was decidedly less. To omit the *Aconite* and continue with the *Belladonna*.

11th.—To-day the pulse was 78; she had now no pain on micturition. She complained rather more of the abdominal tenderness, but her state was otherwise much the same. The headache had, however, come on again yesterday afternoon. She complained much of it, and said it had kept her from sleep. The headache was frontal, the pupils were dilated, and on inquiry says she has indistinctness of vision. These symptoms seemed to me clearly the effect of the *Belladonna*. [I had given, for a particular reason, drop-doses of the B. P. tincture, which, though of the same strength as our mother-tincture (1 in 10), is made from dried leaves, and is not nearly so powerful.] I therefore left off the *Bell.* and prescribed *Mercurius corr.* 3<sup>r</sup> every three hours; while to relieve the headache I compressed the pneumogastric in the neck for a few minutes. This had the effect of removing the headache entirely before I left the room.

12th.—She had slept well. Pulse 76. The headache was gone, and she said she had hardly felt any of it since the pressure in the neck. There was less thirst, and the tongue was clean. Tenderness in the lower abdomen much less, and none at all in the right side. The feeling of fulness externally on palpation is also less, and the swelling as felt *per vaginam* less distinct. To omit the medicine, but to continue the poultice, and, of course, keep in bed.

15th.—Dulness still present on percussion above the

pubes, but the tenderness is now very slight. The vaginal swelling is hardly distinguishable, but the cervix uteri points somewhat to the right. Bowels had opened again without pain; no white discharge. She has no appetite; complains only of feeling weak, and that she had felt sick on sitting up in bed. To have *Arnica* 3 every two hours.

17th.—Feels much better; abdominal tenderness quite gone; tongue clean; no thirst; is beginning to take her food. She was allowed to rise from bed for a short time.

The *Arnica* was continued for two days longer, and as she was then feeling quite well, except that she felt weak, I omitted it, giving her special directions to avoid any exertion whatever, and as soon as next menstruation came on to go to bed and send me word. This she did on the 27th of June, as the discharge had appeared the evening before. It was much the same in quantity as before, but otherwise she was feeling quite well. She was simply told to keep her bed, but to take no medicine. On examining the abdomen no fulness was perceptible on the left side, and the dulness on percussion was also gone; this was only nineteen days from the occurrence of the hæmatocele. (The vaginal swelling had, as previously reported, disappeared about the 15th.)

The discharge continued till the 1st of July (five days), when it so nearly disappeared that she, against my orders, rose from bed and dressed. This brought on the discharge again more profusely, and with it some pain in the old spot, on account of which she went back again to bed. The pain lasted some hours, but after the application of a poultice it disappeared. I learned this from her next day; the pulse was then quite quiet, there was no thirst, no tenderness or fulness in the abdomen, nor dulness. This being the case, as she was lying in the wrong position in bed for a vaginal examination, I was unwilling that she should move, as further examination seemed unnecessary, and perfect rest was of more importance.

July 3rd (the next day).—The discharge stopped. Is quite well.

5th.—She is allowed to rise, and as the bowels are inclined to be costive, to take *Nux vomica* for a few days.

*Remarks.*—Cases of pelvic hæmatocele are of sufficient rarity to make the record of the foregoing case interesting. It was not a severe case, comparatively speaking, as sometimes the amount of blood effused into Douglas' cul-de-sac is enormous, and may be even so extensive as entirely to fill the lower part of the abdominal cavity, and to produce visible anæmia. Of course, in such a case, the diagnosis is so clear that a mistake could hardly be made; but in slighter examples the nature of the case might pass unnoticed or be mistaken for another form of disease. Perhaps the Society will pardon me if I remind them of the two most common causes of pelvic hæmatocele, namely, 1, retention of the menses from occlusion of the vagina; and, 2, menorrhagia.

In the former case, where there is retention of the menses from occluded vagina, the uterus and the Fallopian tubes become so distended with the accumulated menstrual fluid that at last some of it escapes from the fimbriated extremity of the tubes into the cavity of the abdomen, and sinks down into the retro-uterine cul-de-sac of the peritoneum. In these cases the immediate cause is either a menstrual period, or the puncturing of the hymen, and the escape of the fluid. The whole canal formed by the Fallopian tubes the uterus and the vagina has been so distended, that when the uterus contracts in expelling by the vulva part of the fluid, this same contraction operates in a retrograde manner and forces some of the fluid along the tubes back into the abdominal cavity. Hence the necessity for making at first a small opening in the hymen, and allowing the fluid to run off gradually and slowly, and so reducing the uterine contractions to the gentlest minimum.

The other chief cause of pelvic hæmatocele is menorrhagia. For months previous we find a history of too frequent and too profuse menstruation, which has gradually produced a state of more or less marked anæmia.

In such cases the hæmatocele occurs at the menstrual period, and though the discharge externally may be free or even profuse, yet the previous losses would seem to produce a relaxed state of the parts concerned, which, again, would seem to be the determining cause of the escape of blood through the Fallopian tubes into the abdominal cavity. My patient was one of this class of cases, and though comparatively slight, yet the symptoms were so clear as to render the diagnosis certain. It could only be mistaken for one other form of disease, namely, acute pelvi-peritonitis, or perimetritis; but, first, we had a history of menorrhagia, producing a certain amount of anæmia, which points to the one affection rather than the other. Next, we observe that the onset of the attack pointed clearly to hæmatocele and not to perimetritis. In the latter complaint we have a history of some exciting cause, such as cold, which causes stoppage of the menstrual discharge, followed or accompanied by shivering, fever, and abdominal pain. The shivering and the fever either precede or accompany the pain. Whereas in pelvic hæmatocele, as in the case of my patient, the discharge, though moderating gradually, did not stop till the day following the access of the pain; the patient had not been exposed to cold or other exciting cause, had no shivering, but in the evening, when at home, some pain came on *suddenly*, while the fever developed *subsequently*. Then, again, when seen by me, there was not only the tenderness in the lower abdomen which we would expect, but fulness externally, and dulness on percussion, whereas on the second day of pelvic peritonitis, there would have been tenderness, but no fulness or dulness. Again, I found swelling in the vagina behind and to the left of the uterus. This latter was not very distinct till next day, and then did not displace the uterus forwards, showing that the amount of blood in the peritoneal cavity was comparatively small. The fact of the vaginal swelling not being so distinct on the first day is known to occur in such cases. Bernutz states that it may be almost imperceptible for thirty-six hours, and from the patient having gone to bed as soon as the pain came on, the blood would not be so likely

to gravitate entirely into the retro-uterine cul-de-sac, but would be, especially if slight in amount, as it were spread out, causing little vaginal swelling. Of course, the symptoms of the slight vaginal swelling alone might arise as well from perimetritis if lymph were effused to any extent. Had the effused blood been to any extent, the uterus would have been pushed forwards against the pubes, whereas it was, in this case, only very slightly pushed to the opposite or right side, and that not at first. Again, instead of the vaginal swelling gradually disappearing in a few days, from the absorption of the blood, had it been a case of acute pelvi-peritonitis simply, the swelling would probably have become more distinct and harder from the adhesions formed. This, of course, is not to be made much of, as the pelvi-peritonitis might have resolved without any adhesions being formed. But the occurrence of adhesions in acute perimetritis is so frequent, that even though the case end in recovery, there is generally sufficient evidence of their existence, in the shape of firmness and hardness of the vaginal swelling which soon appears. If any adhesions occur in a case of hæmatocele, they encyst the blood, and when the latter is absorbed the evidence of the encysting adhesions is not perceptible. The gradual diminution of the external fulness and dulness on percussion showed that the blood was being absorbed. What I have been arguing for is the *primary* nature of the case—hæmatocele as distinguished from acute perimetritis, as, of course, the presence of the menstrual blood in the peritoneum causes limited peritonitis or perimetritis.

And, in fact, it is this pelvi-peritonitis which we have got to treat when called to such a case as mine. The tenderness, external and vaginal, with the fever present, show the already existence of pelvi-peritonitis, which is the real source of danger, as the limited peritonitis may become diffuse.

My treatment was accordingly directed to this; and the result was very satisfactory, the pulse having fallen to 88 the day after treatment was begun, while the recovery altogether, including the absorption of the blood, was unusually quick. The development of the phy-



siological symptoms of *Belladonna* was unexpected, and obliged me to stop it, and give *Mercurius corr.* instead. After the cure of the pelvi-peritonitis, *Arnica* was given with the view of promoting the absorption of the blood, which, as I have already observed, was accomplished unusually quickly: The employment of surgical interference in the shape of puncture is condemned by most gynæcologists, unless other treatment should have failed. It is, in fact, considered a *dernier ressort*, and is only justifiable when either the amount of blood effused is so large as to press much on the rectum behind and on the bladder in front, through the medium of the uterus which is driven against the pubes, or when instead of absorption occurring suppuration ensues with distinct fluctuation. The onset of suppuration is indicated, of course, by shivering and hectic fever, with its concomitants of loss of flesh and health.

*Discussion on Dr. D. Dyce Brown's paper.*

Dr. DECK thought the symptoms, as far as he could gather them, did not point positively to pelvic hæmatocele. The swelling was quite lateral, and did not occupy Douglas's pouch in the marked manner which is generally the case in hæmatocele taking place during the catamenial period. In cases where the swelling is not decidedly retro-uterine, there must be some doubt whether the symptoms are caused by a hæmatocele, or by the sudden occurrence of perimetric inflammation. As to the exhibition of *Belladonna* in the treatment of the case, he had found that medicine in old-school practice very serviceable in perimetric inflammation. In cases of pelvic cellulitis he had found *Extract of Belladonna* and *Extract of Opium* in small doses combined far more useful in treating the pain and inflammation, than much larger doses of *Extract of Opium* alone or of the combination of *Calomel* and *Opium*, which is so usually given.

Dr. DRURY had some doubts in his mind on first reading Dr. Brown's paper, which he had done before reading it to the Society, as to the nature of the case, being inclined to think it might have been one of congestion only, and that possibly the infection had something to say to this, but remembering that Dr. Brown had the advantage of seeing the case, and forming his judgment from actual observation, he was willing to surrender his doubts and accept Dr. Dyce Brown's

diagnosis as the correct one. He the more readily did this, as the author had shown in the very able paper that he had sent up that he was thoroughly conversant with his subject, and had carefully weighed the reasons for and against the opinion he had arrived at. Still the case was a slight one, and the possibility of error should not be left out of the account. The treatment would be much the same in either case, with the exception of the injection which he considered unsatisfactory, the treatment otherwise was good, and was successful; always a good argument when it exists. Without following Dr. Cooper into a discussion not bearing on the point, he could not but say he thought he was advocating an unsafe mode of treatment, when he spoke as he did of *Logwood* and *Hamamelis*. What we had to do with in homœopathy was the actual symptoms known to be produced by a drug, and not a speculative practice founded on a conjectural physiological action. He quite admitted that in some difficult cases an experimental practice, in the absence of a more clear light, might be justifiable and might lead to the discovery of very valuable clinical facts, some medicines owing their high repute to results thus obtained, but we should not begin in this way. The well-established provings compared with the symptoms that presented themselves were the materials with which we should only be too glad to work, but failing these, their careful and well-reasoned-out ideas might help us a long way towards obtaining good results, and enriching our *Materia Medica*.

Dr. DUDEXON thought some of the speakers\* had too confidently impugned the correctness of Dr. Dyce Brown's diagnosis. Considering the special character of Dr. Brown's studies, and considering that the case was carefully observed and examined by himself, he thought Dr. Brown was more likely to be right in his diagnosis than those who criticised him without having had an opportunity of examining the case, and without having made such affections a special study. For himself, he had listened with great pleasure, and he hoped with some profit, to Dr. Brown's very clear differential diagnosis between hæmatocele and pelvic cellulitis.

\* Several other members spoke, but no report of what they said has been sent in.

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ON SULPHATE OF ZINC IN NERVOUS  
HEADACHES.

By Dr. G. CLIFTON.

(Read before the British Homœopathic Society.)

GENTLEMEN,—My reasons for bringing before you this evening an old-fashioned medicine, namely, *Sulphate of Zinc*, as a remedy in some forms of nervous headache, are twofold. First, from having found it very beneficial in such cases; and, secondly, because it has proved in my hands a more useful and active preparation than the other forms of *Zinc*.

Let me say that in the cases I shall lay before you I was not led to the use of this drug from any study of its pathogenetic effects as recorded in our homœopathic literature, which most of you know is very scant, Hull's *Jahr* only mentioning it as being used in "chorea," Hempel mentioning it in "chronic vomiting of food when jerked up."

We all know that it is used empirically in the old school in nervous diseases, but often in combination with *Valerian*, &c. (here, again, the *Sulphate* is used in the preparation). Pereira thinks that "the *Salts of Zinc* act dynamically upon the system, not chemically;" and that "the vomiting is due to the action of the *Zinc* on the nervous system."

Forbes, in his *Cyclopædia of Practical Medicine*, vol. iv, after mentioning the usual effects, viz. vomiting, says, "the vomiting is sometimes succeeded by diarrhœa, tenderness of the epigastrium, and abdominal pains. Symptoms rarely fatal, but in one recorded by Mertzdorf the stomach and intestines, particularly the latter, were found contracted, and the mucous membrane of each studded with several small spots of effused blood, their contents mostly fluid and greenish in colour."

Orfila, by detaining the salt in the stomach of a dog by

ligature of the œsophagus, shows that "it acts as an irritant and inflames the part to which it is applied, but that the *nausea* and *vomiting* are produced when the salt is applied to other mucous surfaces."

Hale, quoting from Stille, states, "that it has been used successfully; primarily in dyspepsia distinguished by constipation and flatulent colic, and occasionally in cases simulating secondary effects, as chronic diarrhœa and dysentery, spasmodic cough and asthma."

Dr. Hale, in vol. xiv, *American Journal of Homœopathy*, in an article on astringents, calls it more properly a desiccant or escharotic, like *Kreasote* or *Mercurius corrosivus*, and says, "that in small and repeated doses it causes indigestion (very vague) with constipation, and many of the nervous symptoms and morbid conditions as *Zinc met.*" He goes on to say that he "is doubtful of the propriety of admitting into our pathogenesis the ultimate or more severe effects of these drugs which in massive doses are poisonous by virtue of their mechanical, chemical, or escharotic qualities."

I cannot, however, agree with Hale on this point; for has not the powerful medicinal action of other drugs led the careful worker to trace back these conditions to their primary pathogenetic action? This very salt itself Pereira and other observers have so proved to be the case. The same with *Ipecacuanha* on the stomach and many others. I believe the symptoms produced by this salt are not due altogether to its escharotic or astringent effects, but its dynamic action, rapid absorption, and thus its irritation of the nervous centres. In this I may be wrong, still I cannot but think that the specific action lies in its irritation, first of the vagus nerve and then its reflex action on the ultimate filaments through the fasciculi of the medulla to its nucleus below the fourth ventricle. This being granted it ought and will be found a more useful medicine in many of the ailments which come under the head of "Nervous Sick Headaches or Migraine." Most of you, I doubt not, have read the admirable papers in the *Practitioner* by the lamented Anstie and by Dr. Clifford

Allbut, both of whom, with Mrs. Garrett Anderson in her thesis for the doctorate of the Paris University, sustain the hypothesis that migraine has its origin in the brain, Anstie localising it more definitely in these words, "The remarkable course this disease runs, the important and suggestive group of occasional complications which are associated with it, almost compel us to look on the medulla oblongata as the starting-point of the disease, and to believe that migrainous pain means atrophic molecular irritation in the trigeminus roots; that migrainous vomiting means a similar process in the vagus nerve, &c."

It is to this latter form of headache this *Salt of Zinc* is specially applicable. If Dr. Sharp's theory of organopathy is correct, then I think this salt should act on all the nerve-filaments taking their origin from the medulla. This certainly is not the case; you all know how much more readily *Belladonna*, *Gelseminum*, *Chelidonium*, &c., act on the branches of the fifth pair than such a remedy as *Zinc*.

In the third case which I shall mention, of a child with hydrocephalus, I do not think *Zinc* or any other medicine would have done good had it been of purely tubercular origin, but it was probably an inflammatory process of the lining membrane of the ventricle. And the next which I shall also mention of a child, with no symptom of hydrocephalus, was most likely a case which would have developed into one of this kind, as the sickness and peculiar vomiting relieved by this salt would show that if the lining of the fourth ventricle was at all inflamed it would pour out lymph and thus irritate the origin of the vagus, namely, the grey nucleus at the lower part of the floor of the fourth ventricle. You may say why not be satisfied with the use of the *Salts of Zinc* which have been proved? Well, I was led to the use of this salt from noticing the similarity of some of the symptoms, both during its action as an emetic and subsequently to the form of vomiting we meet with under the common name of sick headache.

If the brief outline of these cases should with any of my remarks lead to a more careful study of it as a remedy and

the relief of some of those disagreeable forms of headache my time will not be ill-spent.

CASE 1.—Miss A—, æt. 47, maiden lady; spare habit, but well nourished. Has suffered from girlhood with spinal irritation. Slight lateral curvature, which was arrested by mechanical means, then premature change of hair to grey; catamenia now scanty and irregular, appearing only at intervals of three or four months. Suffers from mental depression; when not suffering in this way has severe headaches compelling her to lie quiet and still. At times, extreme prostration and restlessness, burning pains in extremities, but no increase in feverish symptoms. Burning in mouth and fauces, relieved at times by *Arum mac.*; cross and irritable; cannot bear to be spoken to. When in this state inclined to be violent in speech, with deficient memory, like *Anacard.*, but, unlike that remedy, impatient; continually wanting to do something to relieve herself. When prostration is very bad the pain is better; mind in a kind of stupor; weariness in the eyes; dimness of sight. Pale, bloodless appearance of face, constriction of throat and stomach; feeling of bloatedness on taking the least food, with violent and sudden retching; this often produces, even when little food or liquid is ejected, dizziness for a few moments, and then relief of many symptoms. If no sickness, headache increases, then diarrhœa, with the same relief. Normal condition of bowels is obstinate constipation which *Platina 5* has at times relieved. All symptoms worse when more anxiety, and toward evening. Headaches, and all symptoms increased after partaking of sweet, especially fruit jams. Heart's action depressed; pulse feeble, urine normal. Great lassitude in extremities when worse.

Medicines which have more or less relieved are *Arn.*, specially *Arum*, *Anac.*, *Phos.*, *Plat.*, *Plum.*, *Bella.*; *Zinc met.*, 3 and 6 at times, slight relief. Under *Zinc S.*, aqueous sol., 1<sup>x</sup>, 2-drop doses, headaches relieved.

Has taken this salt now in various dilutions from 1<sup>x</sup> to

12<sup>x</sup>, and is much better in general health, and headaches much less severe.

CASE 2.—Miss O—, æt. 53, tall, dark complexion.

June, 1873.—Has suffered with right-sided cephalalgia, coming every week or ten days; more or less from girlhood; at that time, and up to thirty years of age, only every three or four weeks, *not* particularly at catamenial period. Has been worse last five years, since this ceased. Is generally better the day previous to an attack; the attacks sometimes last two or three days. Pain, when severe, causes violent retching, which seldom relieves the pain in forehead, but improves the general nervous depressed feeling and nervous irritation; constant chilliness, cannot bear exposure to cold air, head then worse. Bowels constipated; urine normal, but paler during an attack. Had had all kinds of treatment, with little benefit. After taking *Chelidonium* and *Iris versic.*, the severe headaches, especially frontal ones, were relieved, and the vomiting less, but this came on still at times, but more in fits. *Verat. a.* in various dilutions never gave relief even to the coldness; neither had *Sepia* or any other medicines made much impression. Still, with the above-named medicines the headaches continually returned. I am not sure also whether change of diet had not assisted also for some time, as she had been much too fastidious. Ordered small doses of *Cod-liver oil*, and pancreatic emulsion, and fat bacon, which she abhorred before, soon began to be enjoyed.

In November, after trying other remedies, I put her on *Zinc ox.* with some, but not permanent, relief. The latter end of the month she began with *Zinc sulph.*, 1<sup>x</sup> ter die for three days, then 6<sup>x</sup> in same way, then wait three days; here under this medicine she found her pains lessened and period of relief lengthened, and now finds that by taking this medicine with *Gelsemium* in 2-drop doses of the 1<sup>x</sup> dil. alternately, she cuts short an attack with a minimum of suffering in as few hours as she formerly suffered days with that which made life a burden.

CASE 3.—Master B—, set. 5, a child who suffered earlier in life with symptoms of hydrocephalus which gave way to the usual remedies, especially to *Zincum met.* 5 and *Arnica* 3. Came under my care again in 1874, with continual attacks of headache; child precocious. Fair complexion; well nourished; very excitable; easily made cross, then very violent. Complains of pain in head, wanting to lay head down; relieved by stroking. Face often red, then pale. When headache bad is always sick; always constipated. When these attacks are near *Chamomilla*, *Gelseminum*, *Phosphorus*, gave relief, but the seizures became more frequent; *Zincum met.*, in various dilutions, gave no relief. *Zinc. sulph.*, 1<sup>r</sup>, gave speedy relief, and by continuing the salt in the 3<sup>r</sup> dil. the child has quite recovered. Seen a fortnight since; no attack for six months.

CASE 4.—A. E—, infant boy, 8 months old, weak and puny from birth, hand-fed. Saw it on January 14th, then six weeks old, very weak, head small, eyes sunken, was not thriving or getting flesh, bowels constipated. Managed to get good milk from one cow; this with *Sugar of Milk*, &c., and more cream added when bowels constipated, the child began to improve. Occasional doses of *Sulphur* 6 were given.

On the eighth week child was not improving. I could not detect any glandular mischief, only that the child looked ill-nourished and puny, often cried, lay easiest with its head low. Food was ejected much curdled. *Aethusa Cynap.* 3<sup>r</sup> relieved this symptom. (In poisoning from this plant the ventricles are found congested.) The child continued this medicine with benefit for a time, an occasional dose of *Bry.* 8 being given.

A fortnight later I again saw the child; certainly it had increased in weight, food seemed to nourish it, still there was more than usual ejection of food, with still the same condition of ease in lying. The child could not bear any noise or movement. I at once put it on half-drop doses of *Zinc. sulph.* every four hours three days, then every night and morning. With this remedy in a few days the child



improved rapidly, and has now become a strong and healthy babe. I might say there was no tubercular history in either parents.

CASE 5.—Mr. B—, æt. 45, father of child Case 3, farmer, has been subject from childhood to attacks of violent headache, coming on more frequently after a few days of more than average good health. Sanguine temperament. Is taken with sudden attacks of deep-seated pain in head, which soon brings on distressing vomiting, made worse by stimulants. Relief by continuous application of cold water. Pain affects sight of right eye, causing partial blindness; chilly, obliged to get over fire (opposite to *Phosphorus*); very depressed; almost beside himself; contemplating suicide (*Aurum* has these symptoms also, with partial loss of sight). Obligated to give up wine and all sweets, a symptom of *Zincum metal*. Is a great sportsman, and a better shot when slightly affected than when in usual health. Much wind on stomach; offensive when passing downwards.

This patient was at one time treated, whenever an attack threatened, by *Arnica*; this failing *Phosphorus*, *Aurum*, *Strontia carb.*, and *Pulsat.* all proved of no avail.

The similarity of some of these symptoms to those of his child led me to give this salt in a similar manner as to the child with the same beneficial result, the attacks lengthening in their intervals and much less severe.

CASE 6.—Mr. C—, æt. 25, cotton-spinner. Has suffered for some years with attacks of violent headache ending in bilious derangement and several times jaundice. Of a very nervous excitable temperament. Has been under several homœopathic and old-school practitioners, but never thoroughly cured. Found most relief from a long sea voyage.

These attacks generally come on with pain under left shoulder-blade. Stool lumpy and dark, showing obstruction; urine high coloured. Then headaches, deep-seated, left-sided; vomiting and mental depression. Cannot bear

to be contradicted. At one time I thought we had overcome their tendency and relieved the attack by *Plumb. met.*, intermediately *Podophyllum*, and *Bryonia* during the attack.

He had taken most of the usual homœopathic remedies for bilious derangement (*Phosphorus* at one time). These again failed.

I then made more strict inquiries; found he could take beer, but not wine. Sugar always brought on attack. The vomiting, again, often relieved him. I put him on *Zinc ox.* 1 during an attack with no material change.

I might say these attacks lasted from two days to a week.

The next attack, in October, 1874, I put him on 1st dil. *Zinc sulph.*, and in twenty-four hours he was much better. From that attack he had freedom for a month. Repeated medicine night and morning for a month, then the 5th dilution night and morning. No attack till seventh week. Still continued medicine night and morning for another month, then alternate weeks without, and now four months have elapsed without a return.

Many of his symptoms come under *Phosphorus*, especially his general habit of body. But *Phosphorus* causes jaundice more by its action on the duodenum, also the coma and collapse belonging to atrophy and fatty degeneration, while *Plumbum*, although it has the similarity to *Zinc* in affecting the left lobe of the liver and causing induration here and there in the abdomen, has more action on the abdomen. The patient is not made worse by sugar, and the vomiting does not relieve.

#### *Discussion on Dr. G. Clifton's paper.*

Dr. R. HUGHES said that we must always be thankful for an additional remedy for migraine, whose protean forms require careful individualisation and copious resources. *Zinc* was an undoubted nervine, and Dr. Clifton's experience seemed to bear out that which he had heard Dr. Madden express as his own—that the sulphate was its most active form. The vomiting caused by this drug was undoubtedly specific, and not the result of mere local irritation. Mr. Ashburton Thompson's recent statements

relative to the value of *Phosphide of Zinc* in neuralgia pointed, he thought, in the same direction. Mr. Thompson considered its action due to its phosphorus; but he (Dr. Hughes) could not agree with him, as its physiological action had much more resemblance to *Zinc*. The author actually records a case in which doses of the 72nd of a grain of *Zinc phosphide* caused a neuralgia which *Phosphorus*, in  $\frac{1}{12}$ -grain doses, removed. He felt that therapeutics were much indebted to Dr. Clifton for his contribution regarding the powers of *Zinc*.

Dr. J. G. BLACKLEY wished to ask if he (Dr. Clifton) had any reason to suspect a malarious influence in any of his cases. From the nature of the symptoms related in some of his cases he (Dr. Blackley) thought it very probable that the *Sulphate of Zinc* would prove of great service in the treatment of hemicrania following ague. He also mentioned a case of neuralgia of the supra- and infra-orbital nerves on the right side which had been greatly benefited by *Atrop. sulph.*

Dr. BAYES had no experience to record as to the use of *Zincum sulphuricum* in headaches, but the lucid paper of Dr. Clifton pointed out the sphere of its action as being applicable to headaches usually very intractable; and when similar cases in future fell under his care he should hope to utilise the hints so well drawn up by Dr. Clifton.

Dr. HALE considered that Dr. Clifton's success with *Sulphate of Zinc* has added to our list of remedies for migraine, which is an affection we often find it difficult to cure. Dr. Hale mentioned a case *à propos* to the subject of the paper: a lady, subject to the most severe attacks of migraine, which are often very capricious, but invariably induced by exposure to a cold wind, especially east wind, to whom he would certainly give *Sulphate of Zinc*, most other remedies having failed to prevent a recurrence of the pain. He expressed surprise that in the early provings of *Aurum*, *Cuprum*, *Plumbum*, and *Zincum*, the metals were chosen for experiment instead of their soluble oxides. It would not necessarily follow that the soluble oxides would be more efficacious, and in a case of suicidal mania under his treatment some time ago the metal itself (*Gold*) was more efficacious than the soluble muriate.

Dr. DRURY had to express his especial thanks to Dr. Clifton for extending his paper at his request instead of merely giving it in the form of a short notice. He hoped the encouragement he had received would induce him soon to give another. It was a matter of great importance that we should know which preparation of the drug was the best. It might often happen that the action of two might be very similar; if there was a proving to guide us it should certainly be followed; but when this was not the case it became a matter of some moment that the best selection of a compound drug should be made in order that our patients should have the benefit and future observers should know what medicine was best worth a trial. From the reception Dr.

Clifton's paper had met it was very evident that he was supplying a want that was very generally felt in the treatment of this form of headache, and had chosen the best preparation of *Zinc*. A help of this kind was valuable. For instance, in using *Quinine* he gave the preference to the muriate over the sulphate, because it was the most soluble, but he would far rather have some proving to guide him instead of such a reason as he gave. Experience, however, showed him that the *Muriate of Quinine* was a thoroughly reliable preparation, and he had no doubt that the reputation of *Sulphate of Zinc* could be maintained after further trial.

Dr. VERNON BALL said that he regarded nervous or so-called sick headache as simply the acute expression of a chronic dyscrasia. He believed it often had a hereditary origin, and pathologists attributed the proximate causes to some temporary depression or incompetence of the functions of the vagi and medulla oblongata, but he had seen instances in which the whole cerebellum and cerebrum also seemed to him to be involved. According to his experience, which was unlike that of Dr. Clifton's, he rarely succeeded in materially shortening or ameliorating the attack by the administration of drugs. If any permanent good was to be done it ought, he observed, to be accomplished during the intervals of freedom from pain. He had no knowledge of the power of *Sulphate of Zinc* in this affection, but from the recorded action of the metal on the nervous centres he imagined this salt ought to be useful if given during the intervals when the patient appeared to be in tolerable health. At all events, he was obliged to Dr. Clifton for suggesting it, and he should give it a fair trial in the next suitable case. With respect to the short but acute stage itself, he had tried most of the drugs in repute for this disorder, and he was bound to say, as he had said before, that the result had been, on the whole, unsatisfactory to himself and, he feared, also to his patients. When he happened to see the patient under the paroxysm he now adopted any means that promised even temporary relief. If there was sympathetic vomiting he encouraged it by hot drinks, and when the engorged and throbbing carotids were carrying blood rapidly to the head he practised firm digital compression on one or both sides of the neck for a few minutes, and sometimes with singular relief to the sufferer. A sharp attack of nervous headache had its period of exacerbation and its period of decline. A glass or two of wine and a mutton chop when it reached the acme often helped it down the hill wonderfully and curtailed its career; whereas the same food if forced down only a short while before the crisis intensified the suffering. Other means, such as the *Bisulphide of Carbon* applied topically and ozonic ether diffused through the room, he had occasionally found of considerable service.

Dr. CLIFTON thanked the members for the kind manner in which

they had received his paper, and in answer to Dr. Blackley's question, whether malarial influence had anything to do with these cases of migraine, he thought not, although Leicester's being situated low and on a clayey soil might cause more of this condition; but *Sulphate of Zinc* had failed like other medicines in this trying complaint. He thanked Dr. Bell for his suggestions as to the way of treating the more acute stages of the complaint. With regard to what Mr. Engall mentioned of these forms of headache being due to nervous exhaustion, he was doubtful if he was correct. This kind of headache came on after feeling more than usually well, and not after mental or physical exertion. The case Dr. Hale mentioned, he thought, would be probably more benefited by the *Sulphate of Quinine* or *Glonoine*.

## REVIEWS.

*Homœopathy in the Light of Common Sense and Modern Science.* By D. DYCK BROWN, M.A., M.D., &c. London: Longmans, 1875.

WE were much struck by these two excellent essays when they originally appeared as leaders in the *Monthly Homœopathic Review*, and we are glad to see them in a separate form. The first is a well-written essay on the reasonableness of homœopathy, addressed to non-medical persons, and written in a calm convincing style. The second is especially addressed to the profession, and is a successful attempt to show that homœopathy is in perfect harmony with science in all its modern developments. We trust that the little pamphlet may obtain a wide circulation among both medical and non-medical readers. We are glad to observe that the talented author has joined the editorial staff of our monthly contemporary, and a better coadjutor to the existing staff we could not imagine, as the numerous articles Dr. Brown has already contributed to its pages show how eminently fitted he is for editorial work.

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*Four Lectures on Practical Medicine and the Homœopathic Treatment of Bronchitis, Laryngitis, Pleurisy, and Pneumonia,* delivered at the London Homœopathic Hospital by R. DOUGLAS HALE, M.D., &c. London: Turner, 1875.

THESE lectures, which have already appeared in the columns of our monthly contemporary, are very appropriately

collected and published in a little volume. They are excellent specimens of the kind of work that has been going on at the London Homœopathic Hospital during the past year, and will serve to enhance the reputation of that hospital as a school of practical medicine, as well as to increase Dr. Hale's reputation as a physician thoroughly conversant with the treatment of diseases of the respiratory organs, and well read in the most recent literature on the subject. We could not wish a better book to place in the hands of any one really desirous of knowing what the homœopathic treatment of such diseases is.

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*On Ovarian Dropsy and Ascites; their diagnosis and treatment, also on prolapsus of the uterus.* By RICHARD EPPS, M.D., M.R.C.S. London: Simpkin, 1875.

DR. EPPS is not favourable to the operation by extirpation of the diseased ovary, but prefers frequent withdrawal of portions of the encysted fluid by means of Dieulafoy's aspirator. He gives the histories of several cases of ovarian tumour where the treatment by aspiration seems to have been successful, though certainly tedious and not unattended with danger. One case of spina bifida is also mentioned, but as it was still under treatment it remains to be seen if a cure can be effected by aspiration. On the whole, there is not much in Dr. Epps's book of special interest to the homœopathist, but it is written in a pleasant gossiping style, and we have no doubt there is much truth in what the author says about the dangers of ovariectomy and the advantages of well-formed pessaries in prolapsus uteri.

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*Headaches, their causes and treatment.* By E. B. SHULDHAM, M.D. London: Gould.

As this little book is confessedly written for the patient world, it scarcely forms a fit subject for a review in these pages. Its pathology has been written down to the level

of the non-medical understanding, and so is scarcely up to the mark of actual science. The book is written in a pleasant attractive style, and is certain to be of use to those who are the victims of cephalalgia, if they will only be persuaded to read it—in the intervals of their attacks, of course.

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*The Veterinary Vade-Mecum : a Manual on the Horse, Cow, Dog, and Sheep, their Diseases, Homœopathic Treatment, and General Management.* By R. P. G. LORD, J. RUSH, and W. RUSH. London: The Homœopathic Publishing Co., 1875.

ALTHOUGH we can hardly pretend to criticise the details of veterinary practice, yet it has a peculiar interest for us as bearing on the general question, for it effectually disposes of the imaginatiou hypothesis which forms one of the pretexts for refusal to examine into homœopathy put forward by allopathic sectarians, whose real reasons are self interest or prejudice.

The preface of the work before us is sensible, and it states the part taken in it by the different authors, giving credit to the late talented Mr. W. C. Lord, who practised homœopathy with success for many years on the horses of the 9th Lancers, and afterwards at the depôt at Canterbury, and on his retiring from the army exercised his skill as a veterinary surgeon in London.

The general remarks on the homœopathic principles are short, plain, and very much to the point, and stress is laid on the fact that it is surely nothing more than the simplest of common sense to use medicines in disease which we know, by experiment in health, to act specifically on the diseased organs or parts; this is indeed the root of the matter.

We observe that in the art of diagnosis the authors apply the latest improvements in human diagnosis. The thermometer, for example, is recommended frequently, and we notice that they consider the rectum to be the most



appropriate place for ascertaining the temperature in all the lower animals.

As regards dose we find the following:—"As a general rule ten drops of the strong tincture or of the 1<sup>st</sup> dilution may be given in acute cases to larger animals, three to five drops to the smaller ones." And in looking through the individual medicines the very large majority are recommended to be kept in the tincture and 1st decimal and 3rd centesimal as the highest; a few up to the 6th, and only one, viz. *Arsenicum*, up to the 12th.

The practical part seems to us to be lucidly arranged and well treated, sufficient for the guidance of non-medical readers, and not over-loaded with technical information. We cordially recommend the book.

*Materia Medica of the New Remedies.* By EDWIN M. HALE, M.D. Fourth edition, revised and enlarged. Vol I. *Special Symptomatology.* Vol II. *Special Therapeutics.* New York: Boericke and Tafel.

WE are glad that we deferred our notice of Dr. Hale's fourth edition until its second volume appeared. This apologises for, and to some extent supplies, the deficiencies of the first; and enables us to pronounce a much more favourable judgment on the whole edition.

Dr. Hale's now well-known work first appeared in 1864. For some years previously his attention had been drawn to the mine of remedial wealth which existed in the indigenous plants of his own country. A few only had been proved and employed in the homœopathic school, but all around him he found them in constant use by the common people, and by the "botanic" and "eclectic" practitioners—cures often resulting from them where both allopathy and homœopathy had failed. He determined to collect into one volume all pertinent information regarding the principal medicines thus obtained, to reproduce old and institute new provings, and to present all trustworthy re-

commendations and experiences as to their use. The result was the volume entitled *New Remedies in Homœopathic Practice*. It attained great success, so that in two years a second edition was demanded. This appeared in 1867, following the same order as the first, but incorporating all fresh facts that had come to light, and adding 35 more medicines to the 45 therein contained.

We do not hesitate to say that by these publications Dr. Hale rendered an inestimable service to homœopathy, and thereby to the art of medicine. There has been plenty of carping criticism on his indiscriminating collection of material, his too fond estimates of his new treasures, and the assumptions in which he has sometimes indulged. But these are small matters compared with the actual enrichment of our remedial treasury which has been effected by his means. We really owe to him *Actæa*, *Æsculus*, *Apocynum*, *Baptisia*, *Caulophyllum*, *Chimaphila*, *Collinsonia*, *Dioscorea*, *Eupatorium purpureum*, *Gelsemium*, *Hamamelis*, *Helonias*, *Hydrastis*, *Iris*, *Phytolacca*, *Sanguinaria*, *Senecio*, and *Veratrum viride*. It is no abatement of this obligation to say that some of these had been known previously, and that none have been actually proved by Dr. Hale himself. It was his book that made them current coin, wherever they had been minted before; and it was he who incited the new provings, though he acted only as their promulgator and expositor. The school of Hahnemann in every country owes him hearty thanks for all this; and allopathy is beginning to share our gain.

But in 1873 a third edition was required, and in the form it took we think that Dr. Hale made a fatal mistake. Finding it, he says, impracticable to increase the bulk of the work by incorporating the new matter which had accumulated (though why he should not have made two volumes of it does not appear), he determined on expunging all history and description of the medicines, and reducing their provings and clinical effects to a series of "characteristics"—that is, of symptoms believed to be peculiarly caused or undoubtedly cured by each drug. He also abandoned his previous limitation to the indigenous

plants of his own continent, and added some eighty substances from all kingdoms of nature, whose comparatively recent appearance in medicine entitled them to be considered "new remedies." These were presented in the same manner as the others.

The result was most unsatisfactory, and evoked loud complaint on both sides of the Atlantic. Those who possessed the first and second editions felt that all necessary information was given them. Much chaff was evidently mingled with the wheat, but they had every facility for choosing and testing as they thought best. Authorities, references, and citations were freely given, and everything stood on its own merits. But those whose first acquaintance with the book was made in its third edition were presented with a bald list of symptoms, pathogenetic and clinical, resting solely on the *ipse dixit* of the author, without hint of their connection or information as to how they were obtained. All the faults so long deplored in the Hahnemannian pathogeneses were here reproduced, with the addition of the confusion worse confounded of the "curative symptoms" introduced by Jahr.

We were glad to hear that this unfortunate production had run its course, and that a fourth edition was about to appear. Dr. Hale had been appointed "Professor of the Materia Medica and Therapeutics of the New Remedies" in the Hahnemann Medical College of Chicago; and, as he could not feed his students on the dry husks of symptoms, we hoped to see an improved form of his second edition rather than an enlargement of his third. Our hopes were at first dashed by the appearance of the "Special Symptomatology" which constitutes the primary volume of this fourth edition. But the second, or "Special Therapeutics," gave us what we wanted. Here are restored history, account of provings, testimonies of authors, and narratives of cases. Chaff doubtless has come back with the wheat; but at any rate we have the whole threshing-floor before us for choice and use.

The "Special Symptomatology," we say, we did not and cannot like. A disjointed list of symptoms to us con-

veys no instruction, and, in the absence of explanations or references, suggests no solid foundation. The mingling of pathogenetic and curative symptoms is always, we think, a most objectionable proceeding, even when the latter are distinguished by the usual prefix; but when, as here, the prefix is often omitted where it should be placed, the very profession of using it only confuses and misleads. There are, too, so many misprints, and errors, and false punctuations, so many jumbings together of the matter proper to the two volumes, that a sense of impatience and vexation increases upon us as we go through the volume. We do not, indeed, go so far as "Carl Müller" in the *American Observer*, and say that it was conceived in sin and born in iniquity; but we do think it entirely unnecessary, and open to just animadversion from unfriendly critics. The only useful part of it is the botanical, chemical, and pharmaceutical matter supplied by Dr. Delamater. We hope that in the next edition this, with any useful bits of information scattered here and there, may be transferred to the other volume; and that the symptomatology of the new remedies may be left to the one work which hereafter we shall have to consult for everything of the kind, Allen's *Encyclopædia*.

We have now a more grateful task to perform in expressing our appreciation of the "Therapeutics of the New Remedies," which constitutes the second volume of the undertaking. It is mainly made up, Dr. Hale tells us, from his lectures to his class: its statements and recommendations are made either from his own experience or from that of authorities he considers honest and trustworthy. A fair amount of space is given to the physiological action of the various drugs in relation to their curative powers. It only needs that this be done with more specification of the sources of knowledge on the subject, to make the volume complete in itself as an account of the properties of the substances with which it deals.

These are over 200 in number, and embrace constituents alike of the animal, vegetable, and mineral kingdoms. All

remedies seem to be considered "new" that do not appear in the latest edition of *Jahr's Manual*. The alkaloids, the bromides and iodides, amyl nitrite, chloral, apomorphia, and cod-liver oil find place, together with *Lilium tigrinum* and other recent acquisitions of the homœopathic school. The work has thus lost its homogeneous character as an account of the indigenous medicinal plants of America; but it is a useful compendium of information regarding our newer remedial agents which we should otherwise have to search for through many a scattered volume. It can be read through with interest and referred to with advantage.

At the same time, we miss one element of our favourite second edition—the detailed provings. If Dr. Hale should come to a fifth edition, we would ask him to consider if they could not be restored.

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#### *Journals of the Quarter.*

#### GERMANY.

*Internationale Homœopathische Presse*.—As we failed to receive this periodical in time for a notice in our last number, we have now before us the numbers for nearly the whole year, commencing 1st January.

The first and three subsequent numbers contain the remainder of the veteran Gerstel's essay on *Zinc*, which he has treated in the complete and exhaustive manner to be expected from his previous contributions to our materia medica. A labour of this sort does not admit of abridgment for our review, but we are glad to be able to announce its appearance in the columns of our contemporary, where it may be consulted by those who may wish to refer to it. If we might be permitted a criticism on Dr. Gerstel's essay, we might object to its extreme length, which seems out of all proportion to the relative importance of *Zinc* as a therapeutic agent, and we would have preferred a more con-

densed account of the pathogenetic and therapeutic actions of a medicine which has as yet obtained but a limited application in our therapeutics. However, Dr. Gerstel's study of *Zinc* may have the effect of widening the sphere of its utility, and if so he will deserve the thanks of the practitioners of our school.

*Nitric acid in diphtheria*, by Dr. Billig, of Stralsund. The author quotes a passage from *Bähr's Therapeutics*, in which *Nitric acid* is said to correspond to the local symptoms in diphtheria. He points out that Triuks refers to the physiological action of the same medicine as justifying its employment in that disease; and he shows that Dr. Goullon, junior, attempts to indicate the precise form of diphtheria for which *Nitric acid* is applicable, and that Dr. Goullon, senior, recommends its administration in frequently repeated doses of a low dilution in that malady.

He next proceeds to relate two cases of diphtheria in his own practice, where *Nitric acid* acted favourably.

The two patients were sisters, both about twenty years old. The younger, M. P—, had frequently suffered from attacks of croup, the elder, C. P—, had been occasionally under medical treatment for inflammatory affections of the abdominal organs. Dr. Billig had treated her for catamenial derangements, and once for angina faucium, another time for gastritis. On the 24th July, 1872, M. P— awoke with headache and swollen feeling in the throat, and on getting up had an attack of rigor. But as it was a warm summer day she accompanied her father and sister in a carriage on an expedition to a neighbouring place of amusement. During the drive she wrapped herself up in a shawl, and sat in the sun to keep herself warm. Towards evening, while still at the place of amusement, the elder sister suddenly fell ill. She shivered and had a feeling of weight in the head, and afterwards in the throat. At the same time the catamenia, which were present, suddenly stopped, which was no unusual occurrence with her. They returned home earlier than they intended, and went at once to bed. But the night was spent without sleep. The throat ailment increased, the nostrils were as if stopped up, ptyalism supervened, there was bad taste in the mouth, anorexia, much thirst, great weariness in the limbs, and low spirits, whilst

the cold feeling and headache continued. The doctor saw them on the 25th, in the morning. Besides the above symptoms, he found their appearance much altered; they looked ill, tongue furred, uvula, velum palati, tonsils and fauces red. Towards evening they complained of difficulty of swallowing. Not suspecting diphtheria, though there were several cases in the town, the doctor thought he had to do with severe sore throat, and prescribed *Acon.* 2 and *Bell.* 2, alternately, but without benefit. On the contrary, the following forenoon he found the morbid symptoms, especially the local ones, much increased, and in a few days they presented the perfect picture of severe diphtheria. Fauces, velum palati, uvula, and the swollen tonsils were dark red, and more or less covered with a yellowish-white layer of exudation. When this covering was partially detached, beneath it appeared a bloody basis. The younger sister had ulceration on the left tonsil and left side of the uvula, which spread with fearful rapidity. There was at the same time a most offensive smell from the mouth, the submaxillary glands were slightly swollen, and there was considerable flow of saliva. The difficulty of swallowing in both was not in proportion to the severity of the local symptoms, but, in the case of the elder sister, fluids on being swallowed returned through the nose. She also complained of pain in the throat when breathing. The tongue, hard palate, and gums were not involved in the diphtheritic process. Towards evening the patients were attacked by rigor, followed by heat and increased thirst, but not by perspiration. The nights were restless and sleepless; and one night the younger sister thought she would be suffocated. In other respects the disease was identical in both patients.

On the 26th July, both patients got *Merc. sol.* 5 in globules, but as no improvement was observed on the 28th this was changed for *Merc. sol. trit.* 3 every hour. This also did no good. On the 29th the exudation had extended, and had a dirty discoloured appearance. The smell from the mouth was like asafetida, and the moral depression was very great. Remembering what Trinks said about *Acid. nitr.*, the doctor now gave this medicine, six drops of 2nd dil. in a large wine-glassful of water, a teaspoonful every two hours. In the afternoon the report was "much the same, certainly not worse." The medicine was continued every three hours.

On the 3rd July, in the morning, the morbid process was

evidently stationary. He continued the medicine internally, and made a gargle with twelve drops of the 2nd dil. in a tumbler of water, which he caused the patients to use every four hours. The following day the disease was evidently on the decline, the exudation was diminished in extent, and in some places was detached and hanging loose. The ulcers on the tonsil and uvula were completely healed, or rather granulated over. The medicine was continued as before, only seldomer. On the 3rd August both sisters were convalescent. On the 7th the elder sister travelled a considerable distance to resume her duties as governess, and suffered no ill effects from the journey.

Dr. Billig next makes a number of reflections on the homœopathicity of *Nitric acid* to diphtheria, and considers it more homœopathic to the disease than *Muriatic acid*, which has usually been preferred by homœopathic practitioners. He justifies his employment of the remedy as a gargle, and he enters on a consideration of the fungoid character of the diphtheritic exudation, in which we need not follow him.

*On Hemicrania*, by Dr. Fischer, of Linz. This painful affection has been variously attributed to neuralgia of the temporal, frontal, and occipital nerves, to hyperæsthesia of the brain, neuralgia cerebri, to hysteria, to derangements of the menstrual function. Du Bois Raymond, who was himself a sufferer from this malady, attributed it to tetanus of the vascular muscles of the affected side, and as the vessels are under the influence of the sympathetic, he considered the disease to be an affection of the cervical portion of the sympathetic, or of its centre in the medulla oblongata. The spasm was shown by the paleness and contraction of the features, the dilatation of the pupils, whose circular fibres are supplied by the sympathetic. After this had lasted some time relaxation set in, the vessels became dilated, coolness and warmth of the affected parts supervened.

Möllendorf examined a woman during an attack of hemicrania, and found dilatation of the central retinal vessels, and of the choroidal vessels, with injection of the sclerotic vessels, whilst the eye of the unaffected side was quite



normal. At the same time the heart's beats were slower, the radial arteries small and contracted, the pulse in carotids and temporals soft and large, hands and feet cold, rigor. Thus, whilst Du Bois Raymond noticed in his own case spasm of the vessels, Möllendorf found all the symptoms of paralysis of the vessels probably proceeding from the vaso-motor centre in the spinal cord. At the same time the vagus was in a state of irritation shown by the slowness of the heart's contractions.

Both authorities agree in ascribing the production of hemicrania to alterations in the cerebral circulation, producing in the one case spasm, in the other paralysis, of the vessels. As the circulation in the vessels is under the control of the sympathetic, the attacks must depend on anomalies in this portion of the nervous system; hence hemicrania may be said to be a neurosis of the cranial portion of the sympathetic, and, as a consequence of this, irritation of the sensory nerves of the head caused by irregularity in the circulation in the affected side of the head. There are, as is evident from the observations of these two authors, two kinds of hemicrania: *h. sympathico-tonica*, owing to spasm of the vessels, and *h. angio-paralytica* owing to paralysis of the vessels.

Hemicrania or migraine, as we observe it in the subjects of it, comes in the form of neuralgia, in paroxysms often of a typical character. The attacks generally commence in the morning, last half a day or the whole day, seldom longer, but they may commence at any other period of the day. Sometimes they come every other day like ague.

The actual attacks are often preceded by sensations in the sphere of the nerves of special sense, such as glittering before the eyes, humming and roaring in the ears, rigor, yawning, nausea, general discomfort, irritable humour, and prostration, or occasionally oppression in the heart, lasting for some hours. The attacks generally commence on one side, usually the left, and spread with rapidly increasing intensity beyond the mesial line, involving a larger or smaller portion of the head. The pain itself is a fixed one, its greatest intensity being limited to a portion of one side

of the skull. Patients usually describe it as a dull, aching, boring, tensive, pressing asunder pain, often as throbbing, knocking, hammering, combined with violent throbbing of the carotids and temporal arteries. The intensity is so great as to drive them to despair. Very frequently the internal pain is combined with extension to the trigeminus and its branches, the optic, acoustic, and even the gustatory nerves, the hairy scalp becomes sensitive, nausea, and even vomiting comes on, every movement of the eyeball, every noise increases the pain. The face is usually pale, features shrunken, the eye of the affected side smaller, reddened, the extremities cool, the heart's actions slower. After a longer or shorter duration, with frequent variations in intensity, the patient becomes prostrated, and at length falls asleep and awakes with some dulness and compression of head, but in other respects well.

The only diseases with which it may be confounded are cephalalgia rheumatica, and neuralgia of the trigeminus. The difference betwixt hemicrania and inflammatory affections of the brain is too great to allow of their being confounded.

Cephalalgia rheumatica seldom comes alone, it is generally combined with rheumatism in other parts. The pain is of a tearing character, is not accompanied by derangement of the circulation in the carotids, nor with dilatation or contraction of the pupils, is influenced by atmospheric changes, is seldom typical, and is only occasionally and accidentally connected with menstruation.

Hemicrania is distinguished from neuralgia of the occipital, auricularis magnus and frontal nerves by the kind of pain, which in the latter is described as tearing, shooting, or darting hither and thither. The pain also follows the course of the nerves in whose track the pain-point of Valleix may be discovered.

The duration of the fit of pain has been already alluded to; that of the disease is very various. The attacks may be more or less frequent, for a time they occur daily, often appearing at the same hour, or they may have a three-day type, or they may come on at each menstrual period, or they

may happen irregularly from over-exertion, mental worry, hot weather, &c. The disease may cease spontaneously after a time; the climacteric period often acts favourably on it. Sometimes it lasts through life and bids defiance to all treatment.

Hysteria used to be considered its principal cause; it is true that it often occurs in hydræmic subjects combined with other nervous phenomena, but it is also met with in strong men, not the least nervous, and addicted to the pleasures of the table. Heredity is a frequent cause, especially on the mother's side, and frequently some members of the same family are subject to migraine, whilst others suffer from epilepsy. It seldom comes on first in the climacteric years. As it is dependent on derangement of the circulation, it may be produced by plethora, especially of the abdominal organs. It is often met with in students, caused by excessive cerebral excitement.

The therapeutics of hemicrania relate to the treatment during the attack and to the radical treatment of the disease.

In spite of careful selection of the remedy it is seldom possible to cut short an attack. Rest, especially lying down, absence of noise and light and low diet, are admirable. *Amyl nitrite* is much recommended by many allopathic physicians. Three drops inspired every quarter of an hour often act magically. The following symptoms are observed during the use of this remedy: heat in face and head, redness of face, injection of the conjunctiva, increased rapidity of pulse, diminished tension of the radial arteries, cough, and, if the inhalation is prolonged, fainting. From this it is evident that the remedy paralyses the cervical portion of the sympathetic and also the vagus, whose inhibitory action on the heart it removes, so that when allopathically employed it is indicated for the sympathico-tonic form of hemicrania. We may therefore infer that homœopathically it would be indicated in the neuro-paralytic form of the disease.

I have not seen much effect from other remedies unless

when they have been given in the premonitory stage of the attack.

As regards the choice of a remedy, it may be said that almost any remedy in the materia medica presents some symptoms analogous to those of the disease. It will suffice to mention here only the most approved remedies. These may be divided into such as are contained in the normal blood, and such as are foreign to the body. The first class of remedies are applicable to those cases that are dependent on an abnormal composition of the blood. Such are *Calc. c.*, *Ferr.*, *Natr. m.*, *Sil.* and *Sulph.*

*Calc. c.* is especially applicable to scrofulous and tuberculous subjects. As it acts slowly it must be given for a considerable time.

*Ferrum* is suitable for hydræmic constitutions. The attacks are of the congestive sort, usually come on at night, and occur at intervals of two or three weeks.

*Natr. m.* is adapted for scrofulous, gouty, or scorbutic constitutions. Weakness and prostration are marked symptoms of this remedy. The periodical attacks come on generally in the morning.

*Silica* has a great affinity for the vegetative system. Hence it is indicated in scrofulous, rhachitic, and tuberculous constitutions. The attacks are of the congestive character, occur chiefly at night and are aggravated by movement, pressure, mental activity, and talking.

*Sulphur* is usually suitable for the scrofulous and arthritic. Its sphere is the venous system. The attacks come on in the morning or evening; mental work excites or aggravates them.

Next come the remedies which are not usually found in the blood.

*China* is particularly suitable where there has been loss of blood or humours. It is an excitant of the vaso-motor centres and of the brain. The attacks are of a congestive character, and observe a certain periodical type.

*Aconite* has been occasionally employed. The rush of blood it causes is, however, rather of an active nature. It is suitable for full-blooded persons disposed to ebullitions of

blood, in whom the attacks occur at night, are very violent, and combined with trigeminal neuralgia.

*Argent. nitr.* is undoubtedly a powerful nervine. Its action extends to the vagus and sympathetic, therefore to the nerves of the blood-vessels. The symptoms of the remedy affect chiefly the right side, trembling frequently accompanies the attacks, open air increases, binding tightly allevates the pain.

*Belladonna* acts chiefly on the brain, the sensory nerves of the eye and ear, the vagus, the motor nerves, but also on the sympathetic, shown by the irritation it produces on the dilator pupillæ. It is indicated in attacks accompanied by violent congestions of the brain, with throbbing of the arteries, redness of face, heat, and dilated pupils.

*Cocculus* has a special action on the spinal cord, brain, and vaso-motor nerves. It is indicated when along with the hemicrania other hysterical ailments or chlorotic states are present. The attacks are of a congestive character, semilateral, and are excited or aggravated by movement.

*Coffea* principally excites the brain and vaso-motor centres. The affected parts are hyperæsthetic, there is precordial anxiety and over-excitement of mind and body.

*Cicuta* acts on the spinal cord and thereby also on the nerves of the vessels. The attacks are semilateral, with sunken features, anxiety in the cardiac region, vomiting, pupils at first contracted, afterwards dilated.

*Ignatia* acts first on the spinal cord, then on the brain. It is especially suitable in hysteria; the attacks usually appear after eating or in the evening or morning, are combined with chilliness or heat, redness and burning heat of one ear or one cheek, with nausea and vomiting. Stooping aggravates, lying ameliorates the pain.

*Lachesis* corresponds to phlegmatic, spongy constitutions; it acts on the heart, the vascular system, and the blood. The attacks are tonic, with vomiting, much thirst, spasms, and great anxiety.

*Nux vomica* is especially adapted for men who lead a sedentary life. It acts mainly on the spinal cord, then on the vagus. It is useful when along with the hemicrania

other nervous ailments are present; the attacks are of a spasmodic character, occurring chiefly in the morning or after mental emotions, combined with nausea and inclination to vomit, and the patients are subject to heaviness of head and vertigo.

*Opium* excites brain and spinal cord, and increases the vascular activity. In the cases for which it is suitable, the face is pale or dark red, puffy, pupils dilated, the arteries throbbing, the pulse full, slow or intermittent. Nausea is present.

*Pulsatilla* is the chief remedy for delicate chlorotic girls. The attacks are semilateral, worse before midnight, pupils contracted, pulse quick, small, and weak, feeling of chilliness, often semilateral sweat, alternations of paleness and redness, nausea and vomiting.

*Sécale* is a remedy which is also recommended by allopaths for this affection. It acts on the spinal cord, especially on the sympathetic, then on the brain. It is suitable for hemicrania, when there is a tendency to hæmorrhages, formication in the skin or on the face, the head pains are semilateral combined with disgust, nausea, and vomiting.

*Sepia* is a female remedy. The genitals, the venous system, and the vagus are within the sphere of its action. The attacks are produced by mental emotions, especially vexation, are of a tonic character, accompanied by pale face, rigor, and flying heat. In the intervals the head is often confused; walking in the open air causes vertigo.

*Spigelia* acts on heart, brain, and spinal cord. Along with the congestive head pains there are spasms, usually of a hysterical kind. During the attacks the pupils are dilated, the eyes staring, the expression bold, there is vomiting of mucus and bile, the urine suppressed.

*Veratrum* acts on the ganglionic system, spinal cord, and heart. The pulse is small, rapid, intermittent, or slow. Great anxiety and fear, cold feeling. The attacks are generally nocturnal.

These are the chief medicinal remedies for hemicrania [we might add to this list *Phosphorus* and *Glonoïne*]. Besides these electricity has been often used with benefit;

indeed, some electricians assert that they can cure all kinds of hemicrania with electricity.

It will be seen that there are remedies enough for hemicrania, and yet cases occur in which the most we can do is to obtain some mitigation of the severity and frequency of the attacks, and there are yet other cases which bid defiance to all remedies, but which are in the end spontaneously cured in the course of time, and the credit of the cure is given—improperly perhaps—to the last doctor who has had to do with the patient.

The many-sided Dr. H. Goullon, jun., of Weimar, gives us in the second and third numbers a long essay, entitled “Pathology and Therapeutics of Auditory Diseases from the Homœopathic Clinical Standpoint.” The title seems to be a misnomer, for, though the pathology of ear diseases is set forth at length, we are unable to discover anything about the therapeutics, whether homœopathic or allopathic, in the essay. The paper is worthy of the attention of those who would make themselves familiar with the pathology and diagnosis of ear diseases.

A proving of *Eupion* by Dr. Wahle, his sons and daughters, Dr. Bertoldi, and others in Rome, gives us a tolerably complete pathogenesis of this remedy, and may lead to its employment as a therapeutic agent of considerable power. As yet all that we know of its therapeutic application is that it has proved eminently successful in some cases of suppressed menstruation, and in one case not described of phthisis galopans in a scrofulous woman, thirty-two years of age, occurring after an attack of bilious pneumonia.

A translation of E. Hale’s *Pathology and Therapeutics of Heart Diseases*, the consequence of mental emotions, follows.

We have next some therapeutic observations by Dr. H. Goullon, jun. The first is entitled “A Remarkable Therapeutic Property of *Calcarea carbonica*.”

We not unfrequently find in the course of gastric fever, typhus, typhoid, acute rheumatism, and allied morbid processes, a period of complete *sleeplessness*. An inward

excitement, not always accompanied by pain, will not allow the patient to obtain his wished-for rest. This torturing unrest or excitement of the nervous system can go so far as to cause delirium. It lasts for an indefinite time, and belongs, so to speak, to the primary action of the morbid cause. The attendant peripheric phenomena are not characteristic, with perhaps the exception of a constantly present gastricismus which betrays itself by a snow-white or dirty yellow fur on the tongue, complete anorexia, thirst, tympanitic distension of bowels, pappy taste, and irregular fæcal evacuations. The action of the skin is generally lowered, the skin feels burning hot to the hand, and the thermometer shows an elevation of temperature by two or three degrees. Sometimes the patients assert that they sweat, but it is only a partial, unsatisfactory, uncritical transpiration. Their chief complaint is, however, "If I could only sleep!"

When the night comes, their heated fancy presents to them all sorts of illusory images, and they hear every hour strike. No wonder, then, that when morning comes, they feel weaker and more ill than the day before.

As regards the pulse it is decidedly feverish; at one time we feel a full hard pulse, at another a weak pulse, announcing perspiration, but it is always a quick pulse.

Under these circumstances no remedy is more suitable than *Calcarea carb.* This medicine is particularly useful in *spasms*, such as the convulsions of teething children, and even fully developed epilepsy, and probably a *spasm* is at the root of the sleeplessness and other attendant symptoms. It is to be given in doses of the 30th dilution repeated every three hours, and it is astonishing how rapidly it restores the much-needed sleep.

Dr. Goullon relates a case of severe spasm of the stomach in a woman of fifty, thin, and formerly suffering from obstinate symptoms of gout and rheumatism. She complained of total inability to eat. She says that she feels quite shut up, she can get nothing down; when she sits down to table, she cannot take a morsel of the best food. She is immediately satiated, has a feeling of fulness and con-



striction in the stomach ; occasional eructation. She had undergone much worry ; she suffers from constipation and distaste for coffee. A few doses of *Nux vom.* 4 removed the symptoms as if by magic.

*Bryonia* is also of use in similar cases. *Nux* corresponds more when there are symptoms of spasm of the stomach, *Bry.* when there is simple distension. *Nux* when there is distaste for, *Bry.* when there is a longing for, coffee.

No. 3 contains nothing particularly interesting to the practitioner.

Nos. 4 and 5 contain a translation by Dr. C. Bojanns, of a physiological proving of *Osmic acid* from the lecture of Professor Dr. F. Brauell, which may be referred to by those curious to learn the effects of *Osmium* on the animal organism. This double number also contains the conclusion of Dr. Gerstel's laborious work on *Zinc*.

No. 6 commences with two interesting cases of pemphigus foliaceus by Dr. Kunkel, of Kiel.

The first was that of a girl nine years old, who after a severe febrile attack that lasted one day became affected with the disease and came under treatment on the third day. The epidermis on one third of the body, and almost the half of the back, was raised up as if by an enormous blister. The serous fluid had escaped, and was still flowing through small openings in the epidermis. There was great fever, indescribable restlessness, the child could obtain no ease in any position, and was utterly sleepless. This condition of things had come on in about two days. Some years previously a brother of this girl had died of the same disease. *Thuja* 30 was given morning and evening for three days. No report was received for eight days, when the doctor was informed that the child was quite well. Amelioration had at once set in, and the parents did not think it necessary to make a journey to tell the doctor about their child.

This was a highly satisfactory result, as Professor Niemeyer in his *Special Pathology* says, after describing the disease: "it terminates always fatally." The next case is too long for description, and the good effects of the treatment were not so obvious as in the first case, but in the end the patient was completely restored.

Dr. Payr continues his contributions to ophthalmic pathology. In the present number he contributes a masterly account of the pathology and diagnosis of diseases of the retina.

Dr. Welsch, of Kissingen, gives a continuation of his observations on the diseases for which the Kissingen waters are useful. A large contingent of the patients who come to Kissingen have those forms of illness which may be termed "Malaria cachexy," whether due to intermittents or to the special maladies of the tropics, such as yellow fever, or to our dosing with quinine or other drugs. Pale, often yellowish complexion, puffy face, dull eyes, white tongue, bad taste, anorexia, pressure and fulness in both hypochonders, enlarged liver and spleen, prostration, sadness, disturbed sleep, headache and faceache, palpitation of heart, short breathing, constipation, suppressed or scanty catamenia, leucorrhœa, are the chief symptoms of the blood changes in these affections. The influence of the Kissingen treatment on such patients is very favorable; in fact, almost invariably curative. A homœopathic aggravation is generally observed.

The Kissingen waters, contrary to the general opinion, are of great service in anæmia and chlorosis. Under the use of the Rakozy spring, the complexion becomes rosy, the appetite good, the bowels regular, the palpitation diminishes, the debility goes off, the sleep improves, the dull apathetic disposition disappears, and a taste for society returns. Many cases of poverty of blood caused by losses during parturition, exhausting metrorrhagia, peritoneal exudations, profuse leucorrhœa, the consequence of chronic catarrh and congestion of uterus, ulcers in the vagina, menstrual disturbances of various kinds, and many other female diseases, and convalescence from serious maladies are cured by the Kissingen waters. For these cases the allopath usually prescribes chalybeate waters under the erroneous idea that iron alone can cure them, but their effect is often the opposite of what is desired. On the other hand the Kissingen waters with calcareous, saline, and other constituents are often of signal benefit.

Kissingen is also very useful in obesity and fatty

degeneration of the heart. Dr. Welsch has seen many cases of the latter disease, where there were faintings and cyanosis without any marked increase of general fat formation, greatly benefited by the waters.

Another disease in which Kissingen is very efficacious is tendency to erysipelas, which generally depends on a morbid condition of the liver.

Dr. Welsch has also found the waters singularly serviceable in that form of pulmonary consumption that is termed cheesy pneumonia, where there is actual thickening of the pulmonary tissue with or without formation of cavities and hæmoptysis. Phthisis laryngea is no contraindication to their use if it is unaccompanied by considerable fever, and the patient is not very much weakened.

Chronic bronchial catarrh, emphysema, and chronic pleurisy are also much benefited by Kissingen.

Dr. Kisch follows with a paper on Marienbad. He gives us statistics of the patients that visited that favourite Badeort in 1874, and recommends it particularly for the maladies of women in the climacteric age. His observations respecting the use of the Marienbad smack strongly of allopathy; for he considers their efficacy to depend on the brisk purgation they effect, and his remarks would almost lead us to think that he believes purging by any means would be equally serviceable. There is no indication that he attaches any specific virtue to the mineral constituents of the waters beyond their power to produce copious watery stools in maladies of the critical age. He speaks highly of the curative power of the *moorbäder* or peat baths in chronic metritis of climacteric women, as also in the neuralgias and spasmodic affections, as well as the gouty symptoms that attend the change of life.

Next comes a little logomachic duel between Dr. Brauell, the author of the Latin essay on *Osmic Acid*, and the translator of the essay, Dr. Bojanns. Dr. Brauell contends that Dr. Bojanns' translation is not so correct as he would like, and that the translator was guilty of discourtesy in not communicating his intention to translate the essay to the author, which Dr. Bojanns answers by

saying in the first place he thought that Dr. Brauell was dead, and next that he did not know where he dwelt if alive. The errors of translation cited by Dr. Brauell do not seem to be of any importance.

Dr. Rafael Molin, professor in the University of Vienna, gives a masterly paper on otitis media purulenta. The first part consists of a critical survey of various opinions and descriptions of this disease to be found in the works of the chief otological writers. He shows that they differ very much among one another respecting the symptoms and diagnosis of the disease, and he thinks that none of them has accurately described the malady as it actually occurs. In order to show the real course and progress of the disease he details the history of three cases out of many that he has met with in practice.

The first was a boy of four years of age, who went to bed apparently in perfect health. After midnight the doctor was called to see him, and found him, though asleep, tossing about uneasily in bed, as if he could not find an easy posture. He lay for the longest time together on his back, cried out occasionally in his sleep; jerked his hands about and sometimes his feet, but kept his eyes always closed. His skin was red, burning hot, dry, pulse 120, heart's impulse very strong, respiration accelerated. When asked what ailed him, he gave no reply. Dough poultices were applied to his feet, and cold compresses to his head. After awhile the restlessness ceased. In the morning the child awoke, was very thirsty, but did not complain of pain. The tongue was moist, somewhat furred at the back, the face swollen, the eyes dull, sensitive to the light, no appetite, other symptoms as before. A surgeon who was called in diagnosed approaching typhus and wished to give *Calomel*. But Dr. Molin suggested, as the disease had not yet broken out, the preliminary administration of *Digitalis* in order to moderate the fever. An eighth of a grain of *Digitalis* powder was given every two hours, which lowered the pulse and moderated the heart, but the other symptoms continued. Though a lively boy, he expressed no wish to get up, was cross, would not take any clear soup, remained many hours quietly sitting and playing in bed, but most of the time lay on his back in a soporous state and groaning, urine red,

bowels normal. On the third or fourth day Dr. Molin diagnosed meningitis, but the surgeon still anticipated typhus, and wished to give *Calomel*, but Dr. Molin persuaded him to continue the *Digitalis*. With the exception that the patient frequently perspired in the head during sleep, that the skin became paler and occasionally moist, the above symptoms continued till the eighth day. On the evening of that day the child suddenly began to cry and to scream, and complained of shooting pain in the right ear. It was difficult to quiet him; he lay on the painful ear, and soon fell asleep. This night was much quieter than the former ones, and next morning the pillow on which he lay was stained with pus and blood, which was seen to escape from the right ear. On the ninth day he was much more cheerful, had but little pain about the throat, but still no appetite. At the same hour as on the previous night he again commenced to cry, and complained of shooting in the left ear. He fell asleep crying, and laying on the affected ear, and the following morning, after a quiet night, the pillow was again found stained with pus and blood. On waking in the morning of the tenth day the child wanted something to eat, and would not stay in bed. The left ear showed traces of the discharge; every sign of the disease suddenly disappeared, the hearing power was as good as ever.

The second case was a clever boy of five years, who woke up suddenly at 10 p.m. with frightful pain in his right ear. The pulse was normal, and thinking it was an ordinary case of earache, a drop of *Olum hyoscyami* on a piece of cotton wool was inserted in the ear, and the patient soon fell asleep. The night was passed rather restlessly, and the next morning there was fever with headache, great dry heat and much thirst. When seen by the doctor he lay half asleep on his back, the jaw swollen, the eyes dull, the sclerotic somewhat injected, pupils normal, tongue moist with slight white fur, respiration normal, abdomen somewhat distended, temperature elevated, heart's beats stronger than in the normal state; pulse 140. The patient lay apathetic, groaning as if he could not breathe easily, complained of aching all over the head, which prevented him keeping the eyes open, general weariness and intense thirst; on sitting up he was giddy. Nothing abnormal about the ears, the earache was quite gone. *Belladonna* internally, cold compresses to the head,

and lemonade were prescribed. In this state he passed the day, and the next night, which was restless. The following morning epistaxis came on, which did not afford relief. He was weaker during the day. A renowned children's doctor called in consultation diagnosed typhus, regarded the nose-bleeding as an indication of decomposition of the blood, and prescribed *Arsenic*. Dr. Molin could not agree with the diagnosis of his colleague, thinking it a case of abscess of the ear, but as there was collapse he agreed to give the *Arsenic*. After its administration the pulse fell to 100, and then to 90, the head became somewhat freer, the heat moderated. The other symptoms remained as before. Beyond slight deafness no change was observable in the ears. The eighth night passed without any change. At 9 p.m. on the fourteenth day the patient complained of great pain in the right ear. He lay down on the affected ear and soon fell asleep. The next morning the pillow was stained with bloody pus. The pulse had fallen to 86, the temperature of the skin was normal; the head free, thirst not more than normal, the other symptoms unchanged. The following morning the child was sitting up, quite happy in bed and complaining of hunger. The pillow was again stained with a discharge from the other ear. This had occurred without pain. Both *membrana tympani* were sound.

The third case was a delicate blond girl, 2½ years old, of very precocious intelligence. She had already had several severe illnesses. She had been already treated by the doctor for dropsical symptoms after measles; on this occasion he found her in bed. Head very hot, face swollen, eyes dull, tongue furred white, slight bronchial catarrh of right lung, abdomen distended with wind, skin burning hot, dry; pulse 120. She had had diarrhoea for several days without pain and without loss of spirits. The previous night the diarrhoea was more severe, fever came on, she slept very badly, lay prostrated and had great thirst. The stools were very thin and yellow; she got *Elus* 3<sup>x</sup>, every two hours. The pain was soon allayed, also the heat, the tongue cleaned, all except the back, which was furred and of a leaden hue; the diarrhoea diminished, and the fourth day she had a formed motion. Still the fever persisted, the child refused food, had much thirst, and the nights were restless and almost sleepless; she had no wish to get up, and on the fifth day she expect-

torated some mucus with the cough, and vomited a quantity of yellowish-green fluid. Physical examination showed extensive catarrh of the right lung. She now got *Ipec.* 3<sup>x</sup>. No more vomiting, but the other symptoms were unaltered on the seventh day. Fine crepitating râles in the left lung. She got *Phos.* 6<sup>x</sup>; on the eighth day at 11 a.m. she was lively and played, sitting up in bed; but she soon ceased playing, lay on her back and fever came on; she lay in a soporous state and groaning, the limbs jerked occasionally, she was slightly delirious, and perspired much on the back of the head, the rest of the skin was dry and burning hot. She had to be roused to take anything. About 7 p.m. the fever abated. She woke up and began to play tricks with her brother. About 11 p.m. fever came on again, she sometimes lay in a soporous state, and sometimes turned uneasily about, the thirst returned. The symptoms seemed to point to affection of the meninges. On the ninth day she got *Bellad.* 3<sup>x</sup>. On the eleventh day she was quite free from fever, lively, but very pale and complained of nothing. All the symptoms were gone except the furred tongue, anorexia, restless nights, thirst and disinclination to get up. The urine, which had at first only been dark coloured, on the ninth and tenth day looked like coffee and milk, and deposited a considerable sediment. On the eleventh day it was normal. The *Bell.* was discontinued, and as the bronchial catarrh was still present she got *Phos.* again. On the twelfth day, at 10 a.m., she was playing quietly in bed, when suddenly she left off playing, lay on her back, shut her eyes and grew feverish, and two red spots appeared on her cheeks on the malar bones. She lay in a soporous state and groaned, and there were slight twitchings in her limbs. On looking into the throat it was found to be inflamed. *Belladonna* was again given. On the thirteenth day the urine was as it had been on the ninth day, the fever was gone and there were no morbid symptoms except the restless nights, want of appetite and thirst. On the evening of the fourteenth day she lay for the first time on the right side. The following morning the mother said she had had the first quiet night, and the pillow was stained with bloody pus which had escaped from the right ear. The thirst was gone, also the bronchial catarrh, and the urine remained thick, and the appetite was still gone. *Bellad.* was continued, and in the night the abscess of the left ear burst, and the following morning the child was quite well. The hearing was not affected.

Acute otitis media purulenta vel suppurativa is an inflammation of the tympanic cavity, with formation of pus. It occurs as a complication of other diseases, especially dyscrasic processes, and idiopathic as a consequence of taking cold. It generally affects both ears at once, and occurs chiefly in childhood. It begins with fever, which has at first the character of catarrhal fever, not uncommonly commencing with rigor; sometimes with, sometimes without, pain deeply seated in the ear. The pain is sometimes persistent, and when so is increased by any movement of the head and by the acts of chewing and swallowing. Sometimes it goes off after a short time, after even a quarter of an hour. The fever increases rapidly; the pulse is from 120 to 140; the skin burning hot, dry; the face swollen; eyes dull; the tongue is moist and may be clean or somewhat furred; but there is complete anorexia and extreme thirst; the velum palati is hyperæmic; the abdomen not retracted; the urine red; and with these symptoms may be combined signs of cerebral irritation. If the disease runs a favourable course, after some days the fever declines; the pulse sinks to 100 or 90; the skin becomes moister; perspiration ensues; the urine has a sediment; and the other symptoms remain unchanged. The hyperæmia of the soft palate, the anorexia, thirst, general debility, sadness, and restless sleep continue. On the eighth to the fourteenth day the abscess bursts through the membrana tympani in its upper and posterior part in the neighbourhood of the membrana flaccida Shrapnelli, and through the opening thus made the bloody purulent fluid escapes by drops. The bursting of the membrana tympani sometimes is attended by sudden sharp pain in the ear; sometimes it takes place without being noticed. The following night the process is repeated in the other ear. As soon as the pus has escaped the torn edges of the membrana tympani come together and heal up. No perforation remains. It seldom happens that the ossicula are discharged along with the pus. The inflammation of the Eustachian tube is the last to give way, so that it remains



for some time impermeable, and the discharge cannot escape through it.

In unfavourable cases the inflammation of the tympanic cavity spreads through the fissura petroso-squamosa by means of the branches of the arteria meningea media to the dura mater and the otitis becomes complicated with meningitis. This fearful complication is betrayed by the supervention of symptoms of pressure on the brain, especially by the sinking of the pulse below the normal standard. In such cases death usually soon takes place.

Otitis chronica is seldom a consequence of the acute disease, and points to caries of the petrous portion of the temporal bone. Acute otitis media purulenta may be confounded with typhus and meningitis, especially when it commences with rigor and without pain. It may be distinguished from typhus by the temperature; and from meningitis at first by the hyperæmia of the fauces, later, that is, after the third day, by the above-mentioned hyperæmia and by the absence of symptoms of cerebral torpor.

The prognosis is in general favourable. But the cautious physician must always remember that it may be followed by deafness or caries, so he must give his prognosis with due regard of the probable consequences.

As regards the therapeutics, *Belladonna* is the true specific of this disease. Its symptoms as recorded in Hahnemann's *Materia Medica* accurately correspond to those of otitis media purulenta, only they do not go the length of producing an actual abscess of the tympanic cavity; short of this they furnish the true simile to the disease, and experience justifies its choice as the best remedy of concrete cases.

The first and three following numbers of vol. vi contain an essay on the cellular theory and homœopathy, by Dr. Goullon, junior, which was sent by him to the Homœopathic Society of Madrid in competition for a prize offered by that body, and which has already been published in Spanish in the *Criterion Medico*.

Dr. Payr continues in this and following numbers his instructive essays on diseases of the retina.

Dr. von Villers has a rambling paper on diphtheritis in which he criticises the treatment hitherto pursued by the partisans of homœopathy in this disease, which he pronounces to be as confused and uncertain as that of the adherents of the old school. He contrasts it with his own treatment of the disease by infinitesimal doses of *Cyanuret of Mercury* which he asserts has proved successful in several hundred cases of diphtheritis. He insists strongly on the necessity of giving the remedy in infinitesimal doses, and asserts that it will do more harm than good if given in such a low dilution as the second decimal.

The second and third numbers contain an elaborate review by Dr. V. Balogh of the pathology, etiology, and treatment of diphtheritis well worthy of the reputation of the distinguished author.

*Allgemeine Homœopathische Zeitung.*—We resume our review of this periodical with the twentieth number of the ninetyeth volume.

This and the two following numbers contain an interesting comparison of the homœopathic treatment in the St. Rochus Hospital of Buda-Pesth with the allopathic treatment in the same hospital, and in the General Hospital and the Wieden Hospital of Vienna.

The statistics were collected and arranged by the secretary of the Hungarian Homœopathic Society, and published as a pamphlet in the Hungarian language. This pamphlet was sent to every member of the Hungarian Parliament, to enable them to form an opinion on the merits of the attack made by the old school partisans on the treatment of disease by the homœopathic method in the Buda-Pesth Hospital.

The homœopathic statistics are derived from the results obtained in the St. Rochus Hospital under the care of Dr. Theodore Bakody from the 15th October, 1871, to the 31st December, 1873.

The allopathic statistics are derived from the reports of the Vienna General Hospital in 1871, 1872, and 1873; from the reports of the Wieden Hospital during the same years; and from the allopathic division of the St. Rochus Hospital

in 1869, 1870, and 1872, the only reports published up to the year 1873.

In order to make the comparison fair, those diseases which were not treated at the homœopathic hospital are eliminated from the reports of the allopathic hospitals. These diseases are injuries and wounds of all kinds, diseases of the eye, ear, and nose; skin diseases and acute exanthemata, with the exception of erysipelas; venereal diseases; diseases of the genitals; diseases incident to childbirth; diseases of pregnant women and infants; mental diseases; and Asiatic cholera, for all which affections there are special wards.

These maladies eliminated, the following are the results:

| In the General Hospital of Vienna—      |         |   |             |
|---|---------|---|-------------|
| Cases.                                  | Deaths. | = | Percentage. |
| 30,917                                  | 6669    | = | 21·5        |
| In the Wieden Hospital—                 |         |   |             |
| 11,132                                  | 2205    | = | 19·8        |
| In the St. Rochus Hospital in general-- |         |   |             |
| 21,372                                  | 3958    | = | 18·5        |
| In Dr. Bakody's wards—                  |         |   |             |
| 2274                                    | 359     | = | 15·7        |

Deducting the cases of pulmonary tuberculosis, as is usually done in the Vienna Hospitals, the following are the comparative statistics :

| In the General Hospital of Vienna—     |         |   |             |
|--|---------|---|-------------|
| Cases.                                 | Deaths. | = | Percentage. |
| 26,542                                 | 4062    | = | 15·3        |
| In the Wieden Hospital—                |         |   |             |
| 9138                                   | 1215    | = | 13·3        |
| In the St. Rochus Hospital in general— |         |   |             |
| 18,707                                 | 2470    | = | 13·2        |
| In Dr. Bakody's wards—                 |         |   |             |
| 1676                                   | 167     | = | 9·9         |

With regard to the treatment of—

*Pneumonia.*

|                                  | Cases. | Deaths. | = | Percentage. |
|----------------------------------|--------|---------|---|-------------|
| In the Vienna General Hospital . | 2462   | 544     | = | 22          |
| In the Wieden Hospital . . .     | 827    | 190     | = | 22·9        |
| In Rochus Hospital . . . .       | 1259   | 320     | = | 25·4        |
| In Bakody's wards . . . .        | 306    | 20      | = | 6·5         |

*Pleuritis.*

|                                  | Cases.  | Deaths. | Percentage. |
|----------------------------------|---------|---------|-------------|
| In Vienna General Hospital . . . | 699     | 131     | = 18·7      |
| In Wieden Hospital . . . . .     | 272     | 34      | = 12·5      |
| In Rochus Hospital . . . . .     | 678 (P) | 48      | = 7·0       |
| In Bakody's wards . . . . .      | 39      | 2       | = 5·1       |

*Pulmonary tuberculosis and phthisis.*

|                                  |      |      |        |
|----------------------------------|------|------|--------|
| In Vienna General Hospital . . . | 4375 | 2607 | = 59·5 |
| In Wieden Hospital . . . . .     | 1994 | 990  | = 49·6 |
| In Rochus Hospital . . . . .     | 2665 | 1488 | = 55·8 |
| In Bakody's wards . . . . .      | 598  | 192  | = 32·1 |

*All diseases of the respiratory organs together (croup, cough, laryngitis, pneumonia, pleuritis, phthisis, asthma).*

|                                  |        |      |        |
|----------------------------------|--------|------|--------|
| In Vienna General Hospital . . . | 10,869 | 3681 | = 33·8 |
| In Wieden Hospital . . . . .     | 4311   | 1329 | = 30·8 |
| In Rochus Hospital . . . . .     | 8016   | 2099 | = 26·1 |
| In Bakody's wards . . . . .      | 1304   | 227  | = 17·4 |

*Peritonitis (puerperal excepted).*

|                                  |     |     |        |
|----------------------------------|-----|-----|--------|
| In Vienna General Hospital . . . | 324 | 108 | = 33·3 |
| In Wieden Hospital . . . . .     | 76  | 29  | = 38·1 |
| In Rochus Hospital . . . . .     | 278 | 117 | = 42·0 |
| In Bakody's wards . . . . .      | 57  | 1   | = 1·7  |

*Dysentery.*

|                                  |     |    |        |
|----------------------------------|-----|----|--------|
| In Vienna General Hospital . . . | 110 | 43 | = 39·0 |
| In Wieden Hospital . . . . .     | 25  | 7  | = 28·0 |
| In Rochus Hospital . . . . .     | 143 | 47 | = 32·8 |
| In Bakody's wards . . . . .      | 22  | 1  | = 4·4  |

*Typhus abdominalis (corresponding to our typhoid).*

|                                  |      |     |        |
|----------------------------------|------|-----|--------|
| In Vienna General Hospital . . . | 2599 | 585 | = 22·5 |
| In Wieden Hospital . . . . .     | 1018 | 225 | = 22·1 |
| In Rochus Hospital . . . . .     | 1152 | 388 | = 33·6 |
| In Bakody's wards . . . . .      | 68   | 16  | = 23·5 |

The low rate of mortality in the Vienna Hospitals is ascribed chiefly to the general use of the cold-water treatment, which there was no means of practising in Bakody's wards, nor in any part of the St. Rochus Hospital.

*Diseases of stomach and bowels together (excepting typhus and dysentery).*

|                                  | Cases. | Deaths. | Percentage. |
|----------------------------------|--------|---------|-------------|
| In Vienna General Hospital . . . | 3748   | 101     | = 2·6       |
| In Wieden Hospital . . . . .     | 1891   | 32      | = 1·7       |
| In Rochus Hospital . . . . .     | 4165   | 158     | = 3·8       |
| In Bakody's wards . . . . .      | 159    | 0       | = 0·0       |

The following table shows the comparative mortality under the two methods of treatment :

|                                      | Mortality                                  |  |
|--------------------------------------|--|--|
|                                      | Under allopathic treatment.<br>Percentage. | Under homoeopathic treatment.<br>Percentage. |
| Diseases in general . . . . .        | 19·9                                       | 15·7   |
| Excepting pulmonary tuberculosis .   | 14·0                                       | 9·9  |
| Pneumonia . . . . .                  | 23·4                                       | 6·5  |
| Pleuritis . . . . .                  | 12·7                                       | 5·1  |
| Phthisis . . . . .                   | 54·9                                       | 32·1   |
| All diseases of respiratory organs . | 30·2                                       | 17·4   |
| Peritonitis . . . . .                | 37·2                                       | 1·7  |
| Dysentery . . . . .                  | 33·2                                       | 4·4  |
| Typhus abdominalis . . . . .         | 26·0                                       | 23·5   |
| Diseases of stomach and bowels .     | 2·7  | 0·0  |

In No. 21 Dr. Sager relates a case of chronic watery diarrhoea that had long resisted all allopathic remedies, and was speedily cured by a few doses of *Ferrum* 30.

In No. 22 Dr. Welsch gives a case of ganglion of the right wrist that had existed for several weeks, and had attained the size of a bean, which he cured in nine days, by means of a few globules of *Calcarea carb.* 30. He also gives the following cases :

An infant was affected with intestinal spasms, cried day and night, and could not be pacified. After each attack it looked collapsed and pale, was very thirsty, and generally threw up immediately after drinking. The motions were sometimes hard, lumpy, and colourless, sometimes thin, yellowish, or greenish. He passed much urine, the abdomen was not much distended. He had great fearfulness, especially at night; the eyes were widely opened; he crouched up and perspired. *Cham.*, *Nux v.*, and *Arsenic* were of no use. It was observed that whenever he cried the scrotum and penis wrinkled up, the testicles were drawn up within the abdominal ring, and the penis completely disappeared. This led to the administration of *Opium*, which in a very short time removed all the symptoms and the motions become soft and normal.

A servant girl had suffered for two years from hoarseness that was not persistent, but frequently alternated with a natural voice. For a fortnight she has complained of pain in throat

when swallowing, and beneath the larynx there is pain on pressure. There is falling-off of the hair, headache, spasm of the stomach and vomiting, especially after eating black bread; much perspiration, and often ulcerated nostrils. On the left side of the fauces, behind the velum palati, there is a greyish-yellow ulcer the size of a pea, and the laryngoscope shows two similar ulcers on the anterior surface of the trachea. The larynx itself is quite normal. The patient denies all syphilitic infection; but it was ascertained that she slept with her sister, who was labouring under a syphilitic affection. She got two drops of *Merc. corr.* 8<sup>r</sup> twice a day. At the end of a week the ulcers were healed. The medicine was discontinued, and after four days the ulcers returned, but the voice remained clear. The medicine was continued for another week, at the end of which time the cure was complete, the falling-off of the hair ceased, the deranged digestion and headache were gone. There was no further relapse.

Dr. Mossa gives an interesting case of delirium tremens in this and two following numbers cured by *Stramonium*. It is too long for reproduction here, but is well worth perusing, as it contains many valuable remarks on the curative power of *Stram.* in this disease.

In No. 23 Dr. Welsch has a very interesting case of laryngeal disease, where he followed the action of the remedies with the laryngoscope.

A nursemaid, æt. 19, stout, "the picture of health," though belonging to a highly tuberculous family, many members of which had died of consumption, had been complaining for a fortnight of almost complete extinction of urine, very tiresome scraping in the throat, and pain on coughing. She had in former times spat blood, is often short of breath, and easily takes cold. Auscultation reveals nothing beyond weak respiratory murmur at the apices of the lungs; but the laryngoscope shows the whole larynx intensely red, especially its side walls and the vocal cords. The latter are considerably swollen, and have an œdematous ridge which comes in between them, preventing all normal vocal sounds; they are also paralysed and lax. The first medicine given was *Causticum* 30, a few globules on the tongue. The following day the redness much lessened; the voice was as before; the swelling unaltered. She now got *Lachesis*, a few

globules of the 6th dil. The following day the voice was nearly normal; the swelling and redness much less; the tension increased. As much greenish mucus adhered to the larynx, she now got some globules of *Hepar* 30, and as this was followed by amelioration, *Hepar* 22 was given in the same way. This was followed by a relapse, the voice became extinct, the redness increased, and the tension diminished. *Ferr. phos.* 8 was given, and next day, though the voice was better, the vocal cords were redder. She then got *Caust.* 3<sup>r</sup> in solution, a teaspoonful every hour. In four days the whole larynx became pale, the vocal cords tense and almost white; only the posterior wall was swollen and apparently softened. The girl, in attending to her duties, had to expose herself at night and got chilled. On the fifth day from the commencement of the *Caust.* there appeared intense redness which looked like ecchymosis on the side walls of the larynx corresponding to the false vocal cords. While observing the larynx it was seen to bleed. Free blood was seen on the left vocal cord; it exuded from the left ventriculus Morgagni. The voice was but little affected, the scraping was somewhat increased, but there was neither cough nor expectoration. The quantity of blood exuded was too small to cause irritation. *Ferr. phosph.* was now of good service. The following day the blood on the vocal cord appeared coagulated. After three days, during which two daily doses of the 6th cent. dilution were taken, the blood had completely disappeared; the vocal cords were slightly reddened, but well stretched. But, though the remedy was continued the following day, fresh bleeding appeared; it was clearly seen to come from the ventriculus Morgagni, and to distribute itself on the vocal cord. The patient now got Rademacher's *Iron* tincture, three drops twice a day, and after using about fifteen grammes the larynx became quite normal, and the bleeding did not return. Even the suspicious appearance of the posterior wall was gone, and the danger of softening appeared to be averted.

Dr. Kafka recommends the employment of a gargle of diluted sulphuric acid (four drops to six ounces distilled water) in diphtheria, and gives a case in which it proved highly successful.

At a meeting of the Austrian Homœopathic Society, Dr.

C. Würstl read a report of the cases treated in the Leopoldstadt Homœopathic Hospital in November and December. The principal diseases that presented themselves were acute rheumatism and erysipelas. He mentioned that during eight years no deaths had occurred in this hospital from erysipelas. The other diseases treated were chiefly bronchial catarrh, tuberculosis, and pneumonia.

Dr. Müller read a report of the cases treated at the Sechshausser Homœopathic Hospital from 1st January to 19th April. This hospital has 270 beds where the patients are homœopathically treated, and 70 beds for surgical cases. During this period 1402 cases were admitted. To the middle of January bronchial catarrh was the chief malady, after that period pneumonia was common. From the 1st March to the 19th April there were thirty-nine cases of pneumonia, thirty-three of them being males. Of these, three died, one of them was admitted in a dying state. The cause of this considerable mortality Dr. Müller conceived to be the intemperate habits of most of the patients admitted and the wretched circumstances in which they lived. The remedies were *Acon.*, *Phosph.*, *Bry.*, and *Sulphur*. In one case there was acute œdema of the lungs which yielded to *Camphor* 8 and *Laurocerasus* 1 in alternation every half hour. One case went on to gangrene of the lungs, which, however, was cured by *Arsen.*, *Camphor*, and *Kreasote*.

Several members gave strong testimony to the value of *Hamamelis* in various hæmorrhages, as metrorrhagia, hæmoptysis, and bleeding hæmorrhoids.

No. 24 contains nothing of practical interest, beyond continuation of papers already alluded to.

In No. 25 Dr. Szontagh, Secretary of the Hungarian Homœopathic Society, gives an amusing account of the attempts or rather the intentions of the opponents of homœopathy in Pesth to obtain a reversal of the vote for the endowment of the two homœopathic chairs in the University.

It having come to the ears of the homœopathic practitioners of Pesth that some of the Members of Parliament were



being earwigged by the fiercest opponents of homœopathy among the professors in order to induce them to refuse the vote for the support of the homœopathic chairs in the University, the pamphlet containing the statistics of the allopathic and homœopathic treatment in the St. Rochus and Vienna Hospitals, from which we gave above some extracts, was prepared by the Homœopathic Society, and distributed among all the Members of the Hungarian Parliament before the debate on the Budget. The effect of this was to deter the members who had been primed by the allopathic professors from raising any opposition to the vote of money for the maintenance of the homœopathic chairs; and consequently the money was voted without any opposition. However, the member who was to have led the opposition thought fit to publish the speech he did not make in parliament as an article in the column of a much-read political paper. This article abounded with invectives, insinuations, and calumnies against homœopathy, but showed such a thorough unacquaintance with the principles and doctrines of homœopathy, and was so full of misstatements, that it was deemed expedient to insert a refutation of it in the columns of the same journal. This was accordingly done in a brief and telling manner, and a longer refutation was inserted in the columns of another newspaper, extra copies of which were sent to each Member of Parliament. This excited the ire of the disappointed member to such a degree that he vented his rage in another article full of the most virulent diatribes against homœopathy and its practitioners which went almost the length of an actionable libel. Its unmeaning virulence, however, only excited the ridicule of its readers, and raised a feeling in favour of homœopathy even among those who had no faith in the treatment; so that it defeated its own object, and had exactly the opposite effect from what its author intended.

In No. 26 Dr. Goullon relates two cases of croup of a very severe character in which *Cantharis* 3 given every quarter of an hour apparently saved the children. In the first case the ordinary remedies, *Aconite*, *Spongia*, *Hepar*, *Iodine*, and *Phosphorus* had been given without affording

any relief. *Cantharis* was originally proposed and used as a croup remedy by Dr. Blau, of Gotha.

Dr. Sager relates a striking case of bladder disease cured by the same remedy.

The patient, a wealthy farmer, æt. 79, otherwise robust and stout, had for fourteen years been troubled off and on with more or less severe urinary tenesmus. His ordinary medical attendant had declared that the disease was owing to the weakness of old age, and that the disease was of too long standing to admit of a cure. The patient resolved to try homœopathy, and put himself under Dr. Sager's treatment in the autumn of 1871. He then had an attack of very painful dysuria every two hours, during which, amid much groaning, he passed a moderate quantity of clear urine, attended with rectal tenesmus causing the evacuation of a small quantity of soft but otherwise normal fæces. He got *Canth.* 30 in solution. The first dose caused almost immediate relief, and in eight days he was quite well, and three years later he was still in the enjoyment of perfect health.

The same physician gives a case of painful hard swelling of the middle joint of the little finger which was much benefited by a dose of *Silica* 30, but which returned to its former intensity while still taking the remedy.

The patient went to Pymont, but returned thence with her finger in the same state. The doctor again gave *Silicea* 30, and on visiting the house next day, was surprised to find the redness gone and the joint much more movable. He resolved not to repeat the medicine, and no relapse occurred. It almost seemed as if the patient was so sensitive to the action of *Silicea* that a repetition of the medicine was too much for her, and reproduced the disease it had apparently cured.

The death of Dr. Joseph Elb, of Dresden, is recorded, at the age of sixty years, of gangrena senilis of the foot, coming on after a long illness. Dr. Elb is well known by his able contributions to homœopathic literature, and up to the period of his last illness he enjoyed a very extensive practice in the capital of Saxony.

No. 1 of vol. 91 commences with a lecture by Dr.

Imbert-Gourbeyre on homœopathy, which is continued in subsequent numbers.

Dr. Goullon, as we recorded in a former number of this journal, published in the *Allg. Hom. Zeitung* a case of scarlet fever complicated with diphtheria which terminated fatally, and he appealed to his colleagues to let him know what he should have done in order to save the life in such a case. He now publishes two answers to his appeal, one from the veteran Constantine Hering, who says: "Since 1838 we no longer give *Belladonna* in scarlet fever, it is only muddlers (*Sudler*) who gives *Acon.* and *Bell.* in alternation. The first remedy we discovered was *Rhus tox.*, but malignant cases only yield to *Arum triphyllum*, which I learnt from a quack. Then my friend Wells was led by a case of poisoning to propose *Ailanthus glandinosa*. By these two remedies so many cases of scarlatina were cured, that now for some years past we have never lost a case of scarlet fever."

The other letter is from Dr. Gersung, who says that his treatment of scarlatina consists in giving *Acon.* 1st and 2nd dec. every hour, and cold compresses to the neck. It is seldom necessary to give, when the difficulty of swallowing is persistent, *Merc. sol.* 2nd dec. trit. in alternation with the *Aconite*. If after the third day *Acon.* does not succeed in bringing down the pulse he gives *Carb. veg.* When there is diphtheritic complication he makes the patient use a gargle of *Borax* in water.

Dr. Goullon, in the same place, relates a case of very severe diphtheria in a child where the larynx was involved in the disease, and in which a cure was effected by means of *Acid. nitr.* 6, *Merc. iod.* 3, *Acid. phosph.*, and *Hepar*; the last remedy was singularly efficacious in curing the albuminuria that accompanied and followed the throat symptoms.

Dr. Richelot communicates an essay on *Coca* which extends through several numbers, and gives a fair account of its pathogenetic and therapeutic action.

Dr. Leopold Rössel relates a case of a remarkable wound on the head extending from the right eyebrow over the forehead and frontal bone, nine inches in length. The patient lay

three days unconscious, a prey to the most violent convulsions; as many as 100 fits occurred in the twenty-four hours. The bone was completely denuded and the dura mater could be seen to rise and fall with every breath he drew. He got *Bellad.* ʒ every half hour and *Arnica* lotions externally. Under this treatment the convulsions gradually ceased. He then got *Arnica* ʒ internally, and in a fortnight he was able to resume his work as a farm servant. Fifteen years have passed since then, and he is still in the enjoyment of perfect health. Several pieces of bone came away, and a large cicatrix remains to show the extent of the wound.

An account of some experiments with *Jaborandi* by Professor Drasche, on patients in his clinical ward, is taken from the *Transactions* of the Vienna Medical College. The experiments were made with an infusion of one drachm of *Jaborandi*, which was given to a number of patients. Some took it cold, some hot, some took it all at once, others by instalments. In all there occurred increase of the salivary secretion and perspiration. The salivation always occurred, and was so copious that in some cases as much as from 200 to 300 ccm. of saliva was collected in two or three hours. The saliva was of neutral reaction, of the sp. gr. of 1002, and contained much albumen. The greater portion of the secretion came from the buccal mucous membrane. The increased secretion began to appear in from ten to fifteen minutes after taking the medicine. The perspiration generally appeared first on the face and chest in numerous large drops. It lasted for from two to three hours, not longer, however, than the salivation. Both sometimes occurred whether the medicine was swallowed cold or hot. But in the latter case the perspiration was more copious. It made no difference in the salivary secretion whether the infusion was taken cold or hot. The patients had at the same time a feeling of increased warmth, the face became red and turgid. The temperature at the commencement of the action rose from some tenths to 1° c., but afterwards fell rather below the normal. In the beginning the pulse was slightly quickened, but later it became slower. The sphygmographic tracings showed a very considerable retrac-

tion of the arteries during the action of the medicine. In some patients transient derangements of vision were observed, and only in a few slight contraction of the pupils. The urinary secretion was not increased, rather diminished. In some cases there was urging to urinate, and a tickling sensation in the urethra. No effect was produced on the bowels, but some patients had eructations, nausea, and inclination to vomit. These symptoms only occurred when the whole drachm was swallowed at once. There were no after symptoms.

As soon as the salivation and perspiration were gone, the patient felt quite well. When the remedy was given in tincture the salivation always ensued, but the perspiration was not always present. When two drachms of the tincture (corresponding to one drachm of *Jaborandi* in infusion) were taken, the salivation and perspiration were very copious. Visual derangements were very slight, or sometimes absent altogether. The tincture seemed to be not so certain in its action as the infusion.

The alkaloid *Serronin* obtained from *Jaborandi* is soluble in water; five grains were got from a drachm of the *Pulvis foliorum*. Two grains of *Serronin* dissolved in a drachm of cold water quickly caused salivation and moist skin. Five grains produced profuse sweat. Three grains of *Serronin* injected into a ten-pound terrier soon caused profuse secretion of saliva and tears. The heart's action became irregular. The dog knocked against objects in running. Some contraction of the pupils was noticed. The action of the drug lasted from two to three hours, after which the dog was as lively as formerly. The same quantity of *Serronin* was injected into a terrier thirteen pounds in weight. This was followed by profuse salivation and lachrymation. This was at once corrected on injecting  $\frac{1}{30}$  gr. of *Atropin*. On reversing the experiment and injecting  $\frac{1}{30}$  gr. of *Atropin*, dilatation of the pupil, difficulty of swallowing, and hoarseness of voice ensued. On now injecting 5 grs. of *Serronin*, the characteristic action of *Jaborandi* did not ensue.

In Nos. 4 and 5 Dr. Lorbacher discourses learnedly on

the etiology of diphtheritis, and attempts to indicate the different remedies required for this disease when it occurs in patients having the various constitutions described by Grauvogl, to wit, the hydrogenoid, the oxygenoid, and carbo-nitrogenous. But if, as Dr. von Villers assures us, all cases may be cured by the *Cyanuret of Mercury* in infinitesimal doses, the classification of diphtheritis under these several constitutions would not be of much practical importance.

Dr. Davidson, of Florence, makes a contribution to the therapeutics of diphtheritis, insisting on the pre-eminent virtue of *Carbolic acid*, which he endeavours to show is the true homœopathic *simile* of the disease.

In No. 6 Dr. Schüssler vaunts the efficacy of his chemical tissue remedies *Kali phos.* and *Natr. mur.* in the treatment of diphtheritis.

In No. 10 Dr. Goeze relates a case of very severe pruritus vaginæ which yielded rapidly to *Plat.* 15.

No. 10 and several following numbers contain an account of the forty-third meeting of the Homœopathic Central Union of Germany, corresponding to our Congress. It was held in Berlin and was attended by fifty-three medical members, which does not seem as if homœopathy was in a moribund condition in its native country. After arranging some matters in respect of prize essays, one of the prizes was awarded to Dr. G. Puhlmann, of Leipzig, for his essay on Bright's disease. This essay is published in *Hirschel's Zeitschrift*. Dr. Fischer, of Berlin, delivered an excellent introductory address, in which he vindicated the scientific character of homœopathy, and claimed for Hahnemann's followers that they are the true representatives of scientific therapeutics, as they were conversant with all the therapeutics of orthodox medicine, and something more besides. He allowed that no satisfactory explanation had yet been given of the mode of action of homœopathic remedies, but he said that was of little consequence, for our duty and our aim was to discover natural laws and to act in accordance with them, but not to explain them. Homœopathy was a true system of experimental therapeutics,

and Hahnemann's injunction to repeat his experiments carefully and accurately was still the best advice that could be given to those who wished to be convinced of the truth of the law *similia similibus curantur*.

Dr. Hausmann, of Pesth, the talented professor of homœopathy in the university of that city, read a paper on the theme of Hahnemann's axiom that medicinal substances are not only remedies but causes of disease. This he illustrated by many apt instances.

Dr. Kunkel read an interesting paper on sea-bathing resorts, in which he endeavoured to precisionise the indications, hitherto only too vaguely given, for the use of sea-baths and sea-air.

Dr. Kuczinsky read a paper in French on the much-disputed subject of the proper dose of the homœopathic remedy, and he came to the conclusion that all homœopathic remedies, whether given in appreciable doses or in the exalted attenuations of Jenichen, cured the disease radically provided the medicine was properly selected. In order to avoid the interference of the physical or chemical action of a medicine with its true homœopathic specific action he recommended that vegetable substances should not be given lower than the third and mineral substances lower than the sixth dilution. Higher than the last-named potency it was never necessary to go. A homœopathic remedy, he said, is one that acts neither chemically, physically, nor toxically.

Dr. Sorge, of Berlin, so well known by his masterly work on *Phosphorus*, read a valuable paper on the scientific character of homœopathy, which we may give entire in some future number.

No. 16 and following numbers contain a report of the meeting of the Homœopathic Society of Rhineland and Westphalia at Dortmund. About a dozen members, under the presidency of the venerable Dr. Stens, of Bonn, met and interchanged ideas on practical subjects. They first talked about the treatment of tænia, and opinions were divided as to whether the worm should be expelled by ordinary vermifuges, such as kousso and black oxide of

copper, or the supposed morbid condition of the intestinal mucous membrane should be treated homœopathically.

The hæmostatic powers of *Hamamelis* were next testified to by several speakers, and Dr. Hendrichs said he had found this remedy of great use in a case of vesical catarrh. Stens, sen., saw excellent results from *Colchicum*  $\phi$  in a case of strangury with hæmorrhage from the bladder. A similar case cured with the same remedy was mentioned by Stens, jun. Briskeen cured a case of strangury with bloody urine by *Sulph.* 30 and *Nux v.* 30. Krummacher cured a case of paralysis of the bladder by means of *Arsen.* 12. Orth cured a case of retention of urine by *Lauroc.* 30.

The same practitioner related four cases of pneumonia cured by *Iod.* 3. He also detailed two cases of pyothorax, in one of which the pus was evacuated by the bronchial tubes, in the other by external opening; and also a case of abscess of the thigh, in all of which the remedy was *Hepar* 3.

Weber mentioned several cases of chronic diarrhœa cured by *Sulph.* 30 and 200.

An interesting conversation then took place respecting the treatment of ague. Weber said that uncomplicated cases were best treated with *Quinine* in doses of several grains. Other cases were mentioned in which *Pulsatilla*, *Belladonna*, *Ipecac.*, *Nux v.*, and *Arsenic* had proved curative. Stens, sen., mentioned a case of ague that had been treated unsuccessfully with *Quinine*. The three stages of rigor, heat and sweat were present, thirst being very prominent before and during the chill, but not at all during the heat and sweat. *Arnica* 1 cured this in three days.

Weber related a very severe case of asthma, in which the fits always came on during sleep, and the patient had to get out of bed and sit up at a table; the chest felt as if closed up and the greatest difficulty was experienced in drawing a breath. *Arsen.* did no good. *Sulph.* seemed to be of some service. Hypodermic injections of *Morphia* gave the greatest relief, and dry cupping also relieved. But the case was cured by the continued use of *Carbo veg.* 30. Stens, sen., saw a similar case cured by *Silic.* 30.



In Nos. 18 and 19 Dr. Kafka relates some cures by means of *Mezereum*.

The first was a case of pruritus senilis in a gentleman, seventy-four years of age, in whom there were signs of commencing marasmus senilis. His skin was shrivelled and wrinkled, and he was affected with itching, especially at night, to such an extent that he hardly slept at all, and he was consequently weak and dyspeptic. He had tried the prescriptions of many allopathic celebrities without benefit. One had ordered him warm soap baths, another washings with dilute nitric acid, another washings with carbolic acid, 1 to 12, and the last consulted had proposed hypodermic injections of *Morphia*. But this last remedy had brought him so low that his friends persuaded him to try homœopathy. Dr. Kafka found him suffering from the narcotism produced by the *Morphia*. This was first removed by a liberal use of claret and coffee. The pruritus affected those portions only of the skin that were shrivelled and atrophic; to wit, the skin of the neck, the abdomen, the fore-arms, legs, and face. These parts were lower in temperature than the other portions of the skin. The sensation was as if thousands of insects were crawling about him. He could not resist rubbing the affected parts, which caused wheals, white and elevated like nettle-stings, with a red areola. Each wheal had a drop of blood the size of a pin's head in its centre. As the night advanced the itching declined and left a burning sensation that lasted till the morning. The *Morphia* aggravated these symptoms, and caused in addition faintness, nausea, vertigo, and stupefaction. During the itching and burning the patient experienced constant shuddering and a disagreeable cold feeling along the back and extremities. The symptoms attributable to the *Morphia* being removed by the wine and coffee, Kafka prescribed *Mezereum* 6, two doses daily, and by the third day the itching and burning had declined considerably, and he was able to sleep. Strength and appetite returned. Under the use of one dose of *Mezereum* daily he was perfectly cured in four weeks.

Dr. Kafka next relates a case of *Cephalalgia periostitica* in a lady who had suffered for many years.

It had first appeared after a drive in an open carriage in which she had been exposed to a bitter cold wind. The pain was of an

aching description in the vertex and occiput that was always worst at night and declined towards the morning. She had visited many different mineral waters, the last place being Tep-litz, which had done her a great deal of harm, as the pains became almost continuous. While the pain lasted she groaned and wept, sobbed even; she was very sensitive and irritable, and during the violence of the pains she felt a cold shudder down the back, and the hands were cool, the feet as if bruised. She had also simultaneously with the head pains severe pains in the bones of the upper arm and in the shin bone. A distinct thickening of the scalp could be felt in the painful parts, which were all very sensitive to the touch. The painful parts of the arms and legs were also very tender, but no swelling could be felt there. The affected limbs felt almost paralysed and very heavy. A careful comparison of the symptoms with the pathogenetic records led Kafka to select *Mezereum*, under the use of which the pains rapidly subsided, and after four months' treatment with a dose of *Mezereum* 6<sup>x</sup> every day the whole disease was removed, and the swelling of the periosteum, together with its tenderness, quite disappeared.

In Nos. 18 and 19 there is a report of a meeting of the Austrian Homœopathic Society, in which Dr. Richter related a case illustrating the action of *Coca* in counteracting the bad effects of over-exertion in ascending heights. A party were ascending the Donatiberg, when one of them, a young lady, æt. 24, was suddenly attacked with cramp of the chest; she became quite cold, and could not continue the ascent. Two doses of *Coca* 6 completely restored her, and she was able to complete the ascent, and remained quite fresh and strong. Dr. Weinke had found *Viburnum opulus* as recommended by Hale of excellent service in menstrual colic. Four doses of the 1st dilution at intervals of an hour completely removed the pain. Huber found *Uranium nitr.* 3<sup>x</sup> of service in a case of diabetes. Gerstel related the case of a tenor singer who for five months had been treated allopathically for weakness of the voice. He was not hoarse, but when he attempted to sing his voice failed in the high and low notes. The fauces were red, and covered with a layer of viscid, greenish, semi-transparent

mucus. The back of the pharynx presented a number of elevations and cicatrices. He had burning, raw feeling of the throat and constant hawking. Gerstel gave *Senega* 2, and under the use of this remedy the voice became clearer and stronger, so that he was able to accept an engagement in the opera. Weinke had found the same remedy of signal service in all cases of influenza. Wurstl communicated two cases of inflammation of the cellular tissue cured by *Merc.* and *Silic.* Müller found *Zincum* efficacious in varicose ulcers, and Richter spoke of the good effects of *Lycop.* 30 in discoloured black ulcers. Weinke related a case of phlebitis with typhoid symptoms; there were four or five inflamed lumps, which an allopathic surgeon wished to cut open, but under the use of *Arsenic* they disappeared in twenty-four hours. Gerstel found *Lachesis* of use in indurations of the veins and surrounding cellular substance.

*Hirschel's Zeitschrift für Homöop. Klinik.*—Dr. Sorge continues his reports of the Berlin Homœopathic Society in No. 10 and following numbers of vol. xx.

Zwingenberg related the case of a lady affected with hyperæsthesia of the auditory nerve. Every sound affected her so painfully that Professor Lucæ made a perforation in the membrana tympani in order to deaden the sounds, but this operation had no effect. Zwingenberg gave her *Nux vom.* 30 and afterwards 200. In fourteen days the abnormal sensitiveness of the auditory nerve had completely ceased. He mentioned also the case of an old maid who was so sensitive to the action of *Pulsatilla* that whenever she got it even in high dilutions the menses appeared. Another lady had for years suffered from most obstinate constipation, a single dose of *Ignatia* in high dilution caused permanent regularity of stool.

Fischer mentioned the case of a person who always got an attack of diarrhæa after *Ignatia* 30. A lady who suffered from obstinate sleeplessness for which *Morphia* and *Chloral hydrate* did nothing, had always a good night's rest after taking a dose of *Aconite* 400 at bedtime; *Calc. carb.* 30 seemed to increase the sleeplessness. A case of

pneumonia, with expectoration of almost pure blood, began with rigor on the 16th April. Fischer gave *Ferr. phos.* 6 $\times$ , and on the 20th April, on account of thick slimy fur on the tongue, *Kal. chlorat.* 6. On the 21st April the blood in the expectoration was gone and the patient felt quite comfortable. The same remedies cured a young man of pneumonia in five days.

Sorge saw a well-marked case of pneumonia in a two-year-old child yield in three days to *Acon.* 1 $\times$  with simultaneous cold-water compresses renewed every hour or two hours.

Zwingenberg was opposed to the use of cold-water compresses in pneumonia; he considered that the absorption of the effusion was better promoted by warm compresses.

Zwingenberg stated that in a village in which he had formerly practised there had been a theft committed; an old woman who was accused by the women around took the accusation so much to heart that she hanged herself. This suicide produced a profound effect on the other women of the village. One after another accused herself of having caused the death of the old woman by their insinuations; they wept and howled, ran about day and night wringing their hands and despairing of salvation on account of their sin; they became quite irrepressible and deranged. In this way twenty-four or twenty-five women were affected, every fresh case being followed by another. He cured them all by giving them one grain of *Helleb. niger*, morning and evening, in about fourteen days.

Sorge mentioned that Dr. Henser wrote an essay, in 1873 (in *Medic. Central Zeitung*) on *Veratrum viride*. He made a solution of *Ver. v.*, one part in four parts of alcohol, and five parts of distilled water; of this he gave two to three drops in water every two hours. With this remedy and unaided by external applications, excepting enveloping the joints in warm coverings, he cured acute articular rheumatism generally in nine days. He also employed it in pleuritis with excellent effects. He sums up the characteristic effects of the remedy as follows:—1. Reduction of the quickness of the pulse; 2, diminution of the

frequency of respiration ; 3, increase of salivary secretion ; 4, in large doses, *e.g.* five drops of the tincture, vertigo, inclination to vomit, anxiety, drawing in the limbs, numb feeling.

Sorge found *Ver. vir.* of great use in a case of acute bronchial catarrh in a deformed woman, combined with rheumatism of the pectoral muscles.

Windelband found the same remedy of service in polyarthritis rheumatica. He had also used with good effect in about twenty cases of diphtheria *Salicyl. acid*, both internally and as a gargle. A case of diabetes mellitus was very much improved by *Codein* in doses of two thirds of a grain three times a day continued for weeks. An elderly lady affected with a cavern in the top of right lung, with *bruit de pôt fêlé* and much fetid expectoration, was cured by *Bromide of Calcium* in the dose of five drops of a solution of one to eight of distilled water. Mayländer corroborated the efficacy of *Brom. calc.* in the hepatisation of an inflamed lung that would not yield to *Phos.* or *Sulph.* The case was that of a woman whose breast had been cut off ; the operation was succeeded by erysipelas and afterwards by thickening of the right lung, spreading from above downwards, a lymphangoitic process in combination with vulnerary emphysema coming on several days after the operation. This case was cured by *Brom. calc.*

Träger cured a case of continued stoppage of the nose after the removal of several polypi by means of *Marum verum* internally and externally.

Dr. Goullon, junr., relates a case of periodical neuralgic colic that came on every morning at 6 o'clock precisely. The abdominal walls feel as if festering, and the pain spreads out in rays to all sides. *Coloc. 3*, a few doses, cured it in three days. He gives another case of diphtheria cured by *Nitr. ac.*

In No. 11 the editor gives an account of the antiseptic treatment of wounds with *Salicyl. acid*.

Dr. Sorge continues his report of the Berlin Homœopathic Society. He himself read an article on *China* which gave rise to an exchange of experiences among the members

relative to the use of that medicine. Sorge details several cases of neuralgia, noise in ears, debility from over-study, and from loss of blood cured by *China*.

Deventer had successfully treated cases of psoriasis and ichthyosis with *China*. Schurer mentioned that the late oculist Böhme cured five cases of glaucoma with intermitting attacks by means of moderate doses of *Chin. sulph.*

Windelband cured a case of obstinate prosopalgia that had resisted *Quinine* with *Chinin. arsenicos 2*. With the same remedy he had also cured two cases of true variola hæmorrhagica during a severe epidemic of smallpox.

Zwingenberg cured a severe case of asthma, attacks of which had previously yielded to *Arsenic*, but which now resisted that medicine, by *Chinin. arsenicos*.

An old gentleman æt. 70 was affected with retardation of the heart's beats, owing probably to fatty heart; the pulse gradually fell to 20, and death seemed to be imminent. *Phos. 2*, given every hour, cured him.

Sulzer saw *Phos.* produce amelioration in a case of chronic glaucoma with chromopsy.

Windelband cured a case of supra-orbital neuralgia in a well-known actress, that had lasted several years and always returned after great emotion or exertion, by means of *Atropin 4<sup>r</sup>*. The same remedy cured an allopathic colleague who had had neuralgia occipitalis of both sides for three or four weeks. The patient swore there was nothing in the medicine, and that it was a case of cure by nature. Windelband could not find a remedy for this state of mind.

No. 18 contains little of special interest. Sorge's report of the Berlin Homœopathic Society is occupied with a communication from Dr. Lender on the therapeutic effects of *Ozone*, which seem to be mostly a negative character; at all events, nothing very striking is related.

The editor gives a fragmentary proving of *Salicyl. acid*, which seems to have a decided elective affinity for the throat.

This and some previous numbers are occupied with a critique of Schüssler's remedies, and with a controversy

with the author of this novelty which is of no particular interest.

Dr. Billig makes some additional remarks to the paper on *Acid. nit.* in diphtheria in the *Internationale Hom. Presse*, an account of which we have given above.

In No. 14 we learn from Dr. Mossa that the partisans of old physic in England are not singular in pilfering without acknowledgment from the homœopathic materia medica. He cites an article from the *Allg. Med. Central Zeitung* by a Dr. Pintschovius, vaunting the utility of *Pulsatilla* in amenorrhœa. He adds that the specific action of this medicine in amenorrhœa has not hitherto been recognised. So he gives us to understand that he wishes to be considered as the discoverer of the emmenagogue powers of *Pulsatilla*!

Dr. Lewis quotes several cases of the cure of hay-fever by *Sticta pulmonaria* from the *North American Journal of Homœopathy*.

In No. 15 we have a report of a meeting of the Homœopathic Society of Berlin, in which the subject under discussion was the treatment of gonorrhœa. Sulzer said he had found *Gelsemium nitidum* and *Polygonum maritimum* very efficacious in very painful gonorrhœa, after many of the remedies had proved useless. Schüssler advised *Ferr. phos.* in recent stages, and *Kali chloratum* in gleans. Several of the members spoke favorably of the action of this last remedy in gleans. Träger found *Merc.* the best remedy in gonorrhœa when the discharge was particularly copious at night. He also recommended *Pulsatilla* in prostatitis. Sulzer said that *Acid. phos.* was the best remedy for flow of prostatic fluid. While Fischer objected to the use of injections in gonorrhœa, several other members asserted that they could not always dispense with their use. All admitted the virtues of *Cannabis indica* in inflammatory gonorrhœa, and the efficacy of *Clematis erecta* in orchitis. Deventer said he had to treat every year thousands of cases of syphilis and gonorrhœa. He found *Merc.* and confinement to bed the best treatment for the latter disease. Other remedies for gonorrhœa which he used with advan-

tage were, the *Bombix mori* 3, made from the yellowish dust produced by the silkworm; he found this useful in chronic gonorrhœa with burning pains; *Meloe majalis* in frequent urging to urinate; *Euphorbium* in chronic gonorrhœa when the discharge is mixed with blood; *Mezereum* in similar conditions; *Hyoscyamin* 3 when there are very violent pains and troublesome chordee; *Lactuca virosa* in painful gonorrhœa in females; *Conium mac.* in recent clap with orchitis and severe nocturnal pains.

On another occasion (No. 17) the discussion in the Berlin Society was on diphtheria and its treatment. Träger said that for two years past he had treated all cases, even those of the worst kind, with *Cyanide of Mercury* according to Villers' method (mentioned above), and that all his cases, and he had treated a great many, terminated happily. Nagel said that, having a case of a child with severe diphtheria of the larynx, he had treated it with half-hourly and hourly employment of lime water in spray with success. Since then he had employed the same remedy in all cases, and with such wonderful success, that all the allopaths of the town (Halberstadt) had taken to the same remedy. He used internal remedies (he did not mention what) at the same time. Professor Rapp was also in favour of using local means for the destruction of the fungoid exudation. The remedy he employed was a solution of *Camphor* in *Sulphuric ether*. With this he brushed over the exudation and thereby soon removed it. He also used internal remedies. He found a solution of *Natr. nitr.* very efficacious in the subsequent paralytic symptoms. Bürkner, of Dessau, said he had treated a very violent epidemic of diphtheria. In one village he had eighty severe cases, of which thirty died. The disease was so infectious that the attendants caught it, and he himself had had a mild attack. He only used gargles of milk or water, and for internal remedies *Apis* and mercurial preparations, among them the *Cyanide of Mercury*. Mayländer did not think much of local remedies, and did not believe that lime water could destroy the fungoid exudation. He trusted chiefly to internal remedies and cleansing of the throat with diluted alcohol.



Rentsch had the greatest confidence in the local and internal use of *Iodine* in faucial diphtheria, but when it attacked the larynx he employed *Bromine* internally in the third decimal dilution, locally as a gargle in the second decimal dilution. Fischer said he had treated between 500 and 600 cases of faucial diphtheria, and had lost only one case when he had been able to treat them from the commencement of the disease. He had not been so successful when they only came under his care in advanced stages of the disease, or after having been treated by other remedies. His chief remedy was *Apis*. He had found the same remedy of signal utility in croup. Windelband said that in severe cases of diphtheria, by which he understood those in which the larynx was implicated, he had never seen medicinal treatment of any use. Out of a large number of cases he had only succeeded in saving three by brushing the exudation with *Iodine*. On the other hand, he knew that Wilms had saved sixteen or seventeen cases by tracheotomy. These statements, and this experience of Windelband, so contrary to the experience of the other members, excited a lively discussion and opposition, and it was generally agreed that Windelband had been peculiarly unfortunate in his cases, or that he had not the requisite confidence in the homœopathic remedies to employ them advantageously.

No. 16 and following numbers contain an essay by Dr. Puhlmann, of Leipzig, on Bright's disease, to which was adjudged the prize of the Central Society of German Homœopathists.

Dr. Mossa contributes a paper on diphtheria, which occupies two numbers, but contains nothing of particular interest, unless it be the recommendation of *Salicylic acid* in the disease. An illustrative case he details was treated with too many other remedies to allow us to judge whether this medicine, which was also employed, contributed to the recovery.

In No. 18 Dr. Herzberger communicates a case of polypus of the uterus cured by internal medicine. As it is the custom, even among homœopaths, to remove polypus of the uterus by operation, a cure by internal medicine is not

without interest. The patient, a married lady, æt. 46, sought advice in December, 1874. She said that since October the menses had been very irregular; they occurred every fortnight, and for three days were very profuse and dark coloured, and a copious coloured serous discharge continued until the next fortnightly period. The patient was of healthy appearance, brunette, with brown hair, of excitable temper, mother of three children, and complained of no pain. *Crocus*, *Rhus*, and *Secale* had no influence on the discharge; if anything it became more profuse. Examination on the 20th January showed the uterus to be very low and the finger encountered a hard, fleshy, pear-shaped body with a thick pedicle that projected from the orifice of the uterus into the vagina as large as a thumb. The os was widely dilated, so that the finger could be passed round the tumour; the lips of the os were hypertrophied and swollen. She got twelve powders of *Thuja* 4, one to be taken night and morning, and injections of 20 drops of *Thuja*  $\phi$  in four ounces of water twice a day. In three days the serous discharge stopped. Examination on the 12th showed the polypus of the same size, but the lips of the os smaller. Medicine continued. On the 21st the menses came on to such an extent as to amount to metrorrhagia with large clots. *Ign.* 8, *Ipec.* 8, *China* 2 stopped the bleeding, but the collapse was so great that *China* had to be continued for some days. The anæmic state led to the administration of *Calc.* which was continued till the 26th, and caused a decided amelioration of the general condition. Examination now showed the polypus to be softer. From the 1st February *Calc.* 4 and *Thuja* 2 were given alternate days. On the 15th the polypus appeared as a soft lump, the envelope hung down on one side like an empty bag, the lips of the os were much smaller and more contracted. *Calc.* and *Thuja* continued. On the 20th the polypus came away entire. On the 22nd the menses returned, lasted moderately for three days, and then ceased. Examination showed the uterus to be in its normal position and its os quite normal. The patient remained quite well.

Dr. Strupp, of Moscow, gives three cases of cure of very troublesome enteralgia by *Cyclamen* which are worth recording. The first was a man, æt. 35, who had been suffering for years, and had been treated by many allopathic physicians who all recommended different mineral waters, but without any good result. The patient is a man of robust appearance. His malady consisted in nightly attacks of uneasiness in the bowels to such an extent that he had to rise from bed and walk about, which did not remove the discomfort, but made it more endurable. Accompanying the discomfort there was rumbling in the bowels and a feeling of great illness. He found, as he thought, that eating or drinking in the evening made the attacks worse, so that he had entirely discontinued to take food or drink in the evening, but though the uneasiness was thereby lessened it was not removed. After such an uneasy night he was the following day quite exhausted, and unfit for work. He got *Cyclamen* 12, a dose a day, and after four such doses he was completely cured of this long and tedious ailment.

The next case was a man of 60, of delicate frame, the face covered with an eruption of dry tetter, sunken cheeks and red nose. After seeking the advice of a celebrated allopathic physician, who prescribed leeches to which he would not submit, he consulted Dr. Strupp. He said that his sufferings commenced every evening about 7 o'clock, with a gnawing pain in the bowels that soon spread all over the body, and he was forced to walk about for a couple of hours until he became so worn out that he fell asleep. After a few hours' sleep he awoke with the pains, but they were not so violent as to prevent him following his occupation of teacher of music. Four doses of *Cyclamen* 12, once per diem, removed these pains completely, and he was never afterwards troubled with them.

The third case was that of Prince G—, æt. 40, who had long suffered from gnawing pains in the bowels, for which he had had much allopathic treatment without benefit, and had been recommended a warmer climate. He went to Italy, first to Nice, which did no good, afterwards to

Cannæ, where he was better, but on returning home the pains came on as bad as ever. His appearance denoted much suffering, the face was bloodless, with sunken features; he complained of great debility, loss of appetite, a lifeless feeling in his bowels, and constant gnawing pains in the abdomen. He could take but little nourishment, as all food caused great discomfort and swelling of the abdomen, with frequent eructations of flatulence. The motions were rare and hard, and could only be expelled with great effort, except that sometimes he had thin, watery, and slimy evacuations. Four doses of *Cyclamen* 12 caused great amelioration, and after several months of this treatment he completely lost this painful affection.

In No. 21 Dr. Sorge gives seven cases of cure of mental affection with *Platina*. The first was a woman, æt. 30, who during the menstrual period was working with bare feet on a cold spring day in the open air. The menstrual flux ceased, and the woman became affected with religious mania. She was restless, wrung her hands, and talked incessantly about Jerusalem. A medical man advised that she should be taken to a madhouse; but after a few doses of *Platina* 6th trit. she became much better, and was quite cured in six weeks.

Another case was that of a woman, æt. 60, suffering from chronic enlargement of liver and spleen. She had much tenesmus of the rectum, and was constantly groaning and complaining that she would die of cancer of the rectum. Examination showed nothing abnormal in the gut, nor yet in the genitals. *Ignatia* was of no use, but *Platina* 7th trit. removed the affection completely. Sorge also found *Platina* useful in over-sensitiveness of the sense of smell.

[For lack of space we must defer our review of French, Belgian, and American journals till next number.]

## CLINICAL RECORD.

*A Few Clinical Observations upon Nitrate of Silver.*

By DR. COOPER.

THE following case, even in the absence of an ophthalmoscopic examination, is instructive. It would be still more satisfactory did we know what the remedial measures resorted to at the throat hospital were to which her mother ascribes the present weakness of her child's sight; it is undoubtedly the fact that much harm is done, especially to weakly constitutions, by those strongly poisonous local applications to the throat and elsewhere, now so much in vogue. When we find solutions of *thirty grains* of *Chloride of Zinc* to the ounce freely applied to the throat, is it any wonder that evil effects will result, especially as no discrimination whatever is made as to the susceptibilities of individual patients?

Lydia H—, *æt.* 10 years. Is unable to see to thread a needle unless she holds it up within an inch or two of her eye; her sight is worse by candle-light than by daylight; this has been getting gradually worse since it first came on, about two years ago, while taking allopathic medicine for goitre. The child is naturally delicate, and has had a great deal of illness; for example, smallpox three years ago, pneumonia five years ago, measles four years ago, and chicken-pox. She is very languid, particularly in the early part of the day; her appetite, though sometimes fair enough, is generally very bad; she constantly complains of headache, chiefly confined to the right side, although it is the sight of the left eye that is most dim; her breath is very offensive; the bowels act regularly. She presents a very good example of the curative effect of *Spongia*, as, under

*Observations upon Nitrate of Silver, by Dr. Cooper.* 175

its influence, the large goitre for which she took so much medicine from the hospital physicians has dwindled down to an almost imperceptible size. The *Spongia* was given in pilules of the third dilution.

From the 18th January, 1875, to the 16th February, I kept her on the *Soda chlorata* with marked improvement in her general health, she became stronger, and her appetite more natural; the tendency to headache, especially bad whenever she rose early in the morning, remained as it was. *Argentum nitricum*, in the second decimal dilution, five drops to three ounces of water, and a teaspoonful of this for a dose, three times a day, was now given, and with continued improvement for the succeeding month; her sight gradually returned to its normal condition. At the end of this month the medicine seemed to be disagreeing, as her headaches were returning, and therefore I changed the dilution to the thirtieth, a pilule of which was given three times a day, and since then I have not seen the girl, but learn from friends that she is quite well, and her sight perfectly restored. It is possible that it was some preparation of *Iodine* given for the goitre that exerted an injurious effect upon this little girl's sight; there was not, so far as I could ascertain, any impediment to the sight left by the smallpox.

Some years ago I had a patient at the dispensary in Southampton, the subject of what presented quite the appearance of a congenital cataract, but which, if one is to believe her mother, came on after some very painful drops had been applied for a slight conjunctivitis at the allopathic dispensary in the town; the question forced itself upon me, could it have been that this cataract resulted from the use of a too strong solution of *Nitrate of Silver*? Anyway there is no more valued eye-remedy than *Nitrate of Silver*, and we are all indebted to Dr. Dudgeon for drawing forcible attention to its marked relation to inflammatory conditions of the eye; we must never lose sight of its real homœopathicity to many varieties of eye disease.

In a current number of the *British Medical Journal* (November 6th, 1875) will be found, in a discursive paper by T. Cole, M.D., Physician to the Royal United Hospital, Bath, this very pretty little bit of practical observation: "Subacute nephritis, with great hematuria, continued for many weeks in a lad who had suffered from the acute form after scarlet fever.

The hæmorrhage resisted all kinds of treatment. In despair, I tried *Oxide of Silver*, which I (Dr. Cole) had found valuable in other hæmorrhages. Three half-grain doses stopped the bleeding, and it never returned. I am morally sure of it."

Let us never forget that a very usual concomitant of subacute nephritis is retinal anæmia giving rise to amaurosis; would such a condition of the retina in association with the kidney affection afford an indication for the prescription of *Nitrate of Silver*? An indication so plainly marked would be extremely valuable.

In chronic pleurodynia and in subacute pleuritis in phthisical subjects, I have found it useful. In one case, that of a dock-labourer at Southampton, who described himself as having always had "a delicate chest," and in whom there existed a subacute pleuritis on the left side, as indicated by the feebleness of respiration opposite the seat of pain, with catching breathing in other parts of the lung, *Nitrate of Silver* in the second decimal quite removed the symptoms. They were as follows:—Very much cough for the last two months, with pain and sense of soreness in the left side preventing him from lying on this side, and thus interfering with sleep; has occasionally spat blood, and the sputa are always more or less streaked with it; is not refreshed by a night's rest. He has been getting gradually thinner for the last twelve months, inclined to watery relaxation of the bowels; urine is high coloured and scanty, passes "gravel" and suffers much from pains across his loins.

Some of the allopaths are now using local applications of *Nitrate of Silver* as "absolutely specific" when applied two or three times a week for syphilitic ulcers.

Tilt, in his *Manual of Uterine Therapeutics*, has some curious remarks as to the peculiarities of *Nitrate of Silver* when locally applied; thus he says: "In pseudo-membranous inflammation of the neck of the womb and of the vagina *Nitrate of Silver* acts as a poison. In a case lately under treatment there was a small patch of false membrane on the posterior lip of the os uteri, and around it numerous ulcerations. Had I touched them with *Nitrate of Silver* they would soon have been covered with false membranes. Occasionally, we meet with cases like two I am now attending, in which an extensive superficial excoriation of the neck of the womb bleeds profusely, even for the two follow-

ing days, when only touched with the solution of *Nitrate of Silver*, which likewise makes the sore more angry." *Nitrate of Silver* applied to chancres of the neck of the womb *in their acute stage* causes them to become fungous and to resemble epithelioma.

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MISCELLANEOUS.

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*Nothing New under the Sun.*

DR. J. P. Prince, in a communication to the *Medical Times and Gazette*, says he is convinced that local treatment is the only proper treatment for gonorrhœa, but that often more harm than good is done by the injection of astringent and medicinal fluids by the ordinary syringe, whereby the sound portion of the urethra above the seat of the gonorrhœal process is often irritated and inflamed, thereby causing strictures and other accidents, or the infectious matter of the gonorrhœa is conveyed to hitherto unaffected portions of the urethra and the disease increased thereby in extent. To obviate these disadvantages Dr. Prince has invented a syringe furnished with tubes of various sizes, lengths, and curves, having this peculiarity, that the end of the tube terminates in a bulb that blocks up the urethra at the desired height, and the orifices of the tube through which the fluid escapes are directed backwards, so that no part of the urethra is touched by the injected fluid beyond the point to which the bulb of the tube extends. Now, if the reader will turn to Hahnemann's *Treatise on Venereal Diseases*, published at Leipzig in 1789, and translated in the *Lesser Writings*, in chap. ii, § 59, he will find a description of an injecting tube in syphon form which effects the same objects as those aimed at by Dr. Prince, in a much simpler manner. "All the inconveniences of the ordinary syringe," says Hahnemann, "are obviated by this contrivance." The injected fluid does not pass into the urethra beyond the point to which the tube extends, so that there is no risk of inflaming the urethra by the irritating



lotion, nor of conveying the gonorrhœal matter beyond the primary seat of the disease, and these are precisely the advantages claimed by Dr. Prince for his invention.

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*British Homœopathic Congress.*

THE Congress of 1875 was held on the 9th September under the able presidency of Dr. Bayes. Forty-three members of the British medical profession were present, and three chemists. The foreign visitors included Professor Ludlam, of Chicago, and Professor Talbot, of Boston, Dr. Meyhoffer, of Nice, and Dr. Claude, of Paris.

The congress was opened with an admirable address by Dr. Bayes, which, doubtless, all our readers who were not present at the congress have read in the pages of our monthly contemporary. Dr. Bayes took for his subject "the position of homœopathy in the rational practice of medicine," and he handled this interesting subject in a manner in all respects worthy of his high reputation and thorough acquaintance with homœopathy and with the modern developments of orthodox medicine. His address was listened to with rapt attention, and the hearty applause at its termination showed how thoroughly it was appreciated.

Dr. Sharp read a paper on "a scientific principle for toxicology," in which, following up the views he enumerated at a former congress, viz. that the action of small doses is the opposite of that of large doses, he concluded that small doses are the antidotes of the injurious effects of larger ones.

Dr. Sharp's paper gave rise to an animated discussion, in which the American visitors and Dr. Meyhoffer bore a conspicuous part.

After a report of the Hahnemann Publishing Society had been read by Dr. Hayward the secretary, the congress proceeded to consider the place of meeting and the officers for the congress of next year. It was finally arranged that the congress should be held on Thursday, September 21st, 1876, at Bristol, with Dr. Hayle, of Rochdale, president, Dr. Ker, of Cheltenham, vice-president, Dr. Gibbs Blake, general secretary, Dr. Nicholson, of Bristol, local

secretary, Mr. Fraser, treasurer, and Drs. Shepherd and E. Williams auditors.

Dr. Talbot read an interesting statement respecting the proposed convention to be held at Philadelphia in 1876, requesting the co-operation of British homœopathists, and cordially inviting as many as chose to come to the great meeting in celebration of the centenary of American independence.

Dr. Ludlam, professor of gynæcology in Chicago, read some notes on "uterine therapeutics" which gave rise to numerous observations by members of the congress.

Dr. Meyhoffer read a paper "on the differential diagnosis of cancer and ulcer of the stomach," which occasioned an interesting debate.

After a hearty vote of thanks to the president for his able and courteous conduct in the chair, the congress adjourned until 6.30 p.m., when about fifty gentlemen sat down to dinner, Dr. Bayes in the chair. There were some excellent speeches delivered during the dinner. On the whole the congress of 1875 must be pronounced a great success; and we trust that the meeting at Bristol this year may be equally well attended, and elicit papers of equal value to those presented to the congress last year. We omitted to mention that a paper by Dr. Bryce, of Edinburgh, was sent to the congress, but the author not being present and the time being short it was not read, but ordered to be published in the *Transactions* of the congress. Our readers have had an opportunity of reading all the papers and addresses of the congress of 1875 in the columns of the *Monthly Homœopathic Review*.

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*Homœopathic Hospital at New York.*

The Commissioners of Public Charities and Correction of New York have transformed into a hospital for the homœopathic treatment of the sick a large building on Ward's Island, formerly known as the Inebriate Asylum. "It is beautifully located on high ground, and commands a charming view of the river, the island, and Astoria shore, with its elegant country seats. It is 283 feet in length, with a depth in the main structure of 200 feet, and in the wings of 140 feet. It is three stories high, with

a mansard and a tower over the main entrance, and is built of brick, with brown stone trimmings. The rooms are well ventilated, the halls and corridors are spacious, and can be used, in case of emergency, as wards. The building, whose capacity is 800 beds, will gradually be filled with patients as the exigency of public charity may require."

A picture of the new homœopathic hospital is given in a Harper's illustrated paper, and a copy appears in the *Homœopathic Times*. It certainly has a most imposing aspect, reminding one of the Tuileries palace in Paris. Its assignment to the homœopaths by the commissioners speaks volumes for the progress of homœopathy in New York, and the circumstance that this arrangement has met with little or no opposition from the organs of allopathic opinion shows an advanced state of liberality among the adherents of the dominant sect which offers a great contrast to what we witness on this side the Atlantic. Perhaps, indeed, the allopaths saw it was no use offering a useless protest against the conversion of this empty building into a homœopathic hospital, as it was done by the commissioners in obedience to the expressed wish of citizens paying nearly half the taxes of the city; and moreover a homœopathic hospital is no novelty in New York, as there is already the Hahnemann Hospital in Fifty-fourth Street, with a large staff of medical officers. The State Aylum in Middletown also is under homœopathic treatment, and the Ophthalmic Hospital building in New York has for several years been in the hands of the homœopaths, who have associated it with a homœopathic medical college, with an able staff of professors and lecturers, and the power to confer degrees. The medical and surgical staff of the new homœopathic hospital is as follows:—Dr. E. Guernsey, *President*, Dr. W. H. White, *Vice-President*, Dr. A. E. Hills, *Secretary*, Dr. S. H. Calcott, *Resident Physician*, Drs. W. Tod Helmuth, C. T. Liebold, J. H. Thompson, P. S. Bradford, J. H. Demarest, G. S. Norton, J. F. Carleton, Jun., G. E. Belcher, A. Berghaus, A. T. Thorp, F. E. Doughty, C. A. Bacon, E. T. Fowler, T. D. Bradford, H. D. Paine, J. B. Wood, and S. P. Burdick, *medical and surgical officers*. With such an excellent staff we are sure that the new hospital will furnish excellent results, and tend to advance the cause of homœopathy in New York.

*The Conspiracy of Silence.*

It may be a difficult question to decide whether roses had thorns before the flood, and it is not exactly easy to determine the derivation of the word *Aconitum*. For the homœopathists it grew in sharp-stony places, but our friends the allopaths *ont changé tout cela*. Dr. Binger derives it from the adverb *ἀκονεῖ*, which means without combat, easily, or without trouble, but is it not because *ἀκονεῖ* is literally *ἀ-κόνις*, without dust, in consequence of its not being needful to throw dust into the eyes of the blind?

The present majority in the medical profession allow that there is such a thing as a republic of letters, but they will not allow of it in medicine; only *they* are right; in vain the homœopaths have said, "Gentlemen, in the name of God conceive it *possible* that you *might* be wrong." They refuse to wander along the honest high road of scientific therapeutics because Hahnemann was the original pathfinder who cleared away many of the difficulties, and stuck up the sign-post *similia similibus curantur* as a guide to his followers. Some have said "We never questioned the truth of your dogma; it is merely a natural law that has been known to the world from time immemorial, and we should not mind following the high road; but how are we to progress over those mountain-high dilutions or through the quaggy part of the road called *psora*?"

To these the reply has been given—"As to the quagmire *psora*, that does *not* lie on the high road; it lies on a mere by-path cul-de-sac that Hahnemann strayed into. We know *that part* of the high road better *now* and have marked it accordingly; and then as to those hilly parts called dilutions, these also do *not* lie on the high road, but lie off it some distance, and you are by no means bound to notice them at all. Some of us are trying to level them; do you come and help, and if they cannot be levelled come and help us scale them."

Do they come? No. The very name of homœopath is so hated, and this Hahnemannian high road of free scientific research in therapeutics is so distant from the public-house at the sign of the "Loaves and Fishes," that a greater amount of medical manliness than they possess is required to *declare* a belief in a hated and an unprofitable truth.

Yet they are compelled by the march of homœopathy to bestir themselves in matters therapeutical lest the difference between treating and curing become too obvious to the patient world. What plan are they following? They conspire in silence to rob homœopathy of its treasures, and lest the world should suspect what they are about, they are very careful to denounce homœopathy with increasing vigour.

The Wilksian *Aconite* mug is now supplying the thirsting souls of the progressionist therapeutists on the Continent. In the *Journal de Therapeutique*, No. 11, June 10th, 1875, we find an article under the general heading of *Travaux Originaux* by le Dr. Giuseppe Levi, de l'Université de Pise, who occupies himself with the antipyretic action of our old friend *Aconite*. He begins by stating that Burgraevé used *Aconitine* in the case of his own child *affecté d'angine avec fièvre grave*. Two hours after the administration of the medicine the fever was gone and the child better. Then Gubler is cited. Then Schroff, with the remark that the Germans prefer *Opium* and *Digitalis*, "to fulfil the above (anti-tetanic and antipyretic) intentions."

Dr. Levi continues: "We must go to the United Kingdom in order to find a complete study of *Aconite*, and to be able *with this guide to deduce* the practical utility which belongs to this remedy;" and then, "in consequence of the recent works of Wilks, James, Reith, Ringer, &c., it is established that *Aconite* is an antiphlogistic."

This is a gross untruth, Dr. Levi; and further, "As to the dose Wilks prescribes three to four drops of the *Tr. of Aconite*, every four hours; James two to three every three hours; and Reith puts the dose at from a quarter of a drop to a drop; and finally Ringer advises from half a drop to a drop or less, if there be great prostration and the pulse weak."

Dr. Levi then gives details of cases (of typhoid, influenza, and pneumonia respectively) in horses to illustrate for the millionth time the antipyretic action of *Aconite*.

Is Dr. Levi a horse-doctor, or are we to infer that he thought it first prudent to try his dangerous and unheard-of experiment on a quadruped?

It is conceivable that Dr. Levi is, like the ordinary run of allopathic practitioners, quite ignorant of the march of therapeutics during the last half-dozen decennia, and it is this ignorance

*Microscopic Structure of Lycopodium Sporules.* 188

alone which can protect him from the graver charge of misrepresenting historical facts. Better be an ignoramus than a defiler of the temple of truth.

*His* authorities, however, know well that they are traitors to truth. It cannot be with other than with feelings of moral indignation that one beholds the sad spectacle of allopathic sectarians positively carrying off whole blocks of our materia medica, and not only ignoring their authorities, but shamelessly affirming that they get them by induction.—J. C. B.

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*Some remarks on the microscopical structure of Lycopodium Sporules in relation to their pharmaceutic and therapeutic value.* By Mr. I. C. THOMPSON.

THE appearance of the fine dusty sporules of *Lycopodium* in mass is well known to all pharmacists, being extensively used as a harmless covering for pills, also as a puff powder on account of its extreme fineness; and on the Continent not unfrequently as a producer of artificial fire, from the quality it possesses of flaring up when ignited.

It has often struck me as a very anomalous and unexplained fact that the remedial virtues of the *Lycopodium* Sporules should be entirely ignored by the large dominant school of medicine, while by the smaller, but perhaps not less enlightened, body of homœopathic practitioners, *Lycopodium* has from the commencement proved one of their most cherished remedies.

It was with a wish to solve if possible this incongruity that I have recently made a series of experiments with the aid of the microscope. A crude examination of *Lycopodium* in the microscope, with a one-inch objective, shows it to be composed of an infinite number of minute hard straw-coloured particles, each about  $\frac{1}{800}$ th of an inch in diameter. Upon applying a quarter or one-fifth objective, these little particles will be seen to possess a definite regular form, each particle being a hard nut, rounded on one side, converging in triangular lines, with flattened sides, to an apex on the other side, and the whole surface covered with rounded knobs.

After pounding a small portion for a considerable time in a Wedgwood mortar, examination showed the nuts not to be per-

ceptibly altered or fractured ; but on repeating the process with a very minute quantity of the sporules in an agate mortar and pestle, many of the nuts were found to be completely fractured and their contents dispersed. Conjecturing that the contents of the nut, whatever its nature, contained the vital medicinal element of the *Lycopodium*, the broken sporules, with the addition of a drop of water, were put under the microscope, when a large number of unmistakable oil-globules were at once visible.

A similar experiment to the last was next made, but with the addition of *Ether* to the ground sporules in place of water, the result being as anticipated that no oil-globules were visible, being absorbed by the *Ether*.

These experiments seem to prove conclusively that, as in the case of many seeds, the hard-cased sporules of the *Lycopodium* are filled with a peculiar oil. If then, as surmised, it is to the action of this oil upon the system that the medicinal virtues of *Lycopodium* are to be ascribed, the apparent inconsistency respecting it between the two systems of medicine is at once explained,—the nutty sporules as administered in their unaltered form by the adherents of the old school probably passing through the system without any assimilation having taken place ; while, on the other hand, the homœopaths have by trituration and subsequent attenuation extracted the oil, and administered it in a form easily assimilable with the tissues of the body.

Having investigated thus far the true physical nature of the remedy, there remains to be determined the best means of most thoroughly extracting this oily matter, and the most suitable menstruum and form for its preparation and administration.

To this end six months ago I prepared a series of mixtures (which are on the table before you) of the following fluids with a given quantity of the *Lycopodium* sporules, viz., *Alcohol* (absolute, rectified, 20 o.p., and proof), distilled water, *Glycerine*, and *Ether*, and heated each (the *Glycerine* solution excepted) to boiling point for a few minutes. Upon then examining them under the microscope, no alteration in the form of the sporules was perceptible in any of the solutions, and now after six months I think you will see that, with the single exception of the ethereal preparation, in which a large proportion of the sporules are swelled out and broken, none of the solutions appear to have produced any visible change in the appearance of the sporules.

[Mr. Thompson here exhibited the different solutions, showing a drop of each under the microscope (one-fifth objective) confirming the above statement.]

As all of you are aware, the *British Homœopathic Pharmacopœia* recommends that *Lycopodium* should be prepared in trituration; and, no doubt, the good results accruing from *Lycopodium* (so frequently administered in the higher attenuations) are owing to the long-continued triturating process of the hard sugar crystals upon the shells of the sporules, fracturing many of them, the milk sugar absorbing the contents.

But I was not a little surprised to find on microscopically examining the lower triturations how few comparatively of the sporules were broken, the greater number of them having escaped fracture altogether, lying about among the sugar crystals quite uninjured.

[The 1<sup>st</sup> trituration was then exhibited in a drop of water under the microscope, showing the entire sporules lying about amongst the sugar of milk crystals.]

The first centesimal trituration did not yield very much more satisfactory results; for, upon examining a little of it in a drop of water with the one-fifth objective as before, the separate sporules were still seen in many cases clustered together in small masses, a large number not being at all injured.

On examining the second and third centesimal triturations, however, it was found that the triturating process had thoroughly succeeded, for all the sporules appeared to be completely broken, and numbers of oil-globules were floating about in the water.

The experiments upon these triturations of *Lycopodium* were entirely confirmed by examining samples of the same triturations procured from other homœopathic chemists, all yielding precisely similar results.

Subsequently I have been at some pains to practically ascertain if it be possible to prepare a *proper* 1<sup>st</sup> trituration of *Lycopodium*. It is not to be attained by making it according to the allotted time in the *Pharmacopœia*; but I find that if a small quantity (not more than 500 grains) be very well triturated for two hours, the 1<sup>st</sup> trituration so prepared will, on microscopic examination with the one-fifth objective, show all the sporules to be thoroughly crushed. The first centesimal and higher tritura-



tions made up from this will be found to be intimately mixed, and minute subdivision completely accomplished.

It thus becomes evident that a very considerable amount of trituration is essential in order to thoroughly break the outer cuticle of the *Lycopodium* sporules, and so to free the inside contents; the trituration form, therefore, certainly appears to be the best method of preparing and administering the drug in its lower attenuations. If made at all as a strong tincture, the previous experiments conclusively show that ether and not alcohol should be the vehicle used.

In this series of experiments I have merely endeavoured to make good a theory that will reconcile opposite statements respecting the therapeutic value of a particular substance. In so doing I would not be so presumptuous as to say that in no case will the *Lycopodium* sporules, if taken in their ordinary form, affect the system either curatively or otherwise. This lies within the province of the medical practitioner to determine, and exactly opposite statements on the point have been made, the allopaths, as before stated, being satisfied in discarding *Lycopodium* altogether from their *Pharmacopœia* as worthless.

With us, as disciples of Hahnemann, *Lycopodium* ever holds a high place, owing, I believe, to our having (whether consciously or not) extracted from it by prolonged trituration a virtue unknown to those with whom quantity is an indispensable adjunct to success in treatment.

*Note by Dr. Drysdale.*—With the above paper Mr. I. Thompson sent to me for examination five slides, on which were mounted specimens of the pure sporules of *Lycopodium*, the first decimal trituration in two forms, the first and the second centesimal triturations. I examined these under the one-fourth objective, and counted the broken and whole sporules in twelve fields of each slide. The average result was that in the first decimal trituration, made according to the directions of the *Pharmacopœia*, there were nine unbroken to one broken. And besides these twelve fields containing spores, there were several met with where there were crystals of milk-sugar and no spores at all, showing the irregularity of their distribution; which was also shown by the fact that in those containing whole and broken

spores the numbers taken together varied from fifty-six to twenty.

In the first centesimal trituration, prepared according to the *Pharmacopœia*, there were in the twelve fields nine broken and eleven whole spores in all: the maximum in any field was four, *i. e.*, three whole and one broken; and the minimum one, whole or broken.

In the second centesimal trituration there were no whole spores, and we found a few fragments sufficiently large to distinguish them as parts of a spore.

As a contrast to these results there were found, in the first decimal trituration for two hours in small quantity, hardly one or two whole spores in the slide; and no comparison could be instituted, as the broken ones were in such small fragments.

The value of effectual trituration is thus evident, and I hope the same tests will be applied to other insoluble substances.

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*Asylum for the Insane at Montevideo.*

We have received from Dr. Korth, whose portrait adorns the first page, what he calls a statistical statement of the Asylum for the Insane, annexed to the Charity Hospital of Monte Video. Dr. Korth describes himself as a pure homœopathic physician, and he evidently considers that his statistical table will prove much in favour of the homœopathic system of treatment. But we fear the doctor will be disappointed unless he shall furnish us with fuller statistics than he gives in this circular. All the information he vouchsafes to us is the number of admissions each year and the number of cures, dismissals, and deaths for every month of each of the fourteen and a half years (from 1861 to 1875) over which his report extends. Nothing more—oh, yes, the nationalities of the several patients admitted is carefully recorded; but what their diseases were or their duration, or what the remedies employed, he gives us no information at all. Of what possible use to us can it be to know that in the year 1869, for example, 76 patients were admitted, and of those 89 were cured, 1 dismissed, and 9 died? and such and no more is the information given for each year. We really hope that if Dr. Korth has, in his fourteen years' conduct of this asylum, seen anything that it

will be for the advantage of homœopathy to be known, he will communicate it in a form that will be comprehensible. The only noteworthy feature in this circular is the portrait of Dr. Korth himself, but striking though the likeness may be, we should have much preferred some information regarding the diseases and their treatment in the asylum to the most speaking likeness of its physician.

## CORRESPONDENCE.

*To the Editors of the British Journal of Homœopathy.*

GENTLEMEN,—At p. 658 of the *British Journal of Homœopathy* for 1875 my friend Dr. E. Blake says: "Certain persons of peculiar intellectual type seem unable to administer the undiluted remedy, and that quite irrespective of the manner in which they wish to affect the organism. Such persons will go the length of giving ergot as an oxytocic in the 30th dilution, forgetting that we wish here not to cure a disease, but to induce a poisonous or physiological effect, viz. contraction of the uterus. Such a use of high potencies is illogical and quite opposed to the homœopathic principle. It would, of course, be quite rational to administer *Secale* 30 to prevent a threatened abortion, because then we wish to arrest existing uterine contractions. A bigoted and uncompromising attitude in matters of science cannot be too deeply deplored; it does more than anything to alienate thinking men from therapeutic truth and to keep us, in the midst of an advancing age, hidebound in the ruts [surely this is a slight confusion of metaphor, E. W. B.] of our wretched prejudices." I cannot agree with Dr. Blake in the principles which he here lays down, that inertia of the uterus is not a "disease," and that we must induce a "poisonous" effect to cure it. In a *perfect* state of health the uterine contractions would be sufficiently powerful to expel the fœtus, but absolutely painless. Painful contractions of the uterus find their analogue in painful tenesmus of the rectum or bladder, and atony of the uterus in paralysis of those organs. The fact that almost all women *do* suffer pain during labour only shows that they are not healthy. Why it

should be so can only be accounted for on the supposition that the female sexual organs are pre-eminently delicate and susceptible to derangement, which idea is borne out by the great frequency of dysmenorrhœa, a disease which, unless very severe, almost all women seem to regard as "natural" to their sex; but this susceptibility to derangement does not render inertia of the uterus any the less a *disease*, nor less under the control of homœopathic medicine, and we may confidently look forward to a time when the thorough adoption of Hahnemann's teachings by the profession, combined with thorough observance of life-laws on the part of all, will make dystocia a thing of the past. What we have to do in such a case is to select a remedy which, while corresponding to the other symptoms, is also capable of inducing inertia of the uterus. Now, we know that the excessive use of a muscle is followed by atony of the same; and as *Secale* induces violent contractions of the uterus, it is also capable of producing as an after effect atony of that organ; hence is homœopathic to it (*ceteris paribus*). Guernsey, in his invaluable work on *Obstetrics*, second edition, mentions *Secale* for weak or suppressed labour-pains, and says that *the best potency is 200 or higher*.

Dr. Blake states further that "there are drugs which certainly act best in massive or, at least, in sensible doses; familiar examples are *Camphor*, *Quinine*, *Iron*, *Sarsa*, *Viola tric.*, *Sambucus*, *Verbascum*, *Nux juglans*, *Cannabis*, *Digitalis*, and the *antisymphilitics*;" to which he adds *Berberis*.

*Viola* and *Nux juglans* I do not remember to have used, but I have found the highest potencies of *all* the other remedies act in a marvellous manner *when accurately selected by means of the Repertory and Materia Medica, according to the symptoms of the patient*.

A high potency of *Camphor*, selected by Dr. David Wilson, saved the life of my eldest son, when he was unconscious and convulsed from the heat of the weather, and almost in a dying state, and *Berberis* in a very high potency was one of the two medicines (the other being *Stramonium*) which most relieved a very bad case of lumbar abscess, which I cured with high potencies after it had been given up by two experienced medical men, one a homœopath, and the other an allopath. (See symptoms 587, 588, 591 of Allen's *Mat. Med.*)

Yours truly,

E. W. BERRIDGE.

*The London Homœopathic Hospital.*

SIR,—The Lectures Committee having provided the admirable course of lectures on Homœopathic Materia Medica and Therapeutics which have been and are still being delivered by our talented *confère* Dr. Richard Hughes, and having further to offer to inquirers into the practical working of our therapeutics the courses of lectures an enumeration of which I append below, we still find a great want in the small field we at present possess for the public demonstration of our system in our hospital.

We have only 45 to 50 beds. Now, we want 100 to 120 in order to demonstrate the great benefits of our system to students. What are called *interesting cases* only form a small percentage in any hospital, and the instruction as to the relative value of our system can only be made by comparative statistics, to form which we must be able to average our cures; but to make *averages* useful we must have large numbers. Will you, therefore, let me earnestly appeal to our professional brethren to bring this question before the wealthy, the liberal, and the charitable among their patients?

We want at least £20,000 to invest as a permanent fund for the increase of clinical instruction, and £1500 a year increase in our annual subscriptions. With this sum we could enlarge our hospital accommodation up to a very useful point, and make it a good school for the instruction of pupils in homœopathic practice.

How needful such an effort is let those homœopathic patients who live away from our large cities tell us.

We want, urgently, 100 more good homœopathic physicians in England alone, and many good openings present themselves where small guarantees of £200 to £300 a year are offered; but we have no one to fill them. We must, therefore, enlarge our means of instruction.

The following arrangements are made for the coming months:

Dr. HUGHES' Lectures on Homœopathic Materia Medica and Therapeutics will be continued till the end of January; but there will be no lectures delivered on the last two Thursdays

in December, nor on the first Thursday in January (*i.e.* on December 23rd and 30th, and January 6th).

Dr. MATHESON will deliver a course of four lectures on Diseases of Women; the primary conditions of success in the Homœopathic Treatment of Diseases of Women; on Metritis; on Leucorrhœa; on Menorrhagia, &c., commencing Thursday, February 2nd.

Dr. HALE will deliver a course of four lectures on Some Forms of Chronic Bronchitis; on the Early Diagnosis of Tubercle and on Pericarditis, commencing on the first Thursday in March.

Dr. MACKENZIE will give a course of four lectures on Diseases of the Digestive Organs, commencing March 30th.

Dr. DRURY will deliver a course of four lectures on the Exanthematous Diseases of Children, and on Whooping Cough, commencing on Thursday, April 27th.

Dr. JAMES JONES will deliver two lectures on Ulcers of the Lower Extremities, and on the homœopathic treatment of some other surgical cases, commencing on Thursday, May 25th.

Dr. DRYSDALE will deliver two lectures on the Theory of the Homœopathic Principle in June.

WILLIAM BAYES, M.D.,  
Honorary Secretary to the Lectures' Committee.

4, Granville Place,  
Portman Square, W.

## BOOKS RECEIVED.

*Annual Record of Homœopathic Literature, 1875.* Edited by C. RAUE, M.D. Boericke and Tafel, New York.

*Materia Medica and Special Therapeutics of the New Remedies.* By EDWIN HALE, M.D. 4th Edition, Volume II. Boericke and Tafel, New York, 1875.

*De l'Etat Actuel de l'Homœopathie.* Par A. D. MARTINY. Bruxelles, 1875.

*The Position of Homœopathy in the Rational Practice of Medicine.* Address to the British Homœopathic Congress, 1875, by WM. BAYES, M.D., President.

*On Professional Opposition to Homœopathy.* Address at the Annual Assembly of the British Homœopathic Society. By A. C. POPE, Vice-President of the Society. London: Turner, 1875.

*The Materia Medica.* Edited by MAHENDRA LAL SIRCAR, M.D. Calcutta, 1875.

*Die Reconsenten meiner Schrift.* Von VESPASIAN V. GRUZEWSKI. Leipzig, 1875.

*Lectures on Acute Diseases of the Chest.* By R. DOUGLAS HALE, M.D. London: Turner, 1875.

*Headaches; their Causes and Treatment.* By E. B. SHULDHAM, M.D. London: Gould.

*Homœopathy in the Light of Common Sense and Modern Science.* By D. DYCE BROWN, M.A., M.D. London: Longmans, 1875.

*The Veterinary Vade-Mecum: a Manual on the Horse, Cow, Dog, and Sheep; their Diseases, Homœopathic Treatment, and General Management.* Edited by R. P. G. LORD, M.R.C.V.S.L., and also by J. RUSH and W. RUSH. London: The Homœopathic Publishing Company, 1875.

*Organon of the Art of Healing.* By SAMUEL HAHNEMANN. Fifth American Edition. Translated from the fifth German edition by C. WESSELHOEFT, M.D. Boericke and Tafel, New York; Turner and Co., London.

*University of Michigan; President's Report to the Board of Regents for the Year ending June 30th, 1875.*

*Estadística del Asilo de Dementes anexo al Hospital de Caridad da Montevideo.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*The American Journal of Homœopathic Materia Medica.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*The Homœopathic Times.*

## CONTENTS OF NO. CXXXVI.

|   | PAGE |
|---|------|
| A School of Homœopathy for London ... ..  | 193  |
| Dr. Bayes on the Differential Symptomatology of Naja Tripudians and<br>Crotalus Poisons ... ..  | 204  |
| Physician or Homœopath? by Dr. R. E. Dudgeon ... ..   | 243  |
| Dr. W. B. A. Scott on the Morality of Pædoctony ... ..  | 250  |
| Dr. Thomas Simpson on the Selection of the Remedy ... ..  | 266  |
| <b>Annals of the British Homœopathic Society.</b>   |      |
| Dr. Robert T. Cooper on the Action of Veratrum Viride ... ..  | 272  |
| Discussion on Dr. Robert T. Cooper's paper ... ..   | 290  |
| Mr. Boughton Kyngdon's Remarks on Typhoid or Enteric Fever ... ..   | 285  |
| Discussion on Mr. Boughton Kyngdon's paper ... ..   | 298  |
| <b>Reviews.</b>   |      |
| The Encyclopædia of Pure Materia Medica: a Record of the Positive<br>Effects of Drugs upon the Healthy Human Organism. Edited by<br>Timothy F. Allen, A.M., M.D., with Contributions from Dr. Richard<br>Hughes, Dr. C. Hering, Dr. Carroll Dunham, Dr. Ad. Lippe, and<br>others. Vol. III. <i>Carlsbad—Cubeba</i> ... .. | 301  |
| Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen.<br>Vol. V. <i>Diseases of the Respiratory Organs</i> ... ..  | 302  |
| The Organization of our Medical Charities: an Address delivered at the<br>opening of the Ninth Session of the Liverpool Northern Medical<br>Society, Oct. 12th, 1875. By James Penn Harris, F.R.C.S., &c. &c.   | 314  |
| Homœopathy in its Relation to the Diseases of Females, or Gynecology.<br>By Thomas Skinner, M.D. ... ..   | 319  |
| Journals of the Quarter ... ..  | 331  |
| <b>Miscellaneous.</b>   |      |
| The Size of the Ultimate Atoms of Matter ... ..   | 393  |
| Copy of a Resolution duly arrived at by the Board of Management of<br>the London Homœopathic Hospital, January 7th, 1876 ... ..   | 396  |
| <b>Correspondence.</b>  |      |
| Dr. Bayes on the Necessity for a School of Homœopathy ... ..  | 397  |
| Dr. William V. Drury on the Homœopathic Pharmacopœia ... ..   | 398  |
| Books Received ... ..   | 400  |

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Papers and Books for Review to be forwarded, carriage paid, to Dr. DRYSDALE, 36A, Rodney Street, Liverpool; to Dr. DUDGEON, 53, Montagu Square, London, W.; or to Dr. B. HUGHES, 12, Pavilion Parade, Brighton.

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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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A SCHOOL OF HOMŒOPATHY FOR LONDON.

ONE of the heads of the information desired for the approaching "World's Homœopathic Convention" in America was—"A statement of existing means in your country for the education of young physicians in the science and practice of homœopathy." Had a British physician had to supply information on this point three years ago, his communication must have resembled the celebrated chapter headed "Snakes" which once appeared in a book on Iceland, whose sole contents were—"There are no snakes in Iceland." He would have been obliged to say that there are no existing means in this country whereby any one can learn the practice of homœopathy. The student or convert must pick it up as best he can, from books, from friends, from following dispensary or (in the few places where he can get it) hospital practice.

Now, however, an answer can be given to inquiry on this point with less sense of dissatisfaction and shame. During the last two years a real attempt has been made to supply to all who would seek it a knowledge of the principles

and working of our method. This movement we have not hitherto noticed, partly because two of the editors of this Journal have taken an active part in it, and partly because it has received full and sympathising narrative in the pages of our *Monthly* contemporary. But the time seems now to have come when we should make some record and estimate of what has been done, and consider what is to come of it in the future.

The origin of the whole thing was a sentence in the Address with which Dr. Bayes, as Vice President of the British Homœopathic Society, wound up the session of 1873-4. "When the time arrives," he said, "that we may safely and consistently ask for a State recognition of homœopathy as an integral part of medical education, it will be one of the duties of the Society to provide the necessary teachers and examiners. Speaking personally, I believe that we should do wisely to inaugurate such a movement by appointing a board of examiners and clinical professors, in order that our younger brethren might obtain such teaching, and that they might receive certificates of proficiency before embarking in the practice of the profession." Stirred by this incitement, Dr. Hughes sent in an offer to the Board of Management of the London Homœopathic Hospital to make a beginning by delivering there a course of lectures on the *Materia Medica* of Homœopathy, using for the purpose the materials he had been collecting for the third edition of his *Manual of Pharmacodynamics*. This offer was referred by the Board to the Medical Council, which, however, was unable to advise its acceptance.

The British Homœopathic Society then came forward. At its meeting in November, 1874, a committee was appointed, with Dr. Bayes as convener and honorary secretary, to consider and recommend what steps the Society should take to inform the medical public as to what homœopathy really is, and to give instruction in its practice. At the December meeting the report of this committee was presented. It advised that a course of lectures should be given under the auspices of the Society, beginning as soon

after Christmas as possible, and continuing until the time of its Annual Assembly; that these lectures should be delivered in the board-room of the Hospital used by the Society for its meetings, at 5 p.m.; -that they should consist of one or more introductory discourses on the principles of homœopathy, of a complete course of instruction in the homœopathic *Materia Medica*, and of occasional clinical lectures on the homœopathic treatment of special forms of disease. This report was unanimously adopted by the Society: Dr. Dudgeon was appointed to deliver the introductory lectures; Dr. Hughes those on *Materia Medica*; and the medical officers of the Hospital were requested to undertake those on practical medicine as they might arrange among themselves. The committee was re-appointed, with the lecturers and the hospital staff added to their numbers, to carry out the resolutions of the Society.

In pursuance of these arrangements, Dr. Dudgeon delivered on the first and second Thursday in February, 1875, two lectures on the history, principles, and claims of homœopathy. Dr. Hughes then took up the duty, and on each succeeding Thursday until June 17th discoursed on the homœopathic *Materia Medica*. Also, on the four Tuesdays commencing April 13th, Dr. Hale, one of the physicians to the Hospital, lectured on Practical Medicine, taking as his subject certain acute diseases of the chest. At the Annual Assembly of the Society held at the end of June full satisfaction was expressed with what had been done, and it was determined to continue the lectures during the next session under such arrangements as the committee might make during the recess.

Accordingly, the second course was inaugurated on the first Thursday in the following October by an introductory discourse by Dr. Bayes, entitled "How best to Study Homœopathy." Dr. Hughes then resumed his lectures on *Materia Medica*, which he continued (with a short interval at Christmas) until his subject was concluded at the end of January. Dr. Matheson next occupied the Thursdays of February with the subject of Diseases of Women, and

Dr. Hale four of those of March with a continuation of his remarks on Diseases of the Chest. The prospective arrangements are as follows. Dr. Mackechnie will give a course of four lectures on Diseases of the Digestive Organs, commencing March 30th. Dr. Drury will deliver four lectures on the Exanthematous Diseases of Children, and on Whooping-cough; commencing April 27th. Dr. Drysdale will give two lectures on the Theory of the Homœopathic Principle on May 25th and June 1st. Dr. James Jones will deliver two lectures on Ulcers of the Lower Extremities, and on the homœopathic treatment of some other surgical cases, commencing on June 8th.

Of the character and value of these discourses, as far as they have already been delivered, our readers can judge for themselves. Those of Drs. Bayes and Dudgeon have appeared in these pages (April and July, 1875, Jan. 1876); those of Dr. Hale in the *Monthly Homœopathic Review* (May–August, 1875). Dr. Hughes' lectures have been published in the third edition of his *Manual of Pharmacodynamics*; and those of Dr. Matheson and his successors will doubtless see the light somewhere. We ourselves are too much mixed up in the matter for any criticism to be permissible here; but this at least we can say, that the work hitherto done has received the testimony which is always most valued, the approval (both public and private) of our colleagues.

As regards the profession generally—the students, beginners, and inquirers for whom the lectures were designed—the response and appreciation for some time were very doubtful. But as the undertaking was persevered in, and the efforts to make it known were more fortunately directed, a steady increase of interest displayed itself; and since Christmas the attendance of real learners has been decidedly encouraging. The lecturers have also had always the happiness of being supported by the presence of some of their colleagues, a small body of whom have made a point of being present as often as possible; so that the chilling sight of empty benches has rarely met the eye.

Such has been the history of the movement hitherto.

At the Annual Assembly of the British Homœopathic Society next midsummer the report of its Lectures' Committee will be presented, and the question will arise as to what shall be done for the future. It is our desire to contribute certain considerations towards the solution of this question ; and we submit them here to the attention of those especially who will have to decide it.

The report will probably be that the lectures hitherto have been a success, and that the committee recommend to the Society their continuance. But if this advice is given and accepted, the farther question will arise, Is it not time to put the matter on some permanent footing? If instruction in homœopathy is needed next year, it will be needed the year after, and the year after that, and so on until it is provided as part of the general medical education. Should it continue to be given in (so to speak) a haphazard and incidental manner? should there be occasional lectures merely, or should the instruction be organised as a school?

Let us be understood. We are not advocating the establishment of a School of Medicine in general on the homœopathic principle, such as are the American colleges. There are too many medical schools already in the metropolis, and we have no desire to increase their number. Moreover, the demand upon the professional services of the few who in this country practise homœopathically is too great to give any of us time to become skilled anatomists, or profound physiologists or chemists : we are only just able to cultivate surgery and obstetrics, and specialties are as yet unknown among us. We are therefore necessarily without the materials for the staff of a medical school which should enter into fair competition with those already existing, and should claim recognition at the hands of the examining bodies. Nor would we establish such a school if we could. It would be a deliberate perpetuation on our part of the separate position into which the profession has forced us, but against which we have always protested and do continue to protest. Even for our students themselves we are not sure that it would be a gain so to be educated. It might save us some perverts, and more "mongrels" (as those are

called who employ both modes of treatment); but there would always be a peril to the largeness of mind and knowledge of those who grew up thus "closed about in narrowing" college "walls."

What we are advocating is not a School of Medicine in general, but a School of Homœopathy. Homœopathy is a method *per se*. There is a certain body of knowledge requisite for its practice which the student must acquire, and there is a certain readiness for its application which he can only learn from the experience of those who have gone before him. This knowledge and this readiness he can obtain, as regards ordinary practice, from the lecturers in his school and the medical officers of his hospital. He ought to have corresponding opportunities of getting it in the case of homœopathy. If these are not afforded, we are tempting him to do without them—to rush into the practice of our method untaught and untrained. If he be conscientious, he will make opportunities for himself; he will seek the house-surgeony of some homœopathic hospital or dispensary, or he will attach himself to some practitioner of the system, and follow his practice and read under his direction. But such appointments and such instructors are rarely to be found and difficult to get. We have no right to throw the student back upon them. It is, we repeat, a temptation to him to do without a preparation for whose provision there seems to be so little care; to read a few expository books and practical treatises, and then, armed at the utmost with an abridged *Jahr* and a manual or two, to seek patients as the practitioner of a method which requires more study and minute care than any other which Medicine has known. The result is too often disastrous. Negatively, his patients are better off than if they were subject to the perturbing practices of the old school: and in ordinary cases of acute disease he does well enough. But when this assumes peculiar forms, and more especially in chronic diseases, he fails to get positive results. Homœopathy in his hands makes little impression. He is constantly falling back on the empirical means of traditional practice, of which indeed his homœopathic remedies are *to him*

merely other items ; and the result is disheartenment on his own part, and discredit on the name he bears.

We fear that numbers will regretfully feel the correctness of this picture. How many are there who have never studied the *Organon*, or the *Materia Medica* in its original forms ; to whom the history and the literature of homœopathy are to a great extent blank ! It may not be their own fault. They may have had no teachers to direct them while *in statu pupillari* ; or the exigencies of life may have compelled them to pass at once from one mode of practice to another, with little leisure for accomplishing the evolution. Many a time must both classes have wished that ere they began to practise homœopathically they could have spent a few months at some school and hospital devoted to the system, where they could study its materials and be inducted into its working ; and if practitioners feel this, much more would their patients if they knew the facts of the case. They are aware that a man's diploma accredits him as having studied medicine in general ; but they must sometimes ask, in the case of young beginners and new converts, what warrant have we that this doctor is duly versed in homœopathy ? The answer we should at present have to give to this question would rarely be satisfactory, either to ourselves or to them.

We need, then, a teaching of the specialties of homœopathy in addition to the ordinary course of medical education, but after the same manner, *i.e.*, by lectures, tuition, and demonstration. There are two ways in which such instruction can be provided. The one is that now carried on at Pesh in Hungary, and in Michigan in the United States. In the Universities there the chairs of *Materia Medica* and of *Practice of Medicine* are duplicated, one of each being given to a homœopathist. Drs. Haussmann and Bakody at Pesh, Drs. Samuel Jones and Morgan in Michigan, are the professors respectively. The students who elect to follow their teaching share for all other subjects the lecture-rooms of their allopathic fellows, and with them attend hospital practice. The certificates of having gone through the curriculum come from the medical department



as such, and the University degree is common to all by whom it is attained. This is perhaps the best mode of educating the homœopathic practitioners of the future; but we need hardly prove that it is unattainable in this country. It can only be done under State authority and pressure, a good deal of which was required in the case of Michigan at least; and this can hardly be applied to the medical schools of London, nor are any of them liberal enough to do the thing of their own accord.

Our only resource, accordingly, is to establish an extra-academical school, supplementary to those of medicine in general, in which homœopathy shall be systematically taught. There is nothing, we conceive, of sectarian character in this; and even our opponents must admit that if men *will* practise homœopathically they had best be instructed how to do it to most advantage. We are but testifying our own conviction of the reality and distinctive value of our method when we take such pains to teach it. Moreover, by asserting the supplementary character of the instruction we give, we show our desire that all who adopt homœopathy should be thoroughly conversant with every branch of medical science—that they should even know the pharmacodynamics and therapeutics of ordinary practice ere they come to study ours. We imagine, therefore, that no reproach could come upon us on this score; but that it would rather win for us, from those whose prejudices were not altogether blinding, that respect always accorded to those who have the courage of their opinions. We should not be thought the better of if we abandoned, or if we had never set up, our homœopathic hospitals, dispensaries, societies, journals. The exclusiveness of the profession has forced those upon us, and it equally forces this: we should have been poor-spirited had we not acted for ourselves there, and it is time (we think) that our convictions displayed themselves here.

A School of Homœopathy is required for London; and we think that the materials for it are ready. The *British Homœopathic Society* has now been in existence two and

thirty years. It includes the most active homœopathic workers of the metropolis and the provinces ; and its organisation enables it to be the central and guiding body of any such movement. It has a suitable place of meeting wherein the lectures could be given ; a library which only wants some weeding and enrichment to make it an excellent collection of homœopathic literature ; and no lack of funds for such small preliminary outlay as might be necessary. Then there is the *London Homœopathic Hospital*, in whose board-room the Society meets, and whose medical officers are chosen from among its members. Its seventy beds already afford a fair field of practical study ; and by a little effort these might well be raised to the hundred and twenty which is the *minimum* required by the examining boards for a hospital qualified to give certificates of attendance to its students. If the medical staff of this establishment would co-operate with the School as they have done hitherto with the lectures ; if they would allow students to go round with them at stated times, and would give occasional clinical instruction on cases of interest, an important element in the desired course of teaching would be secured. They would revive in substantial reality the old theoretical name of their institution—"The London Homœopathic Hospital and School of Medicine."

The Society and the Hospital thus supply *materiel*, place, means, and men for the proposed School ; nor would it lack students. There are many third - and fourth - years' men and newly fledged diplomats who would gladly occupy a time in the study of homœopathy ere settling down in practice, even if they did not purpose making an avowed specialty of it. Still more are there who from hereditary prepossession or personal conviction have determined to practise in accordance with it, and only wish to learn how. If we could find these out, and make arrangements which would be suitable for them, a regular class might readily be formed. We need not be discouraged by small beginnings. All the existing medical schools have started in this way, and gradually worked up to their present position. The lectures already delivered have prepared the ground, and

called attention to the movement: we have only to take advantage of the occasion.

We have hitherto advocated the establishment of this School mainly in the interests of our commencing practitioners and their patients. But we think the scheme fraught with importance as regards the future of homœopathy itself. In the first place, we all know the gradual and piece-meal adoption of our remedies which is now going on in ordinary practice. Sooner or later men's eyes must be opened to the source of these additions to their therapeutic means; and they will be disposed to give a serious inquiry to the method which has led to such results. Now there ought to be a centre to which they can turn, where they can find homœopathy embodied, studied, illustrated, taught. This system of ours is no haphazard picking up of new remedies, but a deliberate *methodus medendi*. It has its history, its literature, its doctrines, its practices. The proportion of permanent truth it contains may have yet to be determined; but no one can look into it with unprejudiced eye without perceiving that it is an organised whole, an ordered system, demanding both development from within and critical inquiry from without. Such a system needs a more definite representation than is at present given to it, at least in this country. There ought to be a place where those interested in the matter could hear the *Organon* read and examined, the *Materia Medica* displayed, and the various questions of homœopathic practice and controversy discussed; where they could obtain all necessary information, and get an exposition of what the system really is. The common impressions about it are of the vaguest and most erroneous character, and they cannot be dispelled by the short conversations or correspondences which we occasionally get with our brethren, or by their perusal of the pamphlets we circulate.

But farther,—the time will come, and it is not far off, when the State will take some action with regard to homœopathy, and redress its present wrongs and exclusions. We have too many friends in both Houses of the Legislature

to leave any doubt of some step of the kind being taken ; and the occasion will probably be the appointment of a State examination, which all intending to practise must pass, leaving the diplomas and degrees of Colleges and Universities as honorary qualifications. If such an examination is instituted (and there is a large agreement as to its desirableness), we must insist that a knowledge of homœopathy shall be a part of the requirements. If we do so, we shall be asked how the student is to obtain it ; and it will be half the battle gained if we can point to a School ready organised and in working. For this, as well as for the critical inquiry of the old school, we must prepare ourselves ; and the sooner we do so the better.

It is worth considering, moreover, whether we should not anticipate the probable future position of the present licensing bodies, and institute examinations and certificates in connection with our School. There would be no legal necessity for them ; but it would be no small passport to practice for a young beginner to be able to hang up in his study the warrant of an examining body that he had studied and learnt to their satisfaction. After a time such a qualification would be expected of all new-comers, and those who were without it would have to show cause for its deficiency. Here would be a great safeguard to the public against ignorant pretenders, who use the name of homœopathy as a trading expedient, and bring disgrace upon it. We should then have done all in our power to supply patients desiring this mode of treatment with proper representatives and practitioners of the system, and it would be their own fault if they fell into the hands of quacks.

We commend these considerations especially to the British Homœopathic Society, to whom we look to take the initiative in the matter, and whose decision will have to be arrived at during the next quarter. But we also invite the attention of all our colleagues, and of any lay friends of homœopathy under whose eyes these pages may come, to the importance of the subject, and beg them to use their voices and influence and help in forwarding the establishment of a London School of Homœopathy.

ON THE DIFFERENTIAL SYMPTOMATOLOGY  
OF NAJA TRIPUDIANS AND CROTALUS  
POISONS.

By Dr. BAYES.

WHATEVER tends to precisionise our knowledge of the pathogenesis of medicinal drugs tends to make our therapeutic use of them a more exact science. Hence I venture to send you the following interesting record of experiments into the physiological action of these two serpent-poisons, conducted by Dr. T. Lauder Brunton and Dr. J. Fayrer, extracted from the *Report on Sanitary Measures in India in 1873-74*.

These experiments have been chiefly undertaken in the hope that by revealing the true physiological effect of the poisons, more exact indications for the antidotal treatment of snake-bites may become apparent. No less than 21,461 persons died either from snake-bites or from the attacks of wild beasts, in India, during 1873. On this ground alone careful experimentation into the exact mode of death becomes an imperative duty, since the only hope of meeting and neutralising the effects of so deadly a poison lies in the exact definition of the tract invaded by it and of the manner of its lethal action.

But to the physician practising homœopathy a still further value is given to such researches as defining the exact curative power of the poisons thus experimented upon, when they are employed therapeutically.

I am aware that in thus giving the sanction of our praise to the authors of the subjoined experiments, we lay ourselves open to the charge of upholding vivisection; and indeed it appears to me that if an illustration were needed to prove that, under certain circumstances, vivisections are not only legitimate, but that they are a necessity, the following experiments supply such an illustration. If, by giving a minimum of experimental pain to a few unfortunate animals, we are able to discover a means of saving a pro-

digious amount of human life and suffering, it is not only lawful, but it becomes the duty of physicians to follow this method. At the same time wherever it can be done (without invalidating the lessons to be learned from the experiments) such an amount of narcotism should be used as may save the animal experimented upon from needless suffering, and this I find to have been the case in the experiments detailed.

Our earlier knowledge of the effects of *Naja tripudians* is chiefly derived from the information contained in a series of papers in the *British Journal of Homœopathy*, volumes 11 and 12 (years 1853—54), from the pen of our late colleague Dr. Rutherford Russell. He relates on p. 72, vol. xi, six experiments (taken from a larger series) made by Dr. Patrick Russell upon dogs. The symptoms alone are given, and there is no record of the post-mortem appearances. Then follow five cases of serpent-bite in the human subject. Four of these recovered, and there is no evidence to prove that these patients were bitten by the true *Naja tripudians*. The experiments made by Drs. Fayrer and Brunton render it probable that they were either not cases of naja bite, or if they were, that the quantity of the poison injected was comparatively small. The fifth was the case of the keeper at the Zoological Gardens, who was bitten by the naja and died in less than two hours. In this case the *structure* of the brain and spinal cord were but little affected, the lateral ventricles were filled with transparent fluid, the lower part of the spinal cord was softer than usual, but otherwise these organs were healthy.

The posterior parts of the lungs were gorged with black blood. The air tubes, large and small, were filled throughout with a black frothy fluid.

The right cavities of the heart were filled with dark *fluid blood*, among which was a small quantity of very loose coagulum. *There were no clots in the great vessels. The spleen was enormously congested*, full of dark blood. The kidneys were congested.

(This fluid state of blood after death is found in all

cases where a large quantity of the poison has been injected into the body.)

Dr. Russell next gives two experiments made by *Dr. Stokes*, one on a male, the other on a female, by inoculation of the diluted poison, 1 part to 20. These experiments were not very productive.

On page 591, vol. xi, Dr. Russell gives additional observations chiefly on the effects of *Naja tripudians* poison when swallowed. He also gives an experiment made by injecting an oily solution of a grain of the poison into the facial vein of a rabbit. The animal was dead in less than a minute. The heart was distended *in all its cavities* by dark red fluid blood, as if it had been wholly paralysed.

He next gives a case related by Dr. Wm. Chambers in the first number of the *Glasgow Medical Journal* in which complete collapse followed the bite of a snake asserted to have been a cobra. There was neither hæmorrhage, tumefaction, nor ecchymosis round the wounds, but she was collapsed with cold tongue, and appeared to be dead. She, however, recovered on the administration of ammonia and heat. Here again there is no proof as to the serpent having been a cobra.

Dr. Russell next relates his own experiments, which were made by swallowing the 100th of a grain of naja poison every morning for some days. The symptoms were not very marked, and pointed chiefly to the heart, the stomach, and to depression of spirits, with some headache.

Dr. Stokes also gives an account (p. 596, vol. xi) of four experiments made by taking small doses of the 2nd dilution of the poison. The symptoms were sadness of spirits, asthmatic constriction of the chest, and mucous expectoration, with sudden prostration of strength while walking, for a quarter of an hour.

*Naja* poison in the 4th and 6th dilutions given to a female induced similar symptoms.

It is worthy of notice that in Dr. Russell's experiments on himself the heart, brain, and stomach symptoms predominated.

In Dr. Stokes' experiments on himself the chest symp-

toms, spinal symptoms, and the moral symptoms predominated; while in Rosa (Dr. Stokes' female experimenter) skin symptoms predominated.

(Query.—Were these symptoms the result of a general disturbance of neurotic influence acting on the tracts or organs which were constitutionally the weak points of each individual?)

In vol. xii, *British Journal of Homœopathy*, Dr. Russell gives an account of experiments made by giving the naja poison in the 1st dilution (100th of a grain), the 3rd dilution, *i. e.* (the millionth of a grain), and the 6th dilution (the billionth of a grain), respectively. In Case 1 irritation of larynx and trachea with hoarseness and eructation followed the first powder of the 1st dilution. On repeating the dose night and morning, the symptoms were less intense. On the third day of taking the powders there was a still further subsidence of symptoms. On the fourth day severe aching in head, loins, and abdomen, with the irritation of the larynx and trachea.

These symptoms pretty constantly recurred after each dose of medicine, with flatulent and colicky pains in abdomen, and dull or shooting pains in many parts of the body and limbs.

The experiments made with a dose of the 3rd dilution showed the same symptoms of irritation of larynx and trachea, but less severe, lasting two or three hours: the second day, although the drug was continued, the symptoms were slighter in the throat, but pains of a rheumatic character in arms, shoulders, legs, and colic-like pain in the left side of abdomen set in.

After the third day the symptoms subsided gradually, although the drug was continued for seven days.

Other experiments follow by Dr. Craig, W. R., Mr. Gillow, Dr. Pope, Dr. Drysdale, Dr. Russell, Mrs. R., and M. C.

Dr. Craig made three provings. During his first, the symptoms of pleurisy appear to have developed. His second was characterised by dull pricking in left side of the pharynx



and dull shooting pains in various localities of chest, with tonsillitis.

The third proving, after taking the powders for eleven days, was followed by some pain at the heart. Neither the symptoms recorded by W. R. nor those of Mr. Gillow can be fully relied on as having been produced by the drug, as they were not in perfect health, and the symptoms were such as might have been due partly or wholly to the changes in the weather common to October and November; such symptoms as were present corroborate to some extent the observations of previous provers. The same remarks may be made as to Dr. Pope's proving, as he was subject to hepatic and duodenal derangement, &c. Still the irritation of the larynx and difficulty in swallowing, with the frontal headache, were probably naja symptoms. The frontal headache was severe; and, as has been noted by many observers, was accompanied by great depression of spirits. In the next proving of John Landell the frontal headache, with yawning and great weariness, were also marked. In Dr. Drysdale's symptoms the pains in the head were almost the whole deviations, and may have been due, as he justly observes, to the weather. Dr. Russell's own proving points again to dulness of spirits and headache, with some rheumatic pains and symptoms which may also have been due to the weather. He speaks, however, of an audible beating of the heart accompanied with a dragging pain in the spine between the shoulders. The provings by Mrs. R. speak of prostration and of general malaise, which, however, does not appear clearly to have been the result of the drug. The proving by M. C. appears, however, to have induced in her irritation of the larynx and severe headache, with yawning and pain in left shoulder-blade. In her case, No. 1 (the 100th) produced many symptoms. No. 2 (the millionth) induced very few. No. 3 (the billionth) induced none which could clearly be traced to the medicine.

Hence the pathogenesis of *NAJA TRIPUDIANS*, so far as it was known to us before the experiments of Dr. Fayer and of Dr. Brunton, showed that it affects—

1. The cerebro-spinal system of nerves.

2. Acts powerfully on the heart through the pneumo-gastric nerve;

3. Also on the larynx, trachea, bronchial tubes, and lungs ;

4. On the spleen and kidneys ;

5. And induces fluidity of blood when the fatal poisoning is rapid.

Therapeutical experiments prove it of value in irritable states of these organs and tissues, and in congestions of the thoracic and abdominal organs.

Dr. Hughes, in his *Pharmacodynamics*, with that critical acumen for which he is so justly known, says, when speaking of its action as compared with that of *Crotalus*, "Of the effects of the cobra-bite, indeed, we only note that the *neurotic* symptoms predominate over the *hæmatic*." How true this forecast is will be seen on examining the experimental observations of Fayer and Brunton.

I have no means at hand to enable me to give a *résumé* of our original provings of *Crotalus*; and except that its use is recommended strongly in yellow fever and in diseases characterised by a tendency to hæmorrhagic extravasations, it is for the most part considered that the symptoms of *Naja* and of *Crotalus* are practically identical.

That differences do exist of a very marked character will be shown by the following record of experiments; but before we proceed to point these out it will be both interesting and highly instructive to study the following abstract, as showing that the onset of the pathogenetic effects is upon—

1st. "The nerve-centres of the cord."

2nd. "Gradually involving those of the medulla and the ganglia of the mesocephale;"

3rd. "Implicating the functional integrity of the hemispheres of the brain;"

4th. Later on attacking the sympathetic system and the organs of organic life.

But the cerebro-spinal system dies some time before death occurs in the lungs and heart, and by artificial respiration the functions of these organs may be maintained for from twenty-six to thirty hours after the functions of the spinal cord and brain have wholly ceased.

“ABSTRACT of REPORT of the COMMISSION appointed at CALCUTTA to investigate the subject of SNAKE-POISONING.”

“Death from snake-poisoning is preceded by general muscular paralysis, induced by interference with the actions of the spinal cord, medulla oblongata, and, it may be, the central ganglia of the encephalon; convulsions; unconsciousness; and absolute cessation of respiration. The rhythmic action of the heart continues for about three or four minutes longer. There is evidence to prove that the great shock of the poison is first felt in the nerve-centres of the cord, gradually involving those of the medulla and the ganglia of the mesocephale, and lastly implicating the functional integrity of the hemispheres of the brain. From the delay which afterwards takes place in the cessation of the action of the heart, it may be reasonably concluded that the organic system of nerves is the last to suffer. It is also clear from the augmented frequency of the pulsations of the heart after the respiration has ceased that the inhibitory or regulating power of the pneumogastric nerves over the central organ of circulation has been partially annulled or materially disturbed. Still, notwithstanding the removal of this influence, the comparative freedom of the sympathetic system of nerves from implication renders it possible to prolong life for a considerable period, even when animals have been subjected to an overwhelming quantity of the poison.”

“To preserve uniformity dogs were selected for experiment. When convulsions, general paralysis, and cessation of respiration were fully developed, a canula was quickly inserted into the trachea. To the external end of the canula about a foot of india-rubber tubing was attached, and into the free extremity of this the nozzle of the bellows was fitted. To the canula was also attached a supplementary side tube, provided with a stop-cock to admit of the escape of respired air whenever we found it was not being rapidly enough discharged by the side of the tube through the mouth.”

“It has been ascertained, after repeated trials, that the quantity of poison expelled by a cobra in full vigour is about 13 grains of the liquid virus, giving from four to five grains in the dried state.\*

\* The venomous snakes of Australia yield only from 1½ to 2 grains of poison at one bite. These snakes secrete the poison much more slowly than the Indian cobra.

At each successive bite the quantity becomes less and less, until it is not sufficient to destroy dogs or fowls."

"The first twelve experiments\* were arranged with a view to determine the effect of artificial respiration on animals subjected to the whole of the poison emitted during the bite of a full-grown and vigorous cobra. The dog was in each instance bitten in the fold of the groin, so that the poison was only injected into the cellular tissue."

"The second series of experiments showed the effect in the case of dogs poisoned with about a half of the ordinary quantity of the virus shed at one bite, the poison being injected by means of the hypodermic syringe. Although the prolongation of life was increased the eventual termination in death took place in every instance with unerring and appalling certainty."

"In the third series, the dogs being experimented on with only one grain, the symptoms were more slowly developed, but when the poison once took effect death was much expedited, owing to the smallness of the dogs at that time available, and their consequent comparative febleness of constitutional power."

"In the fourth series only half a grain was injected. In one of these experiments the effects of sustaining the breathing were very remarkable. The artificial respiration was commenced at noon, 4 hours 20 minutes after the injection, the dog being at that time convulsed and perfectly insensible. It immediately became conscious, began to wag its tail, and tried to get up from the table. At 12.30 it was in the same state, and perfectly sensible. A certain amount of convulsive tremor was manifested, particularly in the hind quarters. Consciousness remained under artificial respiration until about 2.50 p.m., after which it entirely

\* The details of these twelve experiments are given in vol. v, p. 258. No. 2, as there stated, is, however, different from the corresponding experiment recorded in the final report, which is as follows:

A dog was bitten by a cobra at 8.16 a.m., normal temperature 101° 8'.

8.35 a.m. Temperature 101° 8'.

8.45 a.m. Commenced artificial respiration (29 minutes after the bite).

9 a.m. Temperature 101° 1'.

10 a.m. Temperature 101°; respirations 44; pulse beating very quickly and forcibly; dilatation of the pupils in response to galvanism.

11.55 a.m. Heart ceased to beat 3 hours and 10 minutes after the commencement of artificial respiration.

N.B.—The dog was small, and the cobra a large vigorous one.

disappeared. The dog succumbed even to this small quantity of the poison, notwithstanding the persevering application of artificial respiration, in 26 hours 20 minutes from the time of its commencement, or 30 hours 40 minutes from the injection of the virus."

"A further experiment was made with only a quarter of a grain of poison. Even then, although artificial respiration was carried on for nearly 38 hours, death resulted, without the slightest restoration of consciousness."

"In the following statement the general results of the above experiments are tabulated (*see opposite page*).

"The above experiments have placed beyond all question the power of artificial respiration in supporting the respiratory process, in maintaining the action of the heart and the circulation of the blood to all parts of the body, in effecting the arterialisation of the blood, in sustaining the life of the secreting and excreting organs, and that of the organic system of nerves, and probably in keeping up an imperfect form of nutrition of the tissues to which arterialised blood is supplied in abundance for periods of time varying to a great extent according to the quantity of poison introduced into the system through the absorbent channels of the body. But the influence of the process in saving life, even where very small quantities of the poison have found entrance into the juices, is extremely problematical.

"It occurred to us that there might be hope of preserving life if the method were employed in conjunction with certain drugs. Although that hope was, from our previous experience of the mortal nature of the poison, very faint, we instituted another series of experiments with this view; and in a few instances we also tried transfusion of blood from a healthy into a poisoned one. The results were far from encouraging. We found that, when about half of the ordinary quantity of the poison which the cobra emits is hypodermically injected into the areolar tissue of a dog, which is subsequently treated both by artificial respiration and drugs, or by transfusion with ammonia, death is rather promoted than retarded.

"As a great deal of misconception has always existed on the question of supposed remedies and antidotes, experiments were planned with a view to ascertain the minimum quantity of virus required to kill dogs, and also to show how, in the event of only

|  | From the bite or injection to the commencement of artificial respiration. |            |            | From the commencement of artificial respiration to death. |            |            | From the bite to death. |             |            |
|--|---|------------|------------|---|------------|------------|-------------------------|-------------|------------|
|  | Average.  | Maximum.   | Minimum.   | Average.  | Maximum.   | Minimum.   | Average.                | Maximum.    | Minimum.   |
| Full quantity (about 18 gra. liquid = 5 dried) . . . . . | H. M. 0 42  | H. M. 1 10 | H. M. 0 25 | H. M. 10 41   | H. M. 17 6 | H. M. 3 10 | H. M. 11 23             | H. M. 17 50 | H. M. 3 39 |
| Half quantity (about 2½ gra.) . . . . .                  | 1 10  | 2 0        | 0 49       | 17 44   | 26 15      | 12 50      | 18 54                   | 27 35       | 14 5       |
| 1 grain . . . . .  | 1 32  | 2 57       | 0 35       | 11 40   | 17 10      | 9 20       | 13 12                   | 18 55       | 10 20      |
| ½ " . . . . .  | 2 45  | 4 20       | 1 44       | 26 18   | 30 25      | 22 10      | 29 3                    | 32 35       | 23 54      |
| ½ " . . . . .  |   | 4 2        |            |   | 37 50      |            |                         | 41 52       |            |

a very small portion having gained access to the subcutaneous cellular tissue, death does not necessarily follow. A dog weighing 14lbs. succumbed in 4 hours 28 minutes to  $\frac{1}{2}$ th of a grain of virus. A dog weighing 18lbs. was killed by  $\frac{1}{10}$ th of a grain in 11 hours 30 minutes; but two dogs weighing 30lbs. and 38lbs., although evidently affected, ultimately survived after a similar dose. Of three dogs into which  $\frac{1}{12}$ th of a grain had been injected, two were known, after being much oppressed, to have recovered, whilst the third escaped, and probably recovered also. The injection of only  $\frac{1}{15}$ th of a grain proved fatal to a dog weighing 17lbs. in 31 hours 25 minutes; but another weighing 40lbs. recovered, after being evidently affected for a whole day. The injection of  $\frac{1}{20}$ th of a grain into a dog weighing 26lbs. produced drowsiness and vomiting, but the animal recovered. A dog weighing 29lbs. showed no indication of being poisoned by  $\frac{1}{10}$ th of a grain.

“These experiments will explain many of the favorable results obtained from reputed antidotes. When a quantity is taken too small to kill, but large enough to produce marked depression of the cerebro-spinal system of nerves, the successful resistance of the vital powers of the constitution against the inroads of the poison may be easily enough put down to the influence of some drug that has been employed. It is also well known that persons bitten by innocuous snakes, but believing themselves to have been attacked by poisonous ones, often suffer from the most intense nervous oppression and syncopal depression of the heart, by which circumstance again some antidotes have gained an unmerited reputation.

“No agent with which we are acquainted has claimed so much attention as an antidote in modern times as the liquor ammoniæ. Fontana considered it ‘a fact proved that ammonia is entirely useless, whether applied simply to the bitten part, or taken internally, and there is every reason to suspect that it is hurtful.’ Professor Halford, in ignorance of the unfavorable results of the treatment of snake-bite in Italy by ammonia, has resuscitated this method of combating the effects of poison in Australia. He published the results of his practice in the *Medical Times and Gazette* at the close of 1873. All his cases would, however, probably have recovered as well without as with the intravenous injection of ammonia. The instantaneousness of the vaunted

cures, when the patients were supposed to be on the verge of death, is of itself strong presumptive evidence that the poisoning of the nerve-centres and the cerebrum could not have been of a very grave character. In many instances there can be little doubt that the symptoms were in a great measure attributable to alcoholic stimulants and fear.\* The extreme importance of determining whether the bite was inflicted by a poisonous or non-poisonous snake also seems to have been overlooked; and another fallacy underlying many of his experiments was the belief that the Australian snakes were quite as poisonous and deadly as the Indian cobra.

"The injection of ammonia into the veins doubtless produces a stimulant effect upon the heart and nervous system. But our experiments have afforded convincing proof that the sudden injection of an unusual quantity of free ammonia, a portion of which probably becomes carbonate of ammonia immediately it has been mixed with blood surcharged with free carbonic acid, over-stimulates the cerebro-spinal and sympathetic ganglia, inducing tremors, and promoting the development of the convulsions and general paralysis which are the precursors of a fatal termination in cases of snake-poisoning. There is perhaps another explanation of what we must regard as its deleterious action, viz. that the circulation of a quantity of carbonate of ammonia in the blood stimulates the nerves which preside over the functions of the lymphatics and smaller veins, and thereby promotes the absorption of the poison into the blood.

"The poison has been mixed with ammonia, and then this mixture has been hypodermically injected; the ammonia has been introduced by intravenous injection prior to the injection of poison; and it has also been used immediately after the poisoning; and in all these cases the animals were subsequently treated by repeated intravenous injection without the slightest apparent benefit.

"We are indebted to Mr. Pedler, of the Presidency College,

\* With reference to these remarks, the *Pioneer* (January 11th, 1875) observes that the Commission "appear to lose sight of the fact that, while their experiments were conducted on dogs artificially and consequently more thoroughly bitten, Professor Halford actually treated twenty-one human subjects naturally bitten. Bulk for bulk, a healthy European weighs six times as much as a *air-isled* dog."



for an analysis of the poison of the cobra. The following statement shows its composition, as compared with albumen :

|                    | Cobra poison.    | Albumen. |
|--------------------|------------------|----------|
| Carbon . . . . .   | 52·87            | 53·4     |
| Nitrogen . . . . . | 17·58            | 15·8     |
| Hydrogen . . . . . | 7·51             | 7·1      |
| Sulphur . . . . .  | not ascertained. | 1·8      |
| Oxygen . . . . .   | —                | 22·0     |

“Mr. Pedler states:—‘It is quite impossible to draw any deductions as to the nature of the poison. It is more than possible that the poison is a mixture of albuminous principles with some specific poison. To determine this would require a considerable amount of substance and the application of the most refined method of analysis.’

“With regard to the physical change produced on the blood by snake-poisoning, we have arrived at the conclusion that the blood remains fluid after death—

- (1.) When a large quantity of the cobra poison has been directly injected into the circulation ;
- (2.) In cases where animals or men have been poisoned by the bite of vipers such as the Russell’s viper ;
- (3.) In all cases of snake-bite, whether from the poisonous colubrine or viperine genera, in the human subject.

It undergoes either partial or complete coagulation under the following conditions—

- (1.) When only a small quantity of the cobra poison has been injected into a vein or artery ;
- (2.) In cases where the lower animals have been bitten.”

“Why the admixture of a large and quickly fatal injection of the virus into the circulation of animals should produce comparatively permanent fluidity of the blood, and why the injection of a smaller and more slowly fatal quantity should interpose no obstacle to its speedy coagulation, are questions extremely difficult to account for or explain.”\*

\* The above statement was used by Dr. Sharp in illustration of the principles laid down in his essay read before our last Homœopathic Congress at Manchester, entitled *A Scientific Principle for Toxicology*, which principle, broadly stated, is that the true antidote for a large dose of a poison will be found in the administration of a small dose of the same poison. “*Small doses are antidotes to the injurious effects of large doses.*” It does not appear to

“ On the NATURE and PHYSIOLOGICAL ACTION of the *Crotalus* POISON as compared with that of *Naja tripudians* and other Indian Venomous Snakes ; also Investigations into the Nature of the influence of *Naja* and *Crotalus* poison on Ciliary and Amœboid Action and on *Vallisneria*, and on the influence of Inspiration of pure Oxygen on Poisoned Animals. By T. LAUDER BRUNTON, M.D., F.R.S., Sc.D., M.R.C.P., and J. FAYBER, C.S.I., M.D., F.R.C.P. Lond., F.R.S.E., President of the Medical Board at the India Office.\*

(Reprinted from the *Report on Sanitary Measures in India, 1873-74.*)

“ In our former papers we described the general phenomena accompanying the physiological action of cobra and *Daboia* poisons on warm-blooded animals, reptiles, fishes, and invertebrata. We propose in this paper to compare with these the action of the *Crotalus* virus in its general effects on life, on the functions, organs, and tissues, and especially as it affects the blood and vessels as regards a marked influence in causing hæmorrhages and extravasations of blood generally and locally ; and further, to examine the action of snake poison generally on ciliary and

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me that the above statement bears such an interpretation. The large dose of the *Naja* restrains, retards, or prevents the coagulation of the blood, while the small dose interposes “ *no obstacle* to its speedy coagulation.” This is a very different statement to, the large dose *induces fluidity* of the blood, while the small dose *induces coagulation*, which, if Dr. Sharp's theory be true, is what we should expect.

\* These experimental inquiries were undertaken with the hope of discovering a practicable remedy for snake-bites. The conclusion arrived at was that no remedy can be found to avert the consequences of such bites, and that the only way to diminish the large mortality from this cause is to devise means for the destruction of poisonous snakes throughout India.

But from the carefully recorded pathogenetic results, occurring respectively from the injection of the poison of the *Crotalus* (rattlesnake), and from that of the *Naja* (cobra), we receive a most valuable contribution to homœopathic literature, especially as regards the comparative effects of the two poisons.  
—W. B.

amœboid movements,—or that which represents its action on contractility, apart from that which it caused through the medium of the nerve-centres and nerve-distribution.

“ It appears that there is little difference between the physiological effects of the crotaline or viperine and the colubrine virus. The mode in which death is brought about is essentially the same in all; though there are evidences, even when allowing for individual peculiarities, that the action is marked by some points of difference sufficiently characteristic to require notice in detail.

“ We have already expressed our belief that death is caused by the cobra, *Daboia*, and *Hydrophis* poison—

“ 1st, through its action on the cerebro-spinal nerve-centres, especially on the medulla, inducing paralysis of respiration; or,

“ 2nd, in some cases (where the poison has entered the circulation in large quantities, and has been conveyed more directly to the heart) by arrest, tetanically in systole, of cardiac action, probably owing to some action on the cardiac ganglia;

“ 3rd, by a combination of the two previous causes;

“ 4th, by a septic condition of a secondary nature, of which, being more essentially pathological in its bearings, the details were not considered suitable for discussion here.

“ There is reason to believe that death is caused in the same way by the *Crotalus* poison also: and it appears from the experiments recently performed in Calcutta by Dr. Ewart and the members of the Committee appointed by Government upon *Pseudechis porphyriacus*, or the black snake, and *Hoplocephalus curtus*, or the tiger-snake of Australia, that their virus causes death in the same manner. These reptiles had been sent from Melbourne to Calcutta for the purpose of investigation and comparison.

“ But though the actual cause of death is essentially the same, the phenomena which precede and accompany it differ in some degree according to the nature of the poison, the quantity and site of the inoculations, and the individual peculiarities of the creature inoculated, as may be seen in the experiments herewith recorded.

“ The condition of an animal poisoned by the rattlesnake-venom, then, essentially resembles that of one subjected to the influence of the colubrine or viperine poison of Indian snakes:

“ Depression, hurried respiration, exhaustion, lethargy, unconsciousness, nausea, retching, and vomiting (*vide* Exp. IX).

“ Muscular twitching, ataxy, paralysis, and convulsions (the latter probably chiefly, though not entirely, due to circulation of imperfectly oxygenated blood, the result of impeded respiration), and finally, death.

“ Hæmorrhages or hæmorrhagic extravasations and effusions, both local and general, occur in all varieties of snake-poisoning.

“ But we observe (and in this our observations are in accord with those of Weir Mitchell) that there is a greater tendency to both local and general hæmorrhage and extravasation of blood and of the colouring-matter of the blood, especially as observed in the peritoneum, intestines, and mesentery, and also probably to a more direct action on the cord\* (*vide* Exp. I, III, V, VI, VII, IX, XI, XIV, XV), than in poisoning by either cobra or viper (*vide* Exp. IV, VII, XIII, XVI, XVII, XX).

“ The viscera and other tissues, after death, are found congested and ecchymosed, and in some cases to a great extent, seeming to show that either a preternatural fluidity of blood, or some important change in the vessels favouring its exudation, has occurred.†

“ But with regard to the blood itself we have observed that it does form a coagulum after death generally, if not invariably; as we have noted to be the case, though not to the same extent, in the blood of animals that have succumbed to the *Daboia* virus.‡

“ With reference to the coagulation or non-coagulation of the blood in cases of snake-poisoning, we observe that the following conclusions have been arrived at by Mr. Richards and the Calcutta Committee :

“ We now propose to deal with the physical changes produced by snake-poisoning on the blood. ‘ From observations which have been made by Mr. Richards and ourselves, we have arrived at the following conclusions :

“ ‘ *The blood appears to remain fluid after death under the circumstances noted below :*

“ ‘ 1st. When a large quantity of the cobra poison has been

\* In poisoning by *Crotalus*.—W. B.

† This remark applies to *Crotalus*.—W. B.

‡ In Dr. Fayerer’s Indian experiments the blood of animals dead from *Daboia* poison nearly always remained fluid after death.

directly injected into the circulation as, for example, into an artery or a vein.\*

“ 2nd. In cases where animals or men have been poisoned by the bite of vipers such as the Russell's viper.

“ 3rd. In all cases of snake-bite, whether from the poisonous colubrine or viperine genera, in the human subject.\*

“ *The blood undergoes either partial or complete coagulation under the following conditions :*

“ 1st. When a small quantity only of the cobra poison has been injected into a vein or artery.

“ 2nd. In cases where the lower animals have been bitten by the cobra.

“ Why the admixture of a large and quickly fatal injection of the cobra virus into the circulation of animals should produce comparatively permanent fluidity of the blood or interfere with its ordinary coagulability soon after removal from the body or after death, and why the injection of a smaller and more slowly fatal quantity should interpose no obstacle to its speedy coagulation, are questions extremely difficult to account for or explain. We can only state the fact that in the one case coagulation occurs speedily, and in the other this coagulation is retarded or altogether prevented by some cause at present unknown.’ ” †

“ The following experiments were made on the physiological action of the virus of the rattlesnake, with the view of comparison with that of the cobra and *Daboia*.

“ We are indebted to Dr. Weir Mitchell, of Philadelphia, for a supply of the virus. He was good enough to send about six grains of the dried poison of *Crotalus*,—the species not named, but it is believed to be of *Crotalus durissus*.

“ The dried poison supplied is said to be about 6½ years old, and was dried in July or August at the natural temperature, and has since been preserved in a phial. It was tried by Mr. Mitchell and found active three years ago.

“ It has the appearance of fractured fragments of dried gum-arabic, of rather a darker yellow colour, but otherwise resembling the dried cobra virus sent from Bengal.

\* This is not always so.—J. Fayrer.

† Not always so.—J. Fayrer.

‡ Probably this arrest of coagulation is due to the suddenness and completeness of the arrest of vitality when a large dose of the poison is injected.—W.B.

*Experiment I.*

" June 9th, 1874.—·015 gramme of the dried *Crotalus* poison diluted with 1 cub. centim. of distilled water was hypodermically injected into the thigh of a full-grown guinea-pig at 11.30 a.m.

" Restlessness and muscular twitchings of the body generally soon commenced; these passed away, but the animal became sluggish, in which condition it remained all night, and died at about 9 a.m. the next morning.

" The injected limb became much swollen, infiltrated, and discoloured with sanguineo-serous effusion.

" The intestines were not ecchymosed; there was much sanguinolent fluid and also blood effused into the abdominal areolar tissue.

" No convulsions were observed; but as the animal was not seen during a short time previous to death, they cannot be said positively not to have occurred; nor is it known if the heart ceased to beat at the moment when apparent death took place.

*Experiment II.*

" A few drops of watery solution of *Crotalus* poison, of same strength, were injected under the skin of a guinea-pig's thigh at 12.16, noon.

" 12.17. Marked twitchings of head and hind legs, very similar to those produced in some of the cases of cobra poisoning.

" 12.18 Hind leg (poisoned one) weak.

" 12.20. Twitchings much increased, now mainly in head and neck, not so much in hind legs.

" 12.28. Guinea-pig quiet, but with occasional twitchings; sluggish and disinclined to move.

" 1.30. Sluggish in moving; can still move about, though disinclined to do so. The punctured thigh is very blue.

" The rest of the notes of this experiment were lost.

" The animal died.

*Experiment III.*

" June 10th.— $\frac{1}{4}$  of a grain of *Crotalus* and  $\frac{1}{4}$  of a grain of cobra poison were carefully weighed and diluted, each with ten drops of distilled water. Two full-grown guinea-pigs of equal weight were then selected.

"The solution of *Crotalus* poison was injected into the peritoneal cavity of guinea-pig No. 1 at 1.52 p.m.

"1.55. Muscular twitchings of head and neck.

"2 p.m. Startings and twitchings continue,

"It gives faint squeaks occasionally, as though the sudden startings which occur at intervals of five or six seconds cause pain.

"2.5. Twitchings continue.

"2.8. Very restless; twitchings going on, but no paralysis yet.

"2.17. The same.

"2.25. Restless and weaker; but still moves freely on being roused.

"2.42. Sluggish; drags the hind legs.

"2.58. Weaker; rolls partially over on one side, but can run when roused.

"3.3. Lying on side, but can be roused; is partially paralysed in hind legs. Respiration abdominal and hurried.

"3.5 Nearly quite paralysed; is roused with difficulty.

"3.7. Can still be roused. Abdomen distended and painful; cries out when it is touched, as though peritonitis were setting in.

"3.12. Can be roused with difficulty: respiration hurried; convulsive movements of fore legs and neck. Can still stagger for a few paces; but co-ordination of muscular power much diminished.

"3.30. In violent convulsions.

"3.38. Convulsions continue.

"6.45. Quiet. Paralysed; but reflex action still continues.

"3.55. Dead in 2 hours and 3 minutes.

"3.56. Electrodes in cord cause twitching of muscle of the back, and very slightly in those of the legs; the cord was evidently all but paralysed. Muscular fibre contracts freely to direct stimulus of current. The intestines were ecchymosed and congested. There were effusions of red serum into the peritoneal cavity, and much ecchymosis of peritoneum and subperitoneal and intra-muscular areolar tissue. Peristaltic action continued faintly.

"4 p.m. The heart has ceased to contract four minutes after apparent death; it continued to contract, especially the auricles, for part (not the whole) of the time.

"The blood removed from the heart-cavities and vena cava rapidly formed a firm coagulum in a glass receiver.

"The electrodes applied to the sciatic showed that the nerve-trunk, as well as the spinal cord, was paralysed.

"*Experiment IV.*

"Guinea-pig No. 2, an albino, had the  $\frac{1}{4}$ -grain *cobra virus* solution injected into its peritoneal cavity at 1.56 p.m.

"It immediately became much excited.

"1.57. Is now quite tranquil.

"2. Sluggish. Does not twitch as guinea-pig No. 1 did.

"2.4. Started and squeaked slightly, as though in pain, but no twitching.

"2.5. Slight twitching generally. Paralysis and ataxy commencing; drags its legs with difficulty.

"2.9. Sharp twitchings of head and neck.

"2.12. Subsides on to the belly; head fallen over; crawls with difficulty; is very feeble, almost paralysed. The albino eyes have a heavy dull look; lost their bright pink.

"2.14. Convulsed.

"2.15. Reflex action ceased. Apparently dead, but heart can still be felt beating. Occasional convulsive twitching of lower lip.

"2.16. Dead in twenty-one minutes.

"2.17. All movements have ceased. Heart had ceased to contract, except slight flickering movements of auricles.

"2.20. Electrodes in cord. Spinal cord and nerves paralysed; muscles contract freely to direct stimulus of current. Heart distended with blood. Blood, when removed, formed rapidly a firm coagulum. Intestines, peritoneum, and subperitoneal areolar tissue congested and ecchymosed. Sanguinolent effusions into peritoneum, but not so well marked as in the *Crotalus* poisoning. Peristaltic action of bowels ceased rapidly.

"The results of these two experiments show, so far, that the action of the cobra poison is more energetic than that of the rattlesnake. Both were watery solutions of exactly the same quantity of the dried virus; but it is to be borne in mind that that of the rattlesnake was  $6\frac{1}{2}$  years old, while that of the cobra was only one year old.



"The guinea-pigs were both full-grown and of the same size; yet one succumbed in twenty minutes to the cobra poison, while the other survived the inoculation of the rattlesnake poison for 2 hours and 3 minutes.

"There were no very marked differences in the action of the poison in these two cases, except in the energy with which the cobra exceeded the *Crotalus*.

*Crotalus.*

Twitchings; restless; squeaks; sluggish; ataxy; paralysis. Hurried respiration. Peritonitis. Convulsions. Death in 2 hours 3 minutes. Coagulated blood. Ecchymosis and extravasation of serous effusion well marked. Cord paralysed. Muscles retain irritability.

*Cobra.*

Twitchings; excitement; squeaks; sluggish; ataxy; weakness; paralysis. Convulsions. Death in twenty minutes. Spinal cord and nerves paralysed. Muscles irritable. Heart distended. Blood congested. Ecchymosis. Congestion less than in *Crotalus*.

*Experiment V.*

"June 10th.—A grain of *Crotalus* poison diluted with water was injected into the peritoneum of a full-grown guinea-pig at 2.40 p.m. Twitchings began almost immediately.

"3.3. Restless; startings; staggers on hind legs.

"3.20. Very weak, especially in hind quarters. General paralysis setting in. Abdomen distended and very tender.

"3.30. In convulsions. Still feels when the abdomen is touched.

"3.37. Paralysed; but feels the touch. Reflex well marked.

"3.45. Apparently dead in 65 minutes.

"3.48. Cavities opened. Auricles flickering. Blood from heart and great vessels coagulated firmly. Abdominal cavity and areolar tissue and subperitoneal tissue infiltrated with bloody serum. Much ecchymosis of peritoneum and intestines, but not of lungs. Cord and nerves paralysed. Muscles contract vigorously to induced current.

*Experiment VI.*

" $\frac{1}{4}$  of a grain (.015 gramme) of the same *Crotalus* poison, dissolved in 1 cub. centim. of water.

"The jugular vein of a large white rabbit was exposed, and the above solution was injected into it at 1.50 p.m.

"At 1.51 violent convulsions, with opisthotonos.

"At 1.58 apparently quite dead. Artificial respiration commenced immediately. Heart acting still, though feebly and with irregular flickering contractions. Spinal cord exposed. Electrodes applied; no reaction.

"2.12. Heart still contracting feebly.

"2.15. Faint contractions of heart still observable. Ventricles punctured, and blood withdrawn. Peristaltic action has ceased.

"2.20. Feeble cardiac movements continue.

"2.21. Heart has now ceased. Muscles react to direct current. Death caused by rapid paralysis of medulla and cord. The blood taken from the heart and great vessels did not coagulate.\* At 4 p.m. it was still fluid, though very florid in colour.

"Examined under the microscope nearly two hours after apparent death, the white corpuscles appeared natural; the red corpuscles not in rouleaux, and very much crenated, though a few retained their natural contour.

"The blood was natural to test-paper.

\* In comparing this experiment with that preceding it (Exp. V), we see that, although *one grain* of *Crotalus* poison was given in Exp. V the blood *coagulated firmly*, while in Exp. VI, although *one quarter of a grain* of the same virus was given, *no coagulation took place*. What then becomes of the theory that the larger dose causes fluidity of the blood on the one hand, while the smaller dose promotes coagulation? But if we look to the mode of death in the two cases, we find that the death in Exp. V took place in sixty-five minutes, while death in the other took place in thirty-one minutes, although the animal was larger, the death occurring from rapid paralysis of medulla and cord. It will, however, be seen on reference to the next experiment (VII), made with an equal dose of *Cobra*, that, although the death was more sudden, almost instantaneous (within one minute), from rapid paralysis of medulla and cord, the blood coagulated, but not firmly, the clot being small. Hence it appears that the *Crotalus* poison acts more directly in destroying the life of the blood than does that of the *Cobra*; while *cobra* poison more directly destroys the nerve circulation.—W. B.

*Experiment VII.*

"June 17th.— $\frac{1}{4}$  of a grain (.015 gramme) of dried cobra poison dissolved in 1 cub. centim. of water, was injected into the jugular vein of a large white rabbit, of the same size as in the previous experiment, at 2.55 p.m.

"The rabbit passed at once into violent convulsions, and was apparently dead before it could be removed from the board, within one minute. The cord was immediately exposed, artificial respiration having also been begun. Electrodes applied, with strong current; no reaction; the cord was perfectly paralysed.

"Thorax examined at 2.59. Heart had ceased to contract. Ventricles moderately contracted. Auricles distended with blood. Phrenic irritated, quite paralysed. Diaphragm, when directly irritated by current, contracts very faintly, whilst the neighbouring muscles contract vigorously. Peristaltic action goes on. Electrodes applied to vagus appear to accelerate peristaltic action; applied to splanchnic, they diminish it.

"3.7. Ventricles of heart have now contracted firmly.

"3.15. Blood taken from heart and great vessels has coagulated, but not firmly. The clot is small, and the serum very red.

"3.15. Electrodes to sciatic; no reaction. Blood examined under microscope; no aggregation in rouleaux, no crenation of corpuscles. Blood neutral to test-paper.

"We have in former papers remarked that, when the cobra poison was injected into the jugular vein directly and caused almost immediate death, that the fatal result was due to cessation of the heart's action by arrest in systole; and such was partially the case in the last experiment (VII.) made for the purpose of comparison with *Crotalus*; but in Exp. VI death was not so caused, for the heart continued to contract for about twenty-eight minutes after apparent death, which was probably due to the sudden and total annihilation of the functions of the medulla and cord, no reaction to a strong current occurring when the electrodes were applied immediately after apparent death.

"In this instance of *Crotalus* poisoning it is also to be remarked that the coagulability of the blood was destroyed, whilst in that by cobra virus it was only partially so.

"It appears from the results of this experiment that the direct inoculation of large doses of the virus, whether viperine or

colubrine, into the circulation have the power in some cases of annihilating almost instantaneously the irritability of the cord and medulla, as in others they have of arresting the heart's action.

*Experiment VIII.*

"June 17th.—Ten drops of the blood of the rabbit described in the last experiment, poisoned by *Crotalus* virus,\* were injected into a guinea-pig's thigh at 3.40 p.m.

"The guinea-pig was not apparently affected constitutionally by the poisoned blood. It was alive the next morning; but the leg was swollen and discoloured. It ultimately recovered.

*Experiment IX.*

"June 24th.—A full-grown cat was chloralised at 1.20 p.m.  $\frac{1}{2}$  of a grain of *Crotalus* poison, diluted with 1 cub. centim. of water, was injected into the jugular vein. The respirations were immediately quickened.

"1.21. Twitching of muscles generally.

"1.22. Efforts to vomit. Forcible extension of limbs.

"1.24. Hurried respiration and retching. Reflex action perfect.

"1.30. Muscular twitching and tetanic stretching of limbs. Efforts to vomit continue. Micturition. Rolls over on the ground.

"1.34. Ataxy. Staggers when walking, which it can only do for a few paces. Peculiar twitching of diaphragm; not synchronous with respiratory movements. Rolls over on its side.

"2 p.m. In the same state.

"2.8. Injected  $\frac{1}{2}$  of a grain more of the poison into the same jugular vein. The animal immediately got up and walked, comparatively steadily, for several paces, as though it had been stimulated, and then rolled over.

"2.16. Twitching of diaphragm continues at the rate of 150 per minute.

"2.18. Again got up and walked for a few paces; but it is gradually becoming more paralysed.

"2.44. Violent tetanic spasms of limbs. Reflex action diminished.

\* Exp. VI.

"2.46. Reflex action gone from eyes. Deep sighing respiration.

"2.47. Convulsions. Death. Body opened immediately. Lungs deeply congested and much ecchymosed. Deep red gelatinous effusion all about the roots of the lungs. Heart contracting. Electrodes applied to phrenic caused vigorous contraction of diaphragm.

"2.50. Heart ceased to contract three minutes after respiration had ceased.

"2.52. Electrodes in cord; do not cause contraction of limbs.

"2.54. The sciatic nerve, when irritated, conveys impression; muscles of legs contract. Blood from the heart and great vessels did not form a coagulum, and remained permanently fluid. Red corpuscles of blood were much crenated.

"Death in this case appeared to be caused through the medulla.

#### *Experiment X.*

"June 15th.—Action of *Crotalus* poison on the frog.

"A frog's hind leg was ligatured, excluding the sciatic nerve.

"A solution of *Crotalus* poison was injected into the lymph-sac at 12.32 p.m.

"2.30. Sluggish, but not otherwise affected.

"3.15. In the same condition.

"June 16th.—12.3, noon. Sluggish, but can still move.

"June 17th.—Found dead this morning early; pupils contracted.

"Electrodes applied; no reaction in either cord or nerves on either side to the strongest current.

"The frog may have been dead some hours.

#### *Experiment XI.*

"June 15th.—At 3 p.m. same day a solution of *Crotalus* venom was injected into the dorsal lymph-sac of a frog, the aorta having been previously ligatured, so as to prevent the poison from affecting the trunks or peripheral extremities of the sciatic nerves.

"3.40. The frog seems quite unaffected.

"June 16th.—12.30, noon. Frog dead; not rigid; mouth open.

"Irritation of cord with strongest current does not cause contraction of legs. Irritation of sciatic with coil at 24 causes twitchings of gastrocnemius.

"Neither of these two experiments give any definite results, as the period intervening between death and examination of the condition of the nerve-centres was not determined exactly.

"The results of the following experiments show that the local as well as the general effect of the cobra and *Crotalus* poisons, *i.e.* colubrine and viperine, is to cause hæmorrhage, ecchymosis, and sanguinolent effusions into the areolar tissue, not only at the seat of inoculation and its neighbourhood, but also in the mucous membranes and other vascular parts. It is obvious also that the *Crotalus* poison acts more energetically in this respect than the cobra poison, and that this is perhaps one of the most marked distinctions between them.

#### *Experiment XII.*

"August 6th.—A cat was chloralised, and part of the mesentery placed under the microscope on the warm stages. *Crotalus* poison, diluted with water, was then applied to the mesentery, and its effects watched. The white corpuscles were observed to cling in quantities to the walls of the vessels, and as the current of blood hurried through them, some masses of pale matter, like aggregation of white corpuscles, were observed to pass with the stream; very soon marked extravasation of red corpuscles took place, and to the naked eye the mesentery became discoloured by patches of ecchymosis in the course of the small blood-vessels, like the foliage on the branches of a tree.

"There could be no doubt that the local action of the poison had a marked effect in producing extravasation of blood.

#### *Experiment XIII.*

"A similar experiment was repeated on another part of the mesentery of the same cat with cobra poison, exactly as the *Crotalus* poison had been applied in the previous experiment. This was carefully watched, but no extravasation took place; there was a marked difference in the result of the application of

the two poisons, at all events as far as these two experiments were concerned.

*Experiment XIV.*

" *August 12th.*—A cat was chloralised at 2.30 p.m. Mesentery exposed and placed under microscope on warm stage.

" *Crotalus* poison applied to mesentery; circulation soon diminished in some vessels, but continued vigorously in others. Isolated extravasated patches soon made their appearance, of a triangular form; others followed and coalesced with these, until a network was formed in the course of the vessels all over the field. The extravasation soon became general, the circulation still continuing slowly.

*Experiment XV.*

" A fresh portion of mesentery of same cat exposed. Intestines becoming cold, and circulation now very languid.

" Cobra poison applied.

" No apparent effect produced; but the circulation is very languid, indeed has almost ceased, so that the results of this experiment are not conclusive.

*Experiment XVI.*

" *August 14th.*—A cat was chloralised, part of mesentery withdrawn, and placed under microscope on warm stage.

" Dried cobra poison dissolved in a salt solution, 75 per cent., applied to the mesentery at 4.10 p.m.

" 4.14. Circulation is languid, almost ceased in some vessels.

" 4.18. Slight extravasation taking place where the poison has been in contact.

" 4.20. Extravasation rather more obvious.

" 4.35. Exposed another part of the mesentery; examined the state of the circulation before applying the poison. Blood flowing languidly.

" Poison applied at 4.37; at first it seemed rather to accelerate the movement of the blood.

" 4.38. Circulation continues at same rate.

" 4.42. Same rate.

" 4.45. It becomes more languid.

"4.48. Circulation has ceased, but yet there is no marked extravasation.

*Experiment XVII.*

"Another portion of the same mesentery had cobra poison applied, but after half an hour there was no sign of extravasation.

*Experiment XVIII.*

"A fresh piece of mesentery exposed of same cat, and diluted *Crotalus* poison applied at 4.52 p.m.

"The circulation was rather languid at the time, and apparently became more languid.

"At 4.58 no extravasation had taken place, the blood flowing very languidly.

"5.15. Circulation still going on, but very slowly; no extravasation; it soon after ceased.

*Experiment XIX.*

"At 5.20 p.m. a fresh portion of the mesentery was exposed; to one part cobra and to the other *Crotalus* poison was applied, and the effect was watched with the naked eye.

"5.45. No extravasation visible.

"At 6.15 p.m. slight extravasation equally visible on both.

*Experiment XX.*

"August 25th.—At 2 p.m. a young cat was chloralised. The mesentery was drawn out, and a part treated with cobra-poison, another part with *Crotalus* poison.

"5 P.M. On examination, that under the influence of the *Crotalus* poison was found deeply congested and reddened with blood, extravasated in the course of the small vessels, forming a well-marked redness to the naked eye. Under the microscope the red corpuscles were seen in numbers outside the vessels. Circulation still going on vigorously. That part treated with cobra poison was barely altered, but, on close examination, slight patches of extravasation were seen in the course of the vessels.

"The difference was well marked between the two—the extravasation produced by *Crotalus* venom being well marked,



that by cobra venom scarcely perceptible. In both cases the microscope showed red corpuscles outside the vessels.

"These experiments show that *Crotalus*-poison causes hæmorrhage and hæmorrhagic effusions more than the cobra poison does.

"The following experiments were made, at the suggestion of Mr. Darwin, with the object of testing the influence of snake poison on ciliary action, especially in reference to its comparative action on vegetable protoplasm, as will be seen by his remarks.

*Experiment XXI.*

"June 29th.—Ciliated epithelium from the frog's mouth was treated with a solution of cobra poison and examined under the microscope.

"At 1.35 p.m., when examined, the action of the cilia was vigorous.

"At 1.45 it was much diminished.

"At 1.55 it had entirely ceased.

*Experiment XXII.*

"Ciliated epithelium placed under microscope; one part was treated with water, the other with the poisoned solution.

"At 2.10 p.m. ciliary motion vigorous in both, perhaps more so in that subjected to the poisoned solution.

"2.18. Non-poisoned cilia active. Poisoned cilia very feeble.

"2.20. Non-poisoned cilia still active. Poisoned cilia very feeble.

"2.24. Non-poisoned cilia active. Poisoned cilia very languid.

"2.30. Non-poisoned cilia still active. Poisoned cilia have entirely ceased to act.

"It is evident from this that the poison first stimulates and then destroys the activity of the ciliary action.

*Experiment XXIII.*

"August 14th.—Frog's blood placed in salt solution, .75 per cent., at 1.25 p.m. on warm stage, and then subjected to the action of cobra poison.

"At first the amœboid movements of white corpuscles went on

vigorously. At 2 p.m. they had ceased, or very nearly so, in all that appeared in the field.

"2.30. All movements had entirely ceased. The red corpuscles seemed more flattened, the nucleus more visible, and the edges better defined, assuming a pointed and more oval form than usual.

#### *Experiment XXIV.*

"*August 25th.*—Newt's blood examined under  $\frac{1}{2}$  object-glass on hot stage, white corpuscles moving slowly. Cobra poison applied, but no perceptible change observed.

"The following communications were received from Mr. C. Darwin on the action of some of the same cobra poison on vegetable protoplasm :

"'You will perhaps like to hear how it acted on *Drosera*. I made a solution of  $\frac{1}{4}$  gr. to  $\text{ʒij}$  of water. A minute drop on a small pin's head acted powerfully on several glands, more powerfully than the fresh poison from an adder's fang.

"'I almost immersed three leaves in 90 minims of the solution ; the tentacles soon became inflated, and the glands quite white, as if they had been placed in boiling water. I felt sure that the leaves were killed ; but after 8 hours' immersion they were placed in water, and after about 48 hours re-expanded, showing that they were by no means killed. The most surprising circumstance is that, after an immersion of 48 hours, the protoplasm in the cells was in unusually active movement. Now, can you inform me whether this poison, if diluted, arrests the movement of vibratile cilia ?

"'I dissolved  $\frac{1}{4}$  gr. [of cobra poison] in  $\text{ʒj}$  of water, so that I was able to immerse two leaves. It acted as before, but more energetically ; and I observed more clearly, this time, that the solution makes the secretion round the glands cloudy, which I have never before observed. But here comes the remarkable point ; after an immersion of 48 hours, the protoplasm within the cells incessantly changes form, and I never saw it on any other occasion so active. Hence I cannot doubt that this poison is a stimulant to the protoplasm ; and I shall be very curious to find out in your papers whether you have tried its action on the cilia and on the colourless corpuscles of the blood. If the poison does arrest their movement, it will show that there is a profound

difference between the protoplasm of animals and of this plant. Therefore, if you try any further experiments, I hope that you will be so kind as to inform me of the results. I may add that I tried at first 1 gr. to the ℥j, as that is my standard strength for all substances.

“ It is certainly very remarkable that the poison should act so differently on the cilia and on the protoplasm of *Drosera*. After the 48 hours' immersion, I placed the two leaves in water, and they partially re-expanded. I thought that the whitened glands were perhaps killed ; but those of one leaf which I tried with carbonate of ammonia absorbed it and the protoplasm was affected in the usual manner. I am very much surprised at the action of the poison on the viscid secretion from the glands, which it coagulates into threads and bits of membrane, with much granular matter. Have you observed whether the poison affects in any marked manner mucus or other such secretions ?”

#### *Experiment XXV.*

“ *June 29th.*—A standard solution of cobra poison, .08 gramme to 4.6 cubic centims. of water, was prepared.

“ 1.25 p.m. The gastrocnemius of a frog was separated and immersed in this solution in a watch-glass : it immediately contracted considerably.

“ 1.30. The muscle contracts with current at 11.

“ 1.45. The muscle has lost its irritability ; does not respond to the strongest current.

#### *Experiment XXVI.*

“ At the same time (1.25 p.m.) the gastrocnemius from the other leg of the same frog immersed in water. Did not immediately contract like that placed in the poisoned solution.

“ 1.30. Contracts strongly to current at 15 c. m. of Du Bois Reymond's coil, more than the poisoned muscle at 11, at the same moment.

“ 1.45. Contracts distinctly at 11, whilst the poisoned muscle has lost all irritability.

“ From this it is evident that the poison first stimulates the

muscular fibre to contract, but rapidly afterwards destroys its irritability.\*

*Experiment XXVII.*

"The gastrocnemii of a frog were again treated in the same way as in the previous experiment, with precisely the same results.

"June 28th.—Made several experiments with cobra poison on ciliated epithelium of frog's mouth, and found that it at first accelerated, then destroyed, the action of the cilia.\*

*Experiment XXVIII.*

"June 24th.—At 2.25 p.m. about  $\frac{1}{2}$  of a gr. of dried cobra-poison was passed down a frog's throat.

"2.30. Frog making violent efforts to vomit. Gaping. Head thrown back tetanically.

"2.34. Bloody mucus vomited with violent efforts.†

"2.50. Moves with difficulty; is becoming paralysed. Efforts to vomit continue.

"3. Much the same.

"3.5 Very weak; still tries to vomit.

"3.10. Reflex action still well marked.

"3.15. Motor nerves apparently quite paralysed.

"8.20. Apparent death.

"As life had been prolonged for many hours in snake-poisoning by artificial respiration with atmospheric air, it was thought expedient to ascertain if the more complete oxygenation by the undiluted gas would be more efficacious, as it seemed might be possible; accordingly the following experiment was made on the 24th April, 1874.

*Experiment XXIX.*

" $\frac{1}{2}$  of a grain of dried cobra poison dissolved in distilled water was injected into a rabbit with the hypodermic syringe.

\* The relation of these and the former experiments to other cognate facts proving that the first effect of moderate doses of a poison is stimulation, while a long continuance of the same class of action, or a suddenly given excessive dose of the poison, induce paralysis, is very instructive.—W. B.

† This experiment is especially interesting, as showing that frogs do occasionally vomit, a fact which has been denied by some physiologists.

"Symptoms of poisoning were rapidly manifested. A tube had been previously introduced into the trachea, and respiration was commenced as soon as poisoning was manifest.

"Artificial respiration, with oxygen contained in a large bag, was steadily continued for two hours, but with no better effect than in other similar cases where atmospheric air was used for the same purpose. At the expiration of two hours apparent death had occurred: the heart continued to beat for about two minutes after the respiration ceased.

"Beyond a very florid condition of the blood there was no obvious difference between the effect of oxygen and that of common air. It did not indeed appear that, as far as the effects produced by the poison were concerned, it differed in its action from common air.

*Experiment XXX.*

"November, 1874.—A little cobra poison, dissolved in water, was added to water containing some cells scraped from the mantle of a freshwater mussel. Among these was a large ciliated cell, which, before the addition of the poison, had been moving slowly, although its cilia were moving actively. Immediately after the addition of the poison the cell began to spin round on its own axis with extraordinary rapidity. In about three or four minutes its motions began to be languid, the ciliary motion ceased, the cell itself elongated, contracted, and then slowly resumed its former shape, and became perfectly motionless.

*Experiment XXXI.*

"Water from the interior of a freshwater mussel, and containing two specimens of *Paramacium* in active motion, was examined. They were rotating with great rapidity. A little cobra poison diluted with water was added. Three minutes after the addition one was discovered with both the cilia and cell-body perfectly still. The cilia of the other was still, but the cell-body was contracted. In about half a minute more it expanded to its normal size and then remained perfectly still.

*Experiment XXXII.*

"A piece taken from the mantle of a freshwater mussel was

placed on the slide, and examined at the end of about half an hour. Active ciliary motion could be observed both in the fringe of the mantle itself and in several specimens of *Paramacium*. A little dilute poison was added. At first the ciliary motion seemed increased, but in about two minutes it became slower, and in six had become very languid, and in ten minutes stopped altogether in the specimens of *Paramacium*, but still continued in some of the cilia of the mantle.

*Experiment XXXIII.*

" A little dilute cobra poison was added to a piece of the mantle of a freshwater mussel. The cilia began immediately to move much more rapidly. This was watched for some time. Ciliary motion not affected, or at all events not arrested, after more than half an hour.

*Experiment XXXIV.*

" *December 10th.*—A piece of the gills of a freshwater mussel placed under the microscope and a little cobra poison added at 10.40 p.m. The cilia were extremely active.

" At 10.55 still active.

" 11.5. Several ciliated amœboid masses are now quiet, instead of rolling over and over as they did, but the cilia on their surface are still moving.

" 11.15. The cilia on these infusoria have now nearly all stopped. A few are moving slowly, whilst those on the gills are but little affected.

" 11.55. Cilia on gills are still quite active. Those on the ciliated bodies still moving, rather more actively than before.

" 1.30. Cilia on gills have become much more sharply outlined. Many are standing still, though many still move briskly.

*Experiment XXXV.*

" To another specimen a strong solution of cobra poison was added at 10.50

" 1.30. Cilia still moving.

*Experiment XXXVI.*

" A third specimen was laid in an almost syrupy solution of dried cobra poison at 11.23.

" At 11.40 no effect observable.

" 1.30. Some have stopped, but numbers are still moving quite briskly.

" In this case the poison seemed not to have any action on the ciliary motion.

*Experiment XXXVII.*

" *January 6th, 1875.*—At 3.40 some diluted cobra poison added to *Vallisneria*. Circulation going on vigorously. About  $\frac{1}{10}$  grain in three drops of water.

" 3.58. The movements are unchanged.

" 5 p.m. Movements going on as before.

*Experiment XXXVIII.*

" Added some solution of cobra poison at 4 p.m. to another specimen of *Vallisneria*.

" 4.10. No change.

" 4.45. Circulation goes on vigorously.

" 4.55. Perhaps rather less brisk in their movements.

" The results of these experiments show that cobra virus must be regarded as, to a certain extent, a poison to protoplasm, seeing that it arrested with rapidity the movements in infusoria\* (*vide* Exp. XXX, XXXI, and following). Still it cannot be regarded certainly as a very powerful one, for the cilia of the freshwater mussel continued to move for many hours in a strong solution of cobra poison; though in other experiments the action was apparently arrested even in weaker solutions of the poison. In the case of cilia from the frog's mouth the results were more definite, but action was not invariably destroyed. The results of the action of the poison on the amoeboid movements of the blood-corpuscles are not very definite. In the case of *Vallisneria* the circulation in the cells went on with undiminished vigour after the application of the poison for two hours.

\* Is this accounted for by the existence of a rudimentary nervous system diffused throughout these two forms of life, and on which the poison could act?

“EXPERIMENTS AT ST. BARTHOLOMEW'S HOSPITAL to test the effects of Mr. HIGGINS' ANTIDOTE to SNAKE-POISON. Present—Dr. Forbes Watson, Dr. Fayerer, Dr. Brunton, and Mr. S. B. Higgins.\*

*Experiment I.*

“Cobra poison diluted with water. A small quantity injected with a hypodermic syringe into the muscles of the leg of a pigeon at 1.46½ p.m.; dead at 1.52, or in 5½ minutes.

*Experiment II.*

“As nearly as possible the same quantity of cobra poison as in Exp. I injected into the leg of another pigeon at 1.56.

“A dose of Mr. Higgins' antidote injected into the mouth by a small syringe at 1.59.

“Another dose of antidote administered by Mr. Higgins 2.

“Another dose of antidote administered by Mr. Higgins 2.2.

“The wound moistened with the antidote 2.2½.

“Another dose of the antidote 2.4.

“Another dose of the antidote 2.7.

“Another dose of the antidote 2.15.

“Pigeon dead at 2.21½, or in 25½ minutes.

*Experiment III.*

“Cobra poison much more diluted with water than in the preceding experiments. 20 minims injected into the hind leg of a rabbit at 2.51.

“All but dead 3.33.

“Dead in 49 minutes, at 3.40.

“The trachea attached to a small tube connected with a small bellows, and artificial respiration commenced at 3.42.

“The heart commenced beating again, shortly at first, but afterwards the pulsations increased to 150 per minute, the number of pulsations of the rabbit when alive being 160 per minute.

\* Although having no immediate reference to the pathogenetic effects of snake poisons, these supplementary experiments, with supposed antidotes, are full of interest.



"The heart continued beating steadily at this rate till 5.5, or for 1 hour 23 minutes, when the artificial respiration was discontinued.

*Experiment IV.*

"Cobra poison of same strength as in Exp. III. 20 minims injected into the hind leg of an albino rabbit, of the same weight as the rabbit in Exp. III, at 2.53½.

"A dose of antidote by injection into the mouth at 2.59.

"Another dose of antidote 3.3½.

"Another dose of antidote 3.8.

"Rabbit dead in 34½ minutes, at 3.28.

*Experiment V.*

"'Boqui dorada' poison diluted with water. 12 minims injected into the hind leg of a brown rabbit at 3.17.

"As no apparent effect of the poison was taking place, another injection of 15 minims was given in the same leg at 4.4½

*Experiment VI.*

"'Boqui dorada' poison of same strength as above. 12 minims injected into the hind leg of a black rabbit, of same weight as rabbit 5, at 3.14½.

"A dose of antidote injected into the mouth at 3.19½.

Ditto ditto at 3.27.

Ditto ditto at 3.44.

Ditto ditto at 3.53.

"Injected 15 minims of the solution of the poison in the same leg as before, 4.3.

"A dose of antidote at 4.16.

"At 5.5 no apparent effect in either Exp. V or VI, both rabbits moving about as though they had experienced no ill effects from the action of the poison, which may therefore be considered to have lost its active properties.

"The cobra poison used in the experiments was supplied by Dr. Fayrer.

"The antidote was prepared by Mr. Higgins himself from the gall of the 'Lomo di Machete' snake, 10 drops of gall being

100 drops of alcohol of 95 per cent., and 10 drops of this solution being diluted with 4 fluid ounces of water.

### Conclusion.

The above experiments point out that in those diseases where, from their concomitant symptoms, we should be led to administer either *Crotalus* or *Naja*, we should select *Crotalus* where local hyperæmia or hæmorrhages occurred—for instance, in yellow fever; while where paralysis of the cerebro-spinal nerve-centres was the predominant condition we should select *Naja* by preference.—W. B.

\* “A review has been drawn up by Mr. Richards of past literature on the subject of snake-poisoning, of which the following are the leading points.

“More than 200 years ago Francesco Redi gave to Europe the result of his investigations into the nature of the venom of the viper. Previous to his time the grossest ignorance prevailed, not only regarding the nature of the poison, but even as to the organ by which the snake inflicted its injuries; and Redi after all did little more than correct the principal prevailing fallacies.

“In 1702, Dr. Richard Mead, an English physician, published an interesting account of his careful and valuable inquiries. He held the theory that the poison did not act through the blood, but directly through the nervous system. The treatment he recommended was suction of the wound, an emetic with oil and warm water, and viper’s fat. It is believed by many even in the present day that the viper has about it the antidote to its own poison. Dr. Mead observes that ‘the patient ought to eat frequently of viper jelly, or rather to boil vipers and eat them like fish, or if the food will not go down (though really very good and delicious fare) to make use at least of wine in which dried vipers have been digested six or seven days in a gentle heat.’ This was actually an acknowledged preparation of the London Pharmacopœia.

“In 1776 Felix Fontana, who was appointed naturalist to the Grand Duke of Tuscany, published a most elaborate work setting forth the results of more than 6000 experiments. The value of the previous researches was nothing as compared with that of Fontana’s. His view as to the physiological action of the poison was that it has no direct action upon the nerves, but that the blood is the medium by which the body is affected.

“Subsequent writers were Dr. Patrick Russell (1796), whose book was published by the East India Company; Mr. Boag (1799), who held that death was caused by the subtraction of the oxygen of the blood; Mr. Williams (1801); Dr. Macrae (1809); Mr. Breton (1825); and others.

“At no period has the subject received so much attention as it has during the past eight or ten years. Drs. Fayer and Shortt in India, Dr. Weir Mitchell in America, Dr. Halford in Australia, and Dr. Brunton (in conjunction with Dr. Fayer) in England, have all been labouring in the hope of

finding that which has baffled the ingenuity of ages, and which, if found, would be an inestimable boon to mankind. Although no antidote has been discovered, much good work has been done in elucidating the physiological action of the poison; and the more that is known of its action, the more likely will be the discovery of its antidote.

"The attention of the Bombay Government was called to the apparently extraordinary efficacy of an antidote for snake-bite discovered by a Mr. Richardson. Notwithstanding the remedy being a secret one, its success appeared sufficiently encouraging to induce the Government to authorise the Commissioner in Sind to obtain a quantity of the specific for distribution in the province, and it was requested that the results should be carefully noted, the snake being always, if possible, identified.

"Two other alleged antidotes, which had been brought to the notice of the Secretary of State, were referred to the Government of India for such action as that Government might deem necessary.

"Mr. S. B. Higgins claimed credit for a discovery, arising out of long experience in South America, that all snakes themselves supply an antidote to their poison in their gall. Experiments, at which Mr. Higgins himself assisted, were made at St. Bartholomew's Hospital to test the effect of his antidote. These experiments (a summary of which is given in the Appendix, p. 274) proved a failure. Mr. Higgins, however, did not accept the results as conclusive, and hoped that, although the South American gall brought with him had failed, the gall of the cobra itself might be found operative if used in sufficient doses. One of the experiments showed the remarkable effects produced by artificial respiration after death had apparently taken place.

"The other remedy was suggested by Dr. W. O. Reid, also of America, in which country he stated that in every case in his practice it had proved a sovereign cure for snake and spider bites. It consisted in the application, both internal and external, of a plant called 'Impatiens Pulva.' The correspondence, together with a packet of seeds, was communicated to the Government of India, who have referred the matter to the President of the Commission above mentioned, with a view to the efficacy of the alleged antidote being tested."—(*Extracted from the Report on Sanitary Measures in India, 1873-74, p. 45.*)

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## PHYSICIAN OR HOMŒOPATH?

By R. E. DUDGON, M.D.

THAT the *Lancet* should wrest my words into an admission that I had abandoned and abjured homœopathy, and had given the "death blow to homœopathy" was not surprising, seeing that one *raison d'être* of that trenchant periodical is to give the *coup de grâce* to the obtrusive system of Hahnemann; but that my friend, Dr. Conrad Wesselhoest, should think that I am a traitor to the cause we both have devoted the best energies of our lives to defend, because I decline to accept the nick-name of homœopath as the designation of my status as a practitioner of medicine, is to me a great marvel. *Et tu Brute!* shall I fold my cloak around me and succumb without a word? I am not, perhaps, sufficiently heroic to follow the Cæsarian example so far, more especially as I feel that my transatlantic Brutus has mistaken my meaning and missed his blow. I have no objection to the word homœopathy to express the method of cure by similars; indeed, I think it is the very best word that could be selected, and infinitely preferable to homœotherapeutics or any other. I admit, indeed I am proud to admit, that I practise homœopathy wherever it is applicable, but I refuse to accept the name of homœopath in place of the name of physician to which I am entitled, and which accurately denotes my position. Those who have declared their resolution to refuse to prescribe medicines on the great therapeutic principle of *similia similibus*, and those, if any there be, who have sworn to prescribe on no other principle, are sectarians, and may, if it so please them, call themselves allopaths and homœopaths; but the true physician is he who holds himself free to avail himself of all the resources of therapeutics, and binds himself in no way to reject any means whereby he may benefit his patients and cure or relieve their diseases; and this, I believe, is the position taken up by all, or

nearly all, those who have acknowledged the rule *similia similibus* to be a great and a true therapeutic law.

But though the selection of the appropriate medicines for the cure of diseases constitutes a part of the physician's duty, it does not comprise it all. Disease is multiform and remedial agents are many. He who imagines he can cure everything by drugs alone will soon find his mistake, and any one who thinks that the whole duty of the medical man consists in hunting up symptoms in a repertory will fail to cure many cases that a more extended view of the resources of therapeutics would have enabled him to cure. But such a narrow-minded apprehension of the medical art is never met with in actual life. In the vast majority of the cases he is called on to treat, every physician, let him prescribe what medicine he may, feels it necessary to prescribe other remedial means pertaining to diet, regimen, climate, hygienic arrangements, exercise, dress, baths, the indulgence of the passions, the pursuit of business, pleasure, or study. Then what may be called extra-medicinal means enter largely into the remedial measures of the modern physician, such as poultices, fomentations, compresses, galvanism, friction, mesmerism perhaps, the selection of country quarters, the protection from noxious agencies, the regulation of the use of tea, coffee, tobacco, and stimulants; in short, the selection of the appropriate drug forms such a small part of his duties that it would be monstrous to regard the physician as a mere physic-giver, and *à fortiori* it would be absurd to change his honoured name for one that would imply that he is a mere giver of physic according to a certain, but by no means universal, therapeutic law. In the days when the doctor was chiefly regarded as the drawer of blood, and when he displayed the bloody bandage on the pole as the sign of his calling, the title of "leech" was probably sufficiently accurate, and the *Lancet* would then be an appropriate name for the journal that expressed his views; but now that bloodletting is an almost abandoned practice, "leech" and *Lancet* are equally obsolete terms. 'Tis true his modern successor of the allopathic sect even now displays the sanguine-coloured

lamp over his front door, but the practice of our railways has taught the public to regard the red lamp as a danger signal, which may be one reason why the help-seeking patient is nowadays more often deterred than attracted by the crimson flame. As the bloody bandage has been abandoned to the barber, so, doubtless, ere long the red lamp will be left entirely to the railways, where it will be only suggestive of broken heads and smashed legs, and not of the means of curing these evils.

Why, then, should the physician wish to retain or to assume the name of "homœopath," which has only reference to the drug-giving portion of his practice, which, as we have shown, only constitutes a portion, and that not the chief portion, of his calling? In many cases for which we are consulted we do not consider it necessary to prescribe any medicine whatever. We effect a cure by appropriate diet, exercise, or baths, by enforcing the discontinuance of some unwholesome habit, as over-study, too much confinement at sedentary work, mental worry, abuse of tea, tobacco, or stimulants, excessive sexual indulgence, over-abstemiousness or gluttony. If in such cases we prescribe any medicine, we perhaps do so because we know that the patient expects it, and that he might not attend to our other advice without the conventional medicinal prescription, and then we only attach a secondary value to the drug prescription, or we give some innocent placebo. The cases in which we rely entirely on the specific medicine for the cure are few in comparison with those in which we regard the drug prescription as of secondary importance.

The art of medicine is not only "long," as Father Hippocrates says, but it is broad and vast as well, and drug-giving forms but one of its numerous branches. Homœopathy is for us the chief, the best, but not quite the only rule of drug-giving. This and other periodicals devoted to the exposition of the homœopathic method would never have been established had it not been for the absolute rejection by the dominant majority of the medical profession of the system of Hahnemann, for their fierce and irrational

denial of the truth of his therapeutic law, and for their contemptuous refusal to give the homœopathic method a fair trial, or even to allow any evidence in its favour to appear in their periodical organs. There was actually no help for this state of things but to establish special organs for the demonstration of the value of homœopathy as a method of treatment of disease. The existing medical periodicals declared, without inquiry, that homœopathy was false, and that they would not sully their immaculate pages by admitting a word about it from any who thought otherwise. It became a necessity, therefore, for us who were convinced of the excellence of the method to establish special organs for its promulgation. Then, as we were refused permission to practise it in existing hospitals and dispensaries we had to get up special ones; and as the subject of homœopathy was excluded from all existing medical societies, we had to form ourselves into societies of our own in order to ventilate our views, exchange opinions, and discuss doubtful points. All these institutions, journals, hospitals, dispensaries, and societies were founded for the sole purpose of displaying the advantages of the homœopathic method, and developing the homœopathic therapeutics.

We are very far from regarding this journal as an organ of general medical science. It is an organ of homœopathic therapeutics as its name implies, and if we do insert occasional articles that have no bearing on homœopathy, we do so apologetically as it were, and because we know that there is no chance of these articles being admitted into the periodicals of the dominant party which profess to be the organs of general medical science, but which by their narrow-minded exclusiveness betray their sectarian character, and extend their ostracism of homœopathy to all the writings of those who avow their confidence in homœopathic treatment.

So with regard to our hospitals and dispensaries; these are intended to show practically the advantages of homœopathic treatment; but as it is impossible to exclude patients who require something besides medicinal remedies, the treatment must include everything that the physicians and

surgeons deem requisite to enable them to cure the patients.

Our societies as a rule profess to exclude all subjects that do not bear directly upon homœopathy, but the practical papers read before them often contain much concerning the treatment of diseases besides the homœopathic application of drugs.

The journals, hospitals, societies, and schools of the majority say explicitly or implicitly, Here we write about, practise, discuss and teach all that appertains to medicine except homœopathy, with which we will have nothing to do. Hence the necessity is imposed on us, who know homœopathy to be the best form of medical practice, to establish journals, hospitals, societies, and schools for the purpose of writing about, practising, discussing, and treating homœopathy.

Thus there is no intention on our part "to abandon the name of homœopathy to please our opponents;" on the contrary, we take every opportunity of exalting its excellence and recommending it as the best method of medicinal treatment at present known to us. But while advocating homœopathy, and employing it whenever applicable, we refuse to call ourselves "homœopaths" or "homœopathic practitioners," for that would be to assume a sectarian character which does not belong to us. Indeed, the British Homœopathic Society would expel a member who announced himself on his door plate as a homœopathic practitioner, for a physician no more becomes a "homœopath" by belonging to a homœopathic society than he becomes an "iatro-chemist" or a "herbalist" by being a member of a chemical or botanical society. We are the true representatives of medicine, for we are not exclusive like our brethren of the old school, who in their societies and colleges have passed resolutions never to employ homœopathic treatment. Therefore there is no more reason in dubbing us "homœopaths" than there would be in calling a practitioner who employed galvanism in his practice a "galvanist," or one who made frequent use of subcutaneous injections a "hypodermic practitioner."



We claim a right to the grand and comprehensive title of physician, and leave sectarian appellations to those who openly refuse to employ or inquire into the merits of this or that mode of treatment, however well recommended it may be by competent observers who have experienced its advantages.

Our opponents tell us that they do not object to our prescribing medicines according to the homœopathic principle, nor to our giving these medicines in what doses we think best, but they do object to us calling ourselves "homœopaths;" and they would be perfectly right in objecting if we did assume this distinctive appellation. But as we do not assume this epithet, and as it is altogether inappropriate, as I have shown above, we should be fools to allow ourselves to be so designated, without a protest.

"What's in a name?" asked Juliet. A great deal if it be a cause of offence to our neighbours. But as it is they who have given us the name, our only fault is that we have submitted to be so called and have even sometimes thoughtlessly adopted it, in order to avoid circumlocution.

I may be reminded that Hahnemann himself called those who believed in and practised homœopathy homœopathic physicians, and that many of his school are in the habit of calling themselves by the same name. But he and they attach no other meaning to the epithet than that of "physician employing where practicable and best the homœopathic method in the treatment of diseases." Our opponents attach quite another meaning to the word "homœopath," and interpret it as implying that the practitioner who assumes it (or on whom they bestow it) thereby implies that he will have to do with nothing but homœopathic therapeutics in the treatment of disease, which of course is not the case. Our opponents have certainly registered a vow not to use homœopathic treatment—and they constantly break it; we have done nothing parallel, but have always considered the whole field of therapeutics our domain.

We should, indeed, be sorry to assume the name of

homœopath under any circumstances, seeing the effect it produces on our misbelieving colleagues. Were we compelled to adopt it we should feel that with Macbeth we possessed a name not calculated to attract, but rather repel further acquaintance.

*Macduff*.—What is thy name?

*Macbeth*.—Thou'lt be afraid to hear it."

The effect of declaring oneself a homœopath in an assembly of old-school doctors would be to create general consternation and a rapid skedaddle. But as we do not wish to live on such uneasy terms with our colleagues, however much we may differ from them in opinion, we disclaim all intention of assuming a name to which we have no title, and which is inaccurate if applied to us.

In a science like medicine, which includes so much, it is a mistake to take a name that has reference only to a part of the science, as though we were exclusively occupied with that part. The example of religionists who call themselves or allow themselves to be called Lutherans, Calvinists, Wesleyans, and so forth, is not a precedent for us to follow, for these appellations have materially contributed to perpetuate the differences among Christians and to render them ineffaceable. This is not our aim. Homœopathy is merely an improved mode of employing drugs in disease—a new discovery, if you like, that renders the application of remedies more certain and simple. It is like the introduction of steam into mechanical science, or of rifled guns into artillery. When we shall have convinced our opponents that ours is the surer and better method, they will naturally abandon the ancient and less successful method; just as the handloom has been given up where steam has been available, and as "brown Bess" and smooth-bores have been superseded by Sniders and Armstrongs. As the advocates of steam and rifles are the "regular" and "rational" among mechanicians and artillerists, so we who preach and practise that great improvement in therapeutics called homœopathy have a fairer claim to the title of "regular" and "rational" practitioners than those who ignorantly reject this better method. The true physician is the one who avails himself

of every method whereby he thinks he may most benefit his patients, and the honest physician is he who candidly acknowledges the sources whence he derives the knowledge that enables him to treat disease successfully. This definition of *true* physician applies to us who have not neglected to study and practise the homœopathic system, and this definition of *honest* physician applies also to us who have never hesitated to acknowledge our indebtedness to Hahnemann, the immortal pioneer of rational therapeutics.

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### THE MORALITY OF PÆDOCTONY.

By W. B. A. SCOTT, M.D.

It is in no spirit of pedantry that I have substituted the Greek term *pædoctony* for its more familiar Latin equivalent "infanticide" in the heading of this article, but from a conviction that the opprobrium which Christian prejudice has attached to the idea conveyed by the latter appellation might repel my readers on the very threshold from the consideration of the claims of the proposal which I am about to lay before them—a proposal which, I admit, seems to a superficial observer somewhat repugnant to the generally received dictates of morality, but which a little patient investigation will enable the enlightened student to perceive is based on principles which have obtained very high sanction in a certain quarter. All that I desire is that my readers will approach the subject with unbiassed minds; that they will divest themselves of the prejudices of early education and of the unphilosophical emotions of the natural heart; and regarding the question from a rational, not from a sentimental, point of view, will be sufficiently candid to admit the intellectual conclusions to which they shall be led by irrefragable demonstration, and sufficiently conscientious to reduce the theory to practice.

The evils of over-population are now felt so sensibly in many countries, and the tendency of population to increase in a ratio far exceeding that of the means of subsistence

has been so clearly established, that it is needless to dilate on the importance of a measure which would inevitably cause this disproportion to cease. This will be admitted by all; the only question will be as to the method by which so desirable an object is to be effected. Now, as the means of subsistence cannot be augmented beyond a certain limit of rate of increase, it necessarily follows that our efforts must be mainly directed to the prevention of the excessive multiplication of consumers. This can only be effected in one of two ways; either (1) by fixing a limit to the production of the same, or (2) by the artificial extinction of the surplus as soon as produced. The former of these was the method advocated by Mr. J. S. Mill, who ventured to hope that the gradual diffusion of more enlightened views would tend to discourage early and imprudent marriages, and would cause a sufficiently deterrent social stigma to be affixed on the amorous parent who should meditate a superfoetation of his nursery beyond the prescribed limit of two children. By this means the population could never exceed its dimensions at the period of this prudential maxim being carried into practice, and would, in fact, even diminish, since some marriages are unfruitful, while, in the case of those followed with offspring, the two descendants would merely represent the same number of immediate progenitors. Nothing can possibly exceed the beauty of this device of Mr. Mill's; its universal adoption will inaugurate a social millennium in which the poorest will share the luxuries now confined to the rich, as a gratuitous banquet will be furnished to all without distinction of class or creed by the miraculous capture of larks which will ensue upon the downfall of the skies of the period. But since what has been of late euphemistically termed the "impulses of irrepressible gallantry" have been found so far to prevail over the calm dictates of political economy even in many of the most enlightened social reformers that such men as James Mill and Malthus were guilty of large families, in the very teeth of their own principles, the saddened observer cannot but fear that many ages must yet elapse before the sensual multitude will practise the requisite self-restraint, even if

their bemused intellects could be enabled to perceive its abstract propriety. Furthermore, the discouragement of early marriages, though commendable enough in a prudential light so far as the individual prosperity of the spouses is concerned, would not necessarily impede the production of consumers, since connexions of a certain class are said to be occasionally formed by young bachelors which are by no means deficient in fecundity, in spite of their lacking the sanction of the law and the benediction of the Church. One even hears sometimes of such things in the case of married men, with some of whom, as in the instance of Charles II, the foreign wells liberally watered the earth while the domestic cistern was dry. While, therefore, we ought at all times to keep Mr. Mill's ideal before us as the aim towards which all our efforts should be directed, it seems necessary in the meanwhile to adopt such measures as may enable us to obtain some at least of the practical benefits which will ensue in more abundant measure on its complete realisation.

The castration of a certain proportion of male and even female infants, as practised in some countries, would be an effectual measure, so far as it goes; but while this would greatly diminish the rate of increase from generation to generation, it might clearly leave each generation burdened with a number of unnecessary members. However useful this practice might be as an auxiliary, a measure of a more radical character is evidently demanded.

We are thus, however reluctantly, compelled to resort to our second alternative, viz. the artificial extinction of the surplus of consumers as soon as produced, or, in other words, the arrest of infant life, or what in forensic language is termed infanticide. To avoid the odium attached to the latter appellation I shall in the following pages substitute that of pædoctony, one of precisely similar meaning, as the learned know—and it is to the enlightened I address myself. Let all others remember—

. . . Πολλά μοι ὑπ' ἀγκῶ-  
νος ὤκτια βέλη  
Ἐνδον ἐντι φαίετρας

Φωνήντα σφετεριστῶν ἐς  
 Δι τὸ πᾶν, ἱππηγῶν  
 Χαρίζεσθαι.

But in order that my proposal may meet with the attention it deserves, it will be necessary, before entering into any detail, to obviate certain objections which the very mention of its name is almost certain to awaken in the mind of the reader. Such are the obstacles raised by the influence of social usages which have obtained the sanction of long tradition, and so despotic is the thralldom in which the human mind is even now held by the tyranny of prescriptive error, that it would be an effort well worthy of the energy of a second Luther to overthrow the former, and of the benevolence of a second Wilberforce to abolish the latter. Actuated by their principles, though far, alas! from being endowed with their abilities or attainments, I fearlessly incur the odium so liberally cast upon all agitators for reform, looking, with confidence, for my reward not to the present perverse and froward generation, but to the enlightened sharers in that glorious millennium towards which the eagle eye of science is even now directed with wistful and expectant gaze.

In the first place, I shall be accused of advocating murder, but this I utterly deny. Murder is "the act of killing a man *unlawfully*" (Johnson). Legalised extinction of life, therefore, is clearly no murder. Sir Edward Coke defined murder as follows: "When a person of sound memory and discretion *unlawfully* killeth any *reasonable* creature in being and under the king's peace, *with malice aforethought either expressed or implied.*" Now, it is quite clear that legalised paedoctony, for purposes of social amelioration, falls under no head of this definition. Being legalised, it is no longer "unlawful;" a new-born infant is hardly a "reasonable being," at least the "reason" is rather in *posse* than in *esse*, but, even waiving this point, it is quite clear that there is not the slightest "malice aforethought either expressed or implied." Freedom from all ill-will towards the infant would be shown by the easiest mode of death possible being selected, while the whole procedure,

instead of being "malicious," is the dictate of the widest and most enlightened regard to the welfare of the human race.

It will be next objected that, however the business may be extenuated on technical grounds, the universal testimony of the human conscience is adverse to the taking away of human life. Now, this statement requires modification. We do not in general disapprove of the execution of certain criminals, neither do we necessarily stigmatise the hands of a warrior as "bloodstained" on account of the enemies who have fallen beneath his sword. In the former case, indeed, it may be said that the crimes of the offenders have merited death, and in the latter case that our only choice lies between attacking the enemy or submitting ourselves to receive injury at his hands. But the distinction thus sought to be established is specious rather than sound; for to plead the "innocence" of infants in bar of their execution would be the most rampant Pelagianism, and it is precisely in order to prevent—not ourselves, *that* were indeed selfish—but mankind in general, from suffering the evils of over-population from the continued life of the infants, that we should discharge the painful duty of cutting the latter short.

This objection, however, must be examined a little more in detail. To make conscience the arbiter of our actions would be fatal to all progress. Even admitting that death may sometimes be inflicted, still, nothing is more universally reprobated by the unenlightened conscience than the infliction of prolonged and excruciating tortures on the bare possibility that some day or other they may be productive of some profitable result. Yet to the mind which has received the illumination of science, and has been fed with the truths of physiology, nothing is more clear than the injustice, nay, the absurdity, of this condemnation. Some in every enlightened age have nobly distinguished themselves from the common herd by setting this vulgar prejudice at defiance: as, for example, the admirable Herophilus of Alexandria, who vivisected six hundred men and women in the pursuit of truth; but what was his reward? To be

denounced as a "butcher" by the fanatical Tertullian,—another instance of the ineradicable hostility of "ecclesiastically minded persons" to men of science. Instead of rejoicing in the hope that by means of the protracted torments of a few more myriads of frogs, cats, and rabbits, the physiologists of ten thousand years hence may be more or less unanimous as to whether the white blood-corpuscles are extravasated in the process of inflammation, and may even not hold more than a hundred distinct conflicting opinions respecting the functions of each individual organ in the brain, the votaries of conscience have even organised a society with the avowed object of throwing legal obstacles in the way of what is vulgarly and defamatorily called torturing animals to death by inches, but what is in reality neither more nor less than practical physiology. This, I may remark by the way, is another instance of the lamentable results of the associations which have grown around certain words, and much of the sensation to which the language of the antivivisectionists has given rise would be allayed if they would but consent to designate the object of their aversion as "dienecealgic zootomy," while the offence of coining a somewhat awkward adjective might be condoned in consideration of the greater clearness and distinctness thereby imparted to our conceptions. Since, however, it is now generally acknowledged by those who derive either fame or money from the practice of dienecealgic zootomy that the verdict of the universal conscience of mankind is hopelessly erroneous on this subject, with respect to which it speaks with a clearness and a loudness rarely to be heard on other occasions, it is surely not unreasonable to call its authority in question on other points also where its utterances are less distinct. A little force of thought is all that is requisite in order to extend this consideration to other topics, when we shall clearly perceive that the promptings of conscience in general serve as a beacon rather than a guide. We are not, however, on that account, left to pursue our way as best we can, compassless and directionless, through the perplexing labyrinth of human life. One golden rule shines clear and distinct before us, written as it were in the very



heavens, which we may well believe to have been the Creation Hymn of the Angels when the empyrean rang with hallelujahs on the primeval Sabbath,—the composition ascribed to them by Milton bearing manifest indications of a subsequent date, such as speculations on the plurality of worlds, which are not likely to have been current in such early times. The object and essence of this rule has been tersely formularised as “the greatest happiness of the greatest number,” and, apart from its interest and abstract beauty, it possesses a more particular claim to our scrupulous observance by reason of the comprehensive, definite, and explicit indications it affords of the precise measures to be adopted in every conceivable conjuncture or dilemma. Under the meridian blaze of this sun of ethics the phantoms of moral and religious problems which have perplexed the wisest of mankind in all ages vanish, like ghosts at the “peep o’ day.” Captious and pedantic critics have sometimes accused the apostles of this wondrous law of arguing in a circle—the former persisting, with the obstinacy and imbecility ever characteristic of the champions of an effete superstition, that the only claims which we are capable of recognising in behalf of this or any other law are founded on its real or supposed accordance with the voice of conscience. I will not weary my reader with any detailed refutation of these flimsy sciolists; one fact shall suffice, and one established fact is at all times better than a thousand arguments. Dismissing the complex problems of political economy as of too intricate a nature to be well adapted for purposes of illustration, a single instance will suffice: it is impossible to pursue the study of physiology after the fashion in vogue among modern *savans* without setting every principle of morality at defiance; now, when an effete morality is weighed against a nascent science there can be no question which ought to kick the beam. And if it is lawful to act thus when the only reward likely to be attained in many cases is the possible gratification of ascientific curiosity, and when the means employed involve the lengthened and excruciating agonies of myriads of wretched animals, how much more does not it become our

imperative duty so to act when the certain amelioration of the physical condition of mankind is our object, which may be secured by the painless extinction of a certain proportion of infant life, which, in nine cases out of ten, would, if prolonged, have proved anything but a blessing to its possessors! How much happier for themselves, no less than for their fellow countrymen, would it have been if the miserable denizens of our courts and alleys—not to speak of habitual criminals—had perished in the moment of their birth!

But here, I am aware, a different class of objections is commonly supposed to arise—objections, namely, of a religious character. It may be urged that while we are doubtless perfectly justified in inflicting unheard-of tortures on any number of brutes in the real or imagined interest of science, the sixth commandment distinctly prohibits the taking of any liberties with human life. *De minimis prætor non curat*, and by a dexterous dissociation of 1 Cor. ix, 9 from the general tenor of Scripture, after the fashion of polemical writers, a regard to the interests of the lower animals may be made to appear no part of religious duty. But the sixth commandment is plain and explicit; moreover, the paramount value of human life arises from the fact of man being endowed with an immortal soul whose eternal interests may be prejudiced by the curtailment of the period of its earthly probation.

Now, those who hold such language as this show themselves ignorant alike of Scripture and of theology—two widely different subjects which I should be most unwilling to confound. In the first place, the sixth commandment is manifestly one of limited application, and the precedents of Moses and the Midianites (Numbers xxxi, 17) and the Heshbonites (Deuteronomy iii, 6) seem to furnish us with ample Scriptural authority for the practice of pædoctony when required by the exigencies of the nation. The world is far more densely peopled now than it was 3000 years ago, and the evils of over-population, therefore, still more imperatively call upon us to apply a remedy. If it be urged that the Midianitish children, had they been suffered

to grow up, would have been likely to develop heathenish or licentious proclivities, derived from their corrupt progenitors, to the serious moral contamination of the chosen people, a precisely similar, if not even a still graver allegation may be brought against a large proportion of the infants born every day in Christian London. Every one knows perfectly well that in sparing their lives we are simply perpetuating the race of murderers, thieves, and prostitutes. As to their spiritual interests, the Calvinist, who regards salvation as the effect of an elective decree irrespective of works, cannot suppose that it is in any way influenced by the premature death or preternatural longevity of an individual, while, from an Arminian or Pelagian point of view, the eternal interests of the infant cannot be better secured than by an early decease. Hence it is very clear that all religious considerations, so far from being hostile to my proposal, as they may at first sight seem to a superficial observer, in reality lend to it the strongest possible sanctions.

Having thus to the best of my power guarded myself against the misrepresentation and obloquy which my scheme is likely to call forth, it now becomes incumbent upon me to develop the same a little more in detail. In brief it is as follows :—No woman, whether married or single, shall be permitted to retain more than two children born of her own body ; of the children thus confiscated for the public weal a certain small proportion shall be preserved alive for scientific purposes to be hereafter specified ; the remainder, after having been duly baptised, shall be deprived of life in the most expeditious and painless method possible. Every child of either sex, from the third inclusive, to be thus confiscated, unless one of the first pair shall have died in the meanwhile, in which case the mother shall be allowed to retain one of the succeeding children, of either sex, at her own option, to replace the deceased. In the event of twins being produced at the second birth, or triplets at the first, it shall be in the option of the parents or reputed parents to decide which of the children shall be preserved, unless in the case of one presenting teratological phenomena, inter-

esting in a scientific point of view, when the same may be demanded on behalf of the community on the production of a certificate signed by three professors of physiology or pathology to the effect that the peculiarities are such as to render the infant a just object of scientific curiosity. As a guarantee to the mother that such infants as are to be deprived of life are subjected to no avoidable suffering, the operation of pædoctony shall, if required, be performed in her own presence, and no professor of physiology shall be allowed to assist at the same either in person or by deputy. The remains of the infant after dissection and the abstraction of such parts as it may be deemed advisable to make into "preparations" shall be calcined and restored to the mother in a box of wood or other suitable material, in size not exceeding that of an ordinary writing-desk, nor less than that of an ordinary snuff-box. Always remembering that in the event of any woman having thus suffered the loss of twelve children (single monsters, if of teratological interest, to be reckoned as two or more children according to scientific value), she shall be entitled to have the body of the thirteenth restored to her, without having been dissected, preserved in either of the two following ways: (1) in a hermetically sealed glass bottle of convenient dimensions, provided for the purpose by the Royal College of Physicians, filled with methylated spirit from the stores of the nearest physiological laboratory, or (2) embalmed at the cost and under the personal superintendence of (a) a duly recognised professor of physiology, (b) the senior assistant of the same, or (c) the public hangman.

The above brief sketch, I hope, sufficiently demonstrates my anxiety to deprive the great measure which I am advocating of every repulsive feature. By insisting on the *immediate* pædoctony of such infants as are to be deprived of life, I spare the feelings of the mother (which, however weakly sentimental, are at least natural) as far as possible, and, as a matter of fact, I have noticed in my own obstetric practice that the emotions of maternal affection rarely acquire any very strong force during the first twenty-four hours after the infant's birth. The elegant boxes containing

the remains of the deceased so calcined as to be incapable of injuring the sanitary condition of the premises, neatly arranged on the boudoir mantlepieces of the wealthy, would serve to diversify the china mandarins and old-fashioned teacups which are apt at present to form their characteristic adornment, while such ever present mementoes of mortality could hardly fail to repress the frivolity so justly complained of in ladies of fashion. In the more humble dwellings of the poor (if, indeed, any poor should remain after the carrying of this greatest of all reforms) these tokens of the departed would serve to keep up parental affection, and, by reminding the survivors of the shortness of life, might induce them to bear with fortitude the sufferings of a period never of long duration. Persons who had got the better of morbid sensibilities would find that the calcined remains, if properly scented, make an excellent tooth powder, and if anything is lacking to the sweetness of the conjugal kiss, this would surely be supplied by the reflection that its fragrance was breathed from the mortal relics of dear Charlie or pretty Emma. In some cases they might be used for filtering purposes, and in every instance I should insist that the box in which the remains were restored to the parents should remain the property of the latter, even if its contents had been removed. If then used as a snuff-box by the father or as a workbox by the mother (according to size), the taking of a pinch of snuff or the sewing on of a shirt-button would for the future have something of a sacramental nature.

As the reform in question would lay no embargo on the free exercise of all connubial privileges, there need be no apprehension of the troublesome and even indecorous suits for the restitution of conjugal rights which might in the present tenebriose phase of intellectual development be apprehended were Mr. Mill's proposed stigma to be affixed on the unrestricted operation of the philoprogenitive element on the part of either parent. The domestic discord almost inseparable from the poverty caused in the vast majority of cases by the expenses of a large and increasing family would be replaced by the sweet connubial tenderness which

Goldsmith assures us is characteristic of many of the peasantry even under heavy discouragement: the necessity of late marriages, so fertile a source of immorality, as St. Chrysostom pointed out long ago, would, to a great extent, be obviated: the honest artisan or farm labourer would no longer be driven to seek the destructive and meretricious attractions of the alehouse by the din and confusion of a room-full of squalling and ragged children at home, and might be reasonably expected to close a day of refreshing rather than toilsome exertion with a cheerful marital discussion on the perfectibility of the species, the relations of capital and labour, the best method of performing the operation of lapidary phlebotomy, or the probable events of the Greek Calends; while the competition of the labour market having ceased, its members would know no rivalry save the generous contest who should serve his employer cheapest and best, the employers, in their turn, competing eagerly with one another who should pay the largest wages for the fewest hours of labour.

Such are but a few of the blessings which may be reasonably anticipated—not, indeed, at once, but after the lapse of a few generations,—from the cessation of the fratricidal struggle for existence inseparable from, or indeed identical with, the excessive competition resulting from the overstocked state of the labour market. Our fortunate descendants will be in possession of all the mechanical improvements forced from the overtaken ingenuity of their laborious ancestry, and the productive power which by dint of great exertion afforded food for 30,000,000 of consumers will perform the comparatively easy task of feeding, say 12,000,000, without any undue pressure on the producers.\* By the judicious utilisation of human sewage, moreover, it is calculated that every member of the community will receive an annual revenue of ten shillings in return for his alvine evacuations, while the fortunate agriculturist who purchases this domestic substitute for guano at the above rate will be enabled to

\* It is true that if the number of consumers, some of whom are also producers, be lessened, the productive power may seem so far diminished, but this might be compensated by improved mechanical appliances.

retire on a competence at the expiry of a few years. It is true that this last-named measure might be introduced irrespectively of pædoctony, but it is surely needless again to insist that, owing to the necessarily increasing disproportion between unchecked population and the means of subsistence, any measure which falls short of the absolute and permanent abolition of this disproportion can be, at best, but a mere palliative—a temporary and inefficient *succedaneum*.

With regard to the comparatively small number of infants reserved for scientific purposes, they would be maintained in a suitable building at the public expense, and, for the most part, distributed among the vivisectors. In order to insure the most valuable scientific results it is of prime importance that the little sufferers should fall into none but the most skilful and experienced hands; accordingly, no vivisector should be entitled to receive a human infant until he had given satisfactory proof of having vivisected at least one thousand of the lower animals, of which one half at least must be *mammalia*, besides giving ocular demonstration of his manual dexterity on the occasion of each application for a human infant by there and then performing a series of the most painful experiments which can be devised on a crucified dog without the administration of chloroform or other anæsthetic; such experiments to be conducted for a period of six hours daily during eight weeks, as in physiological laboratories, without at the expiry of that period either life or sensation being extinct.

The confiscated infants not thus disposed of are reserved for a purpose of scarcely less importance, viz. for experiments on hybridisation. This subject has not in this country received the attention which its importance deserves, while even in France prejudices having no better foundation than morality and decency have thrown serious obstacles in the way not, perhaps, of the performance of the necessary experiments, but of the publication of their results. In consequence of this we are still very much in the dark as to the limits within which hybridisation may be practised, the offspring still remaining fertile. The practical applica-

tions of this fascinating subject are boundless, and open a wide field of speculation. A cross, for instance, between the human female and an anthropoid ape, supposing the offspring to retain something of the characteristics of both parents, would be invaluable as a breed of sailors, lamp-lighters, masons and so forth; in any capacity, in fact, where scansorial agility and a moderate but not excessive development of reason were the requisites. All this would seem to be feasible enough, and a matrimonial connection of this sort might be extremely fortunate. Father Gili tells us of a "lady of San Carlos who passed several years with an ape, and had several children by him. She only left him because she and the children were tired of living at such a distance from the church and the Sacraments."\* The old tradition of the Centaurs may even lead us to hope that by the adoption of suitable means a breed of anthropic or hippanthropic mules might be obtained, which, even if sterile, might be highly serviceable in their day and generation, while they could always be renewed by the repetition of the process by which the first breed was produced. These useful animals would make excellent cab-horses, since they would be able themselves to receive the hirer's directions, thus rendering a driver unnecessary. If we are to pay any heed to the all but universal testimony of antiquity they would also be well adapted for the post of lecturer on natural science at the Royal Military Academy at Sandhurst, since we are assured that Chiron instructed Achilles, Hercules, Jason and Peleus in the use of plants. It may even be questioned whether means might not be devised of uniting animals of different elements, and, considering that the whale belongs to the *mammalia*, we may venture to hope that the production of an anthropocetus, or cross between the human being and the whale, is not an impossibility. Such a companion would be most valuable to Arctic explorers.

I am but too well aware that so gigantic a measure of reform as that which I am advocating must be the work of

\* See *Condensed Narrative of the Travels and Researches of Alexander von Humboldt*. By W. MacGillivray, A.M.



time. In the present state of public feeling the traditions of the nursery still exert so potent an influence that it would be next to impossible to procure an adequate supply of medical men sufficiently emancipated from the trammels of superstition to carry out the practice of pædoctony with the requisite thoroughness. Encouraging symptoms, however, may even now be discerned. A lady on the other side of the Channel a few years ago had the heroism to point out that the modern objection to the exposure of delicate infants arose from the maudlin sentimentalism of Christianity, and published this statement in the preface to her French translation of one of Darwin's works. It is true that the accomplished naturalist himself would be the first to repudiate this doctrine of his translator, but then, the English are a notoriously prejudiced and old-fashioned nation.\* My hopes are still more encouraged by the information that practical physiology is now being taught at some boy's and girl's schools in this country: by this means the rising generation will be early inured to witness the sufferings of others without emotion, and so acquire a heroic disregard of the pain they themselves inflict in later years. The robust self-command thus engendered will increase in each successive generation, and the grand old stoical doctrine that pain is no evil (with the slight modern qualification of "so long as it is not inflicted on ourselves") will be universally recognised.

My cause is identical with that of the vivisectors, and with theirs it will stand or fall. If we are to revert to the superstitions of the dark ages, and acknowledge the paramount authority of conscience and the right of moral and emotional considerations to a place in the regard of a man of science, we must both go to the wall. The empire of conscience, if acknowledged at all, is universal, nor can it recognise any sphere of human action as exempt from its sway. Until the emotions and the moral sense are extinguished by a judicious course of practical physiology

\* So weakly sentimental is Mr. Darwin that, after mentioning a story of a dog who licked the hand of a vivisector who was torturing it, he adds: "this man, unless he had a heart of stone, must have felt remorse to the last day of his life."

no individual will be capable of hastening the advent of the scientific millennium, or, indeed, of rejoicing in its glories even should he himself be permitted to reign with Herophilus and his vivisectors. To the "natural man" love, friendship, poetry, and art are dear, but the emotions to which these respond must be "mortified" ere he can enter into the kingdom of Science. So long as these emotions are allowed to influence the conduct of men, so long, in all probability, will sorrow, in some form or other, be the lot of humanity. Crush them, and insensibility will be produced, but, perhaps, a scientific millennium may be realised. Are we willing to pay the cost?

*Note by the Editors of this Journal.*

While we sympathise with our esteemed contributor in his witty irony against extravagant and impracticable efforts to meet the hard necessities of the Malthusian law, we are far from being on the side of those who deny the cogency of Malthus's reasoning, and who see no danger to the community in the actual rate of increase of the population; and while we abhor cruelty to animals in every shape we would recal to Dr. Scott's remembrance that the homœopathic method which we advocate in this Journal and which Dr. Scott practises is entirely founded on experimental physiology, *i. e.* on the knowledge acquired through designed as well as accidental sufferings and even death of men, women, and children, as well as the lower animals. To mention one instance out of thousands: the salts of chrome were found by poisoning dogs with all its attendant sufferings to produce croupous exudation in the bronchia and larynx; and through the knowledge thus acquired thousands of human beings have already obtained restored health and even life. We do not hesitate to say that the sacrifice of a few dogs for such an end was justifiable, and is for similar reasons now and in the future. Self-sacrifice in the cause of proving medicines is no doubt a noble thing, but it is insufficient, and we must have sacrifices of the lower animals for the completion of our *Materia Medica*. We hope we may ere long hear of our friend Dr. Scott in the character of a contributor of an elaborate proving or reproving of a medicine to the *Hahnemann Materia Medica*. We are

curious to see how he will obtain all the aches, pains, and functional derangements on his human provers, and how he will poison his rabbits, dogs, and cats rapidly and slowly without causing them suffering; for of course to give anæsthetics to obviate these sufferings would be to prevent any proper proving being made. If our curiosity on this point should not be gratified, however, we assure Dr. Scott that we shall use his results even if obtained in the ordinary way by inflicting pain and suffering on human and other animals, for the purpose of relieving the sufferings of others of our fellow creatures, without the very smallest twinge of conscience.

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#### ON THE SELECTION OF THE REMEDY.

By THOMAS SIMPSON, M.D.

WE are all prepared to admit that the difficulties and perplexities we meet with in our first inquiries after truth are neither few nor small, and especially, we think, is this the case in searching out a rational and reliable system of therapeutics, so that men of profound thought and ingenious disposition have laboured in vain for centuries to discover a system of medicine having a scientific basis and an invariably reliable application. One would have supposed that the manifest dissatisfaction and unrest which has characterised the medical profession even to the present time, would have given place to admiration and hearty acceptance of the simple, scientific, and successful method of treatment propounded by *Hahnemann*, and since his time so ably defended, and so successfully practised, by thousands of intelligent men. But we recognise too plainly that homœopathy is as yet the faith of the minority, that by far the greater number discard the law of similars as a myth, and look upon those who believe in it as miserably deceived, and upon those who practise it as unprincipled or ignorant. And (as Dr. Bayes justly

remarked in an admirable paper read at the last Congress) homœopaths are in some measure to blame for the erroneous impressions which have been made upon the profession generally, by failing to define their principles, practice, and motives. We ought to define as accurately as possible what we profess to teach in the practice of medicine and in the domain of therapeutics. The definition we think is not difficult. We regard it as the doctrine of the effect of drugs upon the animal organism applied according to a uniformly valid law to morbid changes of the organism.

As such it is not antagonistic to medicine, considered as a scientific whole, but constitutes a necessary completion of this science, and actually establishes therapeutics, which had hitherto been crude empiricism, upon a scientific basis. It is distinguished from the ancient art of medicine only by the mode in which it leads to a knowledge of the remedial agent and brings this knowledge into union with the curative object; this is accomplished in accordance with two fundamental principles, the proving of drugs upon the healthy organism and the therapeutic law "*similia similibus curantur.*"

Casting a retrospective glance at the history of medicine, we gather that the first physicians obtained their knowledge of drugs from the people to whom, while using them for their complaints, accidental experience revealed some of their powers. By partaking of a plant or fruit indiscreetly, vomiting or diarrhœa was caused; the same substance was afterwards employed for producing similar evacuations. In performing such therapeutical experiments it was likewise found by mere accident that, together with these troubles, certain other affections for which the medicine had not been administered disappeared simultaneously, on which account the same medicine was afterwards employed for these incidental affections. Thus it was that gradually a whole series of facts was collected which were utilised by physicians as a fountain-head of therapeutics. We can easily perceive what gaps must disfigure a knowledge of drug-effects thus obtained. What was particularly injurious was that all that was known of a drug was its relation to

some particular morbid condition without any corresponding knowledge of the kind of action which the drug really exerted. This crude empiricism was not confined to the most remote periods, but prevails even now, although in a modified form, care being taken by resorting to systematic analogues, an adequate nomenclature, and other little artifices to clothe this empiricism in a more scientific garb.

Experiments on the sick organism did not yield any more satisfactory results. If the employment of an unknown drug in a given case of disease is to have a definite result, a preliminary knowledge of this case in every direction is indispensable. What disease is there which we can diagnose so accurately, or whose course we can predict with so much certainty, that this knowledge should enable us to deduce the effects of the drug with mathematical certainty? May we not have to consider a variety of circumstances which cannot be determined in advance? One patient may be more sensitive to medicinal influences than another, interminable idiosyncrasies exist, and exert powerfully modifying influences, the influence of the weather and other external agencies act an important part. The curative actions of remedial agents, by confirming the principle in accordance with which the cure was effected, constitute the true system of homœopathic therapeutics, they show us by practical results what drug-effects are of real use in determining the curative indication. Homœopathy has done everything that can possibly be done to diminish uncertainties and to avoid deception. Nevertheless our *Materia Medica* is not a complete and faultless whole; it would only be so if every medicinal substance had been so completely investigated that nothing could be added to the domain of its usefulness.

As long as we are deprived of the means of studying our *Materia Medica* from original sources, we have to content ourselves with works which lay before us the provings in a concise form that can be easily read and understood; that the results of the drug provings should be made accessible to the student in a concise and convenient

way is all important. To this end the symptoms must be arranged according to a certain scheme. The physician after having taken the symptoms of a case and having his attention called to one or several of the proved medicines, wishes to convince himself whether the leading symptoms of his case are to be found in this or that drug; whether that which is predominant in the case is likewise predominant among the symptoms of the drug; in short, whether the characteristics of the case are characteristics of the drug. The practitioner should have a well-arranged index to all that has been observed of such a drug. He may use a repertory, or may be ruled by his own experience; in all cases his attention will be drawn to one or two or several drugs, and he will be obliged to compare them until he finds the most similar. We can never expect to find a remedy for a disease; in fact, we have less to do with diseases than with sick persons. Every patient is a reality, but every disease is an abstraction; hence we may sometimes find a medicine corresponding to a majority of patients suffering from what pathologically may receive the same name; it may be of use to know *this*, but we can never depend on it. If we wish to be successful in any epidemic, we seek for the most similar remedy for the most characteristic symptoms. Our success in practice and our progress in improving and corroborating the *Materia Medica* depend, first, on the arrangement for facilitating comparison. Hahnemann always left together symptoms appearing in groups if he thought them really connected and of use in the same connection. For instance, he observed after taking *Puls.* a cramp in the legs in the evening after lying down with a chill; and another time in the evening an aching drawing pain in the legs up into the knee with more chilliness than during the day. Observing that most pains of *Puls.* were accompanied by chilliness, he stated "with pains in the evening a chill." Observing with several provers besides himself an absence of thirst, he made it a distinguishing symptom.

Hahnemann's wish was to have such observations made

everywhere, and throughout; and if we study the symptoms of each medicine where he has given them with particular care, we see what points he considered of importance.

Suppose one of us could take the time to give all such parallel quotations in each of all our medicines, the study of all its provings, of all its symptoms, and of all the peculiarities of the same? Who would take the time to use them, hunt up the number quoted, read the symptoms, compare them one with another, again and again? We think very few.

To obviate this undesirable necessity the efforts of the "Hahnemann Society" have been directed, in seeking to bring the meaning of the symptoms prominently forward, at the same time introducing those fine shades of difference which are of paramount importance as distinguishing features of the drugs, so that at a glance the particular symptoms sought for may be found without the waste of time caused by hunting through all the letters of the alphabet under which every possible variety of symptoms might be placed.

The advantage of such an arrangement must be apparent to all who examine it, and the gratifying results which follow upon the use of this repertory are abundantly experienced by all who make it a constant book of reference. To them, indeed, it would appear difficult to go through a day without it, as cases are continually recurring which cannot be placed under any nosological list, and which, nevertheless, demand prompt attention and peculiar care. I have ventured to copy from my little case-book some clinical proofs of the truth.

Mary T—, æt. 45, of very spare habit, during recovery from a sharp attack of pneumonia was seized suddenly at midnight with a sensation of intolerable tenesmus, causing her to utter screams which an injection failed to relieve, but *Phosphorus* No. 30 removed promptly, to which remedy we were led by reference to the chapter on stools and rectum, "aggravation of tenesmus by lying or sitting, sensation of rawness in the rectum, painful varices, worse at night."

Another distressing sensation of an immense accumulation of fæces in the right inguinal region, and which could be distinctly felt through the attenuated walls of the abdomen, was removed by three doses of *Lycopodium* 6, its administration being followed within six hours by a very copious semisolid stool with much flatulence, according to the indication (tenesmus), "colicky pain in the right hypochondrium in the evening, with noisy movement of flatus and great distension of the whole abdomen."

A lady, generally enjoying good health, began on the 10th April, 1875, to feel lassitude, chilliness, loss of appetite, which symptoms persisted for eight days, when I was sent for and found pulse 136, skin hot and dry, tongue thickly furred, and a continual flow of saliva from the mouth which, if swallowed, caused immediate nausea, with great abdominal distension and nervous depression with absence of thirst. Having given *Puls.*, *Mer. cor.*, without the slightest benefit, each for forty-eight hours, I was led to select *Colch.*; having only the 12th dilution I administered five drops every three hours, which removed the four symptoms which were conspicuous in the case, viz. the profuse ptyalism, nausea from swallowing saliva, fulness and discomfort in belly, very rapid pulse. The case progressed towards recovery in five days. The next case was one of acute gastro-intestinal catarrh, with rapid pulse, moist skin, furred tongue, occipital headache, great discomfort in abdomen after the least quantity of food or drink; finding these three last symptoms under *Plumb. acet.*, I gave twelve drops at intervals of four hours. The abdominal discomfort, occipital headache, and furred tongue were promptly relieved, and the patient made a rapid recovery.

Quite recently I treated a case of swelling the size of a pigeon's egg over the lachrymal sac, the skin covering it being inflamed with dryness of the face; this swelling disappeared in three weeks under *Petroleum* 80, though it had been eight months in forming.

The last case I would mention occurred under my notice about two months ago; the lady was suffering from an inflamed state of the inner canthus, a small abscess forming



in the substance of the upper and lower eyelid. Following the direction given under that region in the repertory, I gave *Nat. carb.*, and in forty-eight hours the abscess and sympathetic inflammation subsided, and the case required no more treatment. I think I might multiply these cases extensively, but I trust I have in some measure succeeded in proving that no unnecessary trouble at any rate can attend a careful study of the selection of remedies by seizing the salient points in any given case of disease, and comparing them with the corresponding symptoms of the truly homœopathic remedy. With the cypher repertory such comparison is easy; without such a help I think all will agree with me the task is most tedious and perplexing, and though imperfections and omissions exist we may easily fill them up as we discover them, and it is incumbent upon us to do all in our power to accomplish the speedy completion of the chapters on those parts of the body which yet remain unfinished or untouched.

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## ON THE ACTION OF VERATRUM VIRIDE.

By ROBERT T. COOPER, M.D., T.C.D.

(Read before the British Homœopathic Society.)

I HAVE but one reason for choosing this title for our paper this evening, and this is, the look of the thing. Last session our worthy vice-president took us to task in his review of the work of the session for not keeping more closely to things purely therapeutical, and it occurred to me at the time that the only ground for the charge was the fact that the headings of the papers appeared to imply that they were inappropriate for a homœopathic society.

Like Artemus Ward's wax models which did service at one time as Prince of Wales and at another as the Presi-

dent of the United States and was greatly admired in either character, the title of the following paper may equally well stand as "Chorea and its treatment," "The Dose Question," or as we have left it "The Action of *Veratrum Viride*," the last having the not inconsiderable advantage of being above vice-presidential criticism.

Albert M—, æt. 11, came under treatment for chorea.

17th August, 1875.—He had had choreic movements for a month, and had been getting worse very rapidly the last week, movements continue in sleep, throws about his arms and legs when asleep. This is the description given by his attendant, but as a different statement was made, namely, that he was quiet when asleep on his return three days afterwards, I have reason to question its accuracy.

He is unable to hold a spoon in his hand, so has to be fed by another person. He *feels* sick, but has not actually vomited; speech is affected, at some times more than at others, he drops his words when speaking; he complains of pain in his hands if he keeps them still for a few moments together. Is constantly "on the move" as to his legs and arms.

Before this attack came on was in a very delicate state of health, and his appetite was very bad, but since the choreic movements showed themselves has been continually eating. Bowels are regular. Is not subject to rheumatism, beyond that he often complains of pain in various parts of the body. The heart sounds are normal. Given, *Veratrum Viride*,  $\phi$ , gtt. v, ad aquæ  $\mathfrak{z}$ iii. Misce, capiat drachmam unam, ter in die in aqua.

20th August.—The movements are increased in violence and he drops his words more. Lies in bed jerking and tossing his arms about and this prevents him sleeping, this he has done for some time; and hence, probably, the attendant mistaking my precise meaning, replied, on my taking down the notes of his case, that the movements continued *in sleep*, her intentional meaning being *in bed*. I now increased the dose of the *Veratrum Viride* to ten drops to three ounces of water, giving the teaspoonful three times a

day. By the 24th August, he had greatly improved, he gets much more sleep. To continue.

31st.—Is much improved; does not complain of pain when he keeps his hands still. To-day he has not complained of pain anywhere; the pain he complained most of was a pain extending up the arms and shoulders to the head, and a like pain in the legs, the pain in the arms being much the worst. Continue taking gtt. xiv— $\text{̄}$ iii.

7th September (Tuesday).—Has been much better up till Sunday, when he was, very unfortunately, thrown into a violent passion by a playmate laughing at his grotesque movements; this sent his arms and legs flying in all directions, and hence he is much worse. Continue, the dose being increased, gtt. xxi— $\text{̄}$ iii (three drops a day), a drop for a dose.

21st.—Better in every respect; sleeps well, appetite more natural, used to be continually eating but now eats less frequently and more heartily, and he is not nearly so faint. To continue.

This boy has since remained perfectly well, and now moves about at school with other boys.

It is almost unnecessary to remark that a large tract of nerve substance must have been involved in order that symptoms such as we meet with in this case should arise.

There was loss of co-ordination of movement throughout the body, even the dropping his words when in the middle of a sentence arose, I take it, from loss of controlling power over the muscular movements of the vocal organs rather than from a loss of memory for particular words, as in aphasia.

In a paper read before the Royal Medical and Chirurgical Society, 12th October, 1875, by Dr. Howship Dickinson on the "Pathology of Chorea," the state of the nervous system in seven fatal cases was given, and the important conclusion arrived at from *post-mortem* examination of three cases was that the lesion of nerve substance giving rise to chorea was very constant in time and place, namely, "injection of vessels of all kinds (in brain and spinal cord), most marked in the arteries, was present, and the parts of the brain affected lay between the base and the floor of the lateral ventricles in the track of the middle

cerebral arteries, the *substantia perforata*, the *corpora striata*, and the beginning of the Sylvian fissures ;” vascularity with sclerosis was present in these parts.

Professor Aitken, of Netley, found by post-mortem examination of a case of acute chorea that the specific gravity of the corpora striata and thalami optici was different on the two sides of the brain ; besides evidence of vascularity, and increase of amount of granular substance in the central parts of the brain (*Practice of Medicine*, vol. ii, p. 335. Sixth edition.)

It is important to know that the lesion present in chorea is remarkably uniform, and that this, so far from being inappreciable, is, to the microscopist at least, very manifest indeed, and stops but little short of that found in hemiplegia. The district of brain affected is that devoted to the motor and sensory as distinguished from the mental functions. We need not enter into the question as to whether the vascularity be simply inflammatory or due rather to embolism or thrombosis, nor to the frequency with which endocarditis is met with ; it is enough for us therapeutists that we have as a positive fact involvement of certain parts of the brain and spinal cord in choreic affections, and coupling this with the facts that *Veratrum viride* cures very speedily cases of chorea, and that it produces in persons in health decided cerebral (and spinal) symptoms, the inference will be that the motor tract is the part of brain specially acted upon by the *Veratrum*.

My primary object in reporting the case is to insist upon the occasional necessity for increasing the dose of a remedy, provided we know it to be well indicated, in preference to our resorting to another and different selection.

I do not mean in saying this to afford an excuse for the dangerously large doses one sees prescribed at random by some ; it is one thing to begin with a moderate dose and to increase it when a reasonable necessity occurs, and it is quite another to begin with a large dose before we have proved whether the patient be susceptible or not.

The report given on the 7th of September of the retrocession of the symptoms after fright might easily have put

a prescriber off his guard, and might perhaps have led to his making choice of some other drug. My reliance upon the *Veratrum* arose from the proof already afforded by past improvement that the selection was appropriate and from having great confidence in its curative virtues in choreic cases.

I do not know any more satisfactory way of prescribing herbal remedies than the giving a drop of the mother tincture, or still better, if procurable, of the pure and fresh juice, largely diluted, either spread over a number of doses or else as one dose; and so far from aggravation being the rule, I have found it occur but seldom, and then in a much more controllable form than that which occurs from the very high potencies.

The point of the case is this, that the more the choreic movements increased; the more, inferentially, the brain became disturbed; which is the same as saying the greater the vascularity of the brain-tissue, the larger the dose required to subdue it.

We have now given an acute attack of chorea; we pass on to an example of a chronic form of the affection.

W. E. B—, æt. 13, has had St. Vitus's dance for four years, during which time has been treated for nine weeks at St. Mary's Hospital, and has also been under two private medical practitioners. His case is one of hemichorea of the right side, and the history given is this:

One night he quite unexpectedly began throwing his arms and legs about after being put to bed by his mother who spoke to him rather harshly for having been out so long that evening; and whether it was this scolding, or the fact that he had been frightened by a chimney sweep the previous day that caused these movements to come on his mother cannot tell.

There is no history of rheumatism, but when at St. Mary's hospital as intern patient, the wrist of his right hand became swollen.

He is a fractious, obstinate boy, and whenever he cannot have his own way, or when anything agitates him, he becomes much worse. His general health is otherwise good.

Prescribed *Actæa racemosa*,  $\phi$ , gtt. v, ad *Aquæ* ℥iij. Misce; capiat ʒj. ter die in aquâ. Second week; no change.

Prescribed *Veratrum viride* in the same way; and from this time he rapidly improved, and got quite well in three weeks.

We have shown that the causal lesion in chorea is one of vascularity in the brain and in the spinal cord, and that in the brain it stops but just short of that found in hemiplegia; it is by practical investigation we learn that the choreic increase of movement boasts of as nearly as possible an identity of cause with the paralytic deprivation of motive power.

Clinical observation teaches that a painful affection of nerve branches is accompanied by hyperæsthesia of the part supplied by them, and nearly as often by the apparently opposite condition, anæsthesia, the one often alternating with the other; between the two, and sometimes partaking of the characters of excess of action and sometimes of deficiency come in neuralgic affections.

In our first case we found great pain felt in the arms and shoulders, evidencing the neuralgic tendency; the extreme excitability of the child showing a great sensitiveness to impressions upon the nervous system; an inability to hold anything in his hand showing a close connection with paralysis, additionally noticeable in our second case from the affection being confined to one side only of the body. This is all evident enough; and is it not out of the nature of things to suppose that while the degree of alteration of structure increases and decreases yet that the force we interpose to counteract it must be, or can properly be, one incapable of being augmented or diminished at pleasure? For illustration's sake; in our first case, with an exacerbation of symptoms (after the boy was frightened), an increase, proportionate to the augmentation in degree of disease of structure, was necessary in the strength of the antagonising force, *i. e.* in the material quantity of the drug administered. And herein lies the superiority of the low dilutions, for with them, increase of quantity means

increase in curative strength, which is not so in the case of the high dilutions.

Indeed, it is the frequent occurrence of cases such as these that prevents a man placing himself among the ranks of the exclusively high dilutionists, and that makes him avoid equally an association with the uncompromising followers of Hahnemann, the bigoted allopath, or any unpractical, though it may be learned theorist. The action at work in disease alters with the ever-shifting winds of heaven, and each and every such alteration would require, could we but ascertain it, a change of strength in the force applied; this would be necessary to perfection in treatment.

Now, my objection to the high dilutions lies in this, not that the force possessed by one dilution differs from that of another, but that differing in force one from the other as these several preparations do, we are unable, save in a purely haphazard manner, to utilise their differing powers in accordance with the changes occurring in the diseased structures.

We cannot, for instance, say that increase in material quantity of a given preparation, say, of the thirtieth dilution, will constitute an increase in the applying drug force. And as with the pure juices of plants we can infer an increase in curative force simultaneously with an increase in the quantity of the preparation, we are for this reason in a position to prescribe these with, if I may so say, a more exalted accuracy when undiluted, than when, as high potencies, they possess powers so completely beyond the possibility of regulating.

The preparations that best adapt themselves to the shifting nature of diseased conditions are the ones we ought to use; it is the merest folly to talk of the increased power in the high dilutions; granted that this increase exists, there is yet to be proved that the acquired power is one that can be regulated in accordance with the changing nature of diseased action. The existence of an increase of force places the high potencies in a position of superiority to the pure substance of the original drug, only if this increased

force can be applied so as to accord better than that of the latter with the demands required by the nature of disease.

This is the conclusion logically derivable from the highest tribunal to which we can appeal, that of practical experience; and let it be said in all fairness that, appealing to the same source for information, it is equally certain the high dilutions have gained a position among therapeutic preparations, but it is not by any means the first place, seeing that compared with the original substance their power is indeterminable and ungovernable.

By the term original substance we understand all preparations containing appreciable particles of the drug.

*Veratrum Viride* has certainly proved to me most useful in the treatment of chorea; incomparably more beneficial than *Arsenicum*, and certainly excelling *Actæa racemosa*. You will find in vol. xxix of the *British Journal of Homœopathy*, a case of chorea reported by me cured with *Veratrum Viride* in the first decimal potency; I have a vivid recollection of what a very serious example of the affection it was; in this case the *Veratrum Viride* succeeded after failure from *Arsenicum* and *Stramonium*.

Considering the pathology of chorea it is quite possible that *Aconitum*, as recommended by Hempel, would, in appropriate cases, also prove a very valuable remedy. To refresh our memories I will give his foot-note, appended to Hartmann's chapter on "Chorea" in vol. iv of his *Acute and Chronic Diseases*. "Aconite is a very useful agent," writes Hempel, "in the treatment of chorea. Very lately I cured two interesting cases of chorea with *Aconite*. One was a case of three years' standing, the patient, a girl of seven years; it had come on after inflammation of the lungs treated allopathically. The left arm was the seat of the disease; the patient had no control over this arm; there was a constant twitching and jerking of this arm. The cure was effected in three weeks.

"The second case was that of a girl of six years. For several months past the parents had observed a good deal of twitching and jerking in the left lower extremity of the



child, which increased gradually so that the child was unable to stand or walk ; she could not sit still one minute ; the upper extremities were similarly affected ; she had to be fed ; the mouth was constantly drawn to one side, with constant twitching of the corners ; the head was drawn close to the left shoulder. The cure was effected in five weeks with the tincture of *Aconite*."

Chorea is one of many nerve affections the treatment of which can hardly be said to keep pace with our knowledge of its pathology ; it is evidently an easily cured affection, and only requires the indications for the treatment of it to be more clearly defined.

Judging from practical experience with both remedies in various forms of disease, I should never think of prescribing *Aconite* for chorea, be the other phenomena what they might, if anæmia prevailed ; whereas, the presence of a general anæmic condition would not lessen my confidence in the *Veratrum Viride*. *Veratrum Viride* seems to apply itself to inflammatory affections where the force of the disorder is spent upon deep seated parts, *Aconite* to affections more superficial in point of situation ; the resemblances between them are, however, very great.

#### *Discussion on Dr. Robert T. Cooper's paper.*

DR. LEADAM said that he had not had any experience of *Veratrum vir.* in chorea, but in acute inflammatory affections of the serous membranes and abdomen, with or without convulsive movements he had, and considered it highly beneficial and a great aid in the treatment.

DR. J. G. BLACKLEY said that hitherto his cases of chorea had always yielded to either *Stram.* or *Ignat.* where medicine was necessary. There were, however, many cases of chorea in children which were due to the presence of ascarides, and as soon as these were got rid of, the patient recovered without any medicine at all. In cases where there was distinct evidence of a congested state of the nerve centres *Veratrum viride* would be a very likely remedy, but Dr. Blackley doubted if this condition is often present.

DR. BAYES said that he had no experience of *Veratrum viride* in chorea. At the same time from his knowledge of its power in

removing some other conditions of congestion he could readily conceive its probable usefulness in removing congestive conditions of the nervous system, and where these were the cause of chorea it might prove useful in their cure. In treating cases of chorea, the cause of the affection must always be borne in mind. Where fright was the cause, *Ignatia* was of great use. In all the cases of chorea which had come under his notice, he found the functional health of other organs of the body greatly disturbed, and especially those of assimilation and nutrition ending in anæmia. Now, in such cases a restoration of healthy function becomes of primary importance. At the same time those medicines which have a direct action on the nerve centres must be given, and in his (Dr. Bayes') hands *Zincum* and *Cuprum* in small doses had proved of most essential service. As to ascarides he (Dr. Bayes) thinks that their presence is more often owing to the anæmic condition and weak assimilation of the little patient, and he cannot agree with Dr. Blackley in looking upon them as the cause of chorea, although, when present, they probably would increase its symptoms, and their removal would prove an element in the cure. Dr. Cooper has said something as to diluting, and as to the dose. This is a question *sub judice*, and we have very varying testimony (often conflicting testimony) upon it. In America we see some men using extreme infinitesimals, whose mere nomenclature causes disbelief in their existence, they even talk of the ten-millionth dilution, &c. While some men rely on Mother Tinctures and small doses of the crude drug, other men claim equal or greater success with the 30th or 200th dilution. What he (Dr. Bayes) would like to see would be the simultaneous trial of high and low dilutions in the hospital, a ward set apart for each, under the charge respectively of a well recognised high dilutionist, and of a well accomplished low dilutionist. Such an experiment carried over two years would do much to enlighten us on this question. Dr. Carroll Dunham in a recent letter to Dr. Bayes relates a case where *Cimicifuga* 200 cured the attacks of a neuralgic headache, in a lady, in ten minutes, which failed to respond to the 30th, but were again controlled and ultimately cured by the 200th. These cases cannot be ignored, however repugnant such infinitesimal influences may be to our past experience. Dr. Bayes said his own experience leads him to use all dilutions from the lowest to the very high (at times), and he thinks that the dilutions from 3<sup>x</sup> to 30 induce more permanent cures than those below 3<sup>x</sup>. He is more than ever inclined to believe that Hahnemann was right in looking on the results, achieved by gross doses, as being palliative rather than curative. Dr. Bayes, in conclusion, said that he had seen *Veratrum viride* lotion, as recommended by Dr. Garth Wilkinson, extremely useful in the cure of erysipelas.

Dr. WYLD of London observed, with reference to the dose question, and the remark that the 200th had succeeded where the

30th had failed, he had just experienced an illustration on the opposite side. Dr. Wyld had recently treated a case of cystitis caused by enlarged prostate and retained urine which derived very little benefit from the 1st and 3rd of *Hepar*, *Cannabis*, *Cantharis*, and *Thuja*. Latterly the urine deposited a large amount of muco-purulent and gelatinous matter, but became quite clear in twenty-four hours under *Uva ursi*, in dessert spoonfuls of the infusion. Subsequently the urine again became gelatinous, and *Uva ursi* failed, but the same doses of *Parvira brava* cleared the urine in two days. The daily use of the catheter is the chief remedy in the above disease, but it is curious to find medicinal substances often useful even in diseases caused by mechanical impediments. The singular results sometimes following the use of high dilutions is a puzzling question. Mental influences may have more to say in the matter than is usually supposed, but the palpable results following the use of appreciable doses of medicine were more satisfactory to the mind than the mysterious results sometimes following the use of metaphysical doses of medicine. With regard to chorea, medical rubbing was often of great service.

Dr. DRURY did not think Dr. Cooper's argument in favour of Mother tinctures of any weight, as against high dilutions. No doubt when dealing with the mother tinctures, increase of quantity meant an increase of strength of dose, whereas increase of quantity of a high dilution did not mean increase of strength, but anything lost in this way was fully made up by frequent repetition of the dose, and without doubt in acute painful disease this frequent repetition often showed marked and gratifying results. Allusion had been made to certain post mortem appearances that had been observed in some cases of chorea; but it was a question how far their appearances were reliable, as they might be connected with some change immediately preceding death, and might not be found in ordinary cases where no fatal result ensues. He believed that in some of the appearances found after death, there existed a source of error, as they at times marked a concluding stage, rather than the appearances of longer duration that might have been found if an examination had been possible earlier. Dr. Blackley had spoken of the value of *Ignatia* and *Stramonium* in chorea, medicines that he could speak most highly of. *Stramonium* he had had considerable experience of, and should place it first on the list in the treatment of chorea. Though the paper was nominally on the action of *Veratrum viride*, it had in reality been a discussion on the treatment of chorea. He had given *Veratrum viride* to a case then in the hospital, only for a short time it was true, but he had not seen any results from it; this was one of the worst cases he had ever seen, there was some suspicion of an injury, he had been quite prepared for a fatal termination in this and one other case the result of an injury that left the hospital cured, the only two

cases where he feared this result. The present case had got considerable relief, but was still a long way short of being cured. *Stramonium* and *Ignatia* had been of use, but the treatment was at different times interrupted, especially by the accession of diarrhoea. Anæmia which Dr. Bayes spoke of was possibly often present, and the medicines *Cuprum* and *Zinc* were no doubt of great value in certain cases, but he did not think this would be a reason for giving *Veratrum viride*. Though he thought highly of some of the new American remedies, and especially *Veratrum viride*, which he believed would take a high place, there were some that he did not think so well of, and rather regretted their multiplication without far more evidence of their value. Much as he should wish to see a testing of the high and low dilutions, he did not think it could well be done from the difficulty of getting men who would satisfy the requirements necessary for such an inquiry. He had for many years given the 80th dilution a very fair trial, also numbers 12 and 12<sup>x</sup>. He was now carrying on a similar inquiry with lower dilutions, and thought that by such experiments some satisfactory conclusions might be arrived at.

Dr. COOPER, in reply to Dr. Drury's observations, desired to say, that if, as Dr. Drury asserted, we could by repetition of the dose of a high dilution obtain an increased effect with as much certainty as we could by augmenting the dose of the pure juice of the plant itself, his (Dr. Cooper's) argument must fall to the ground. But this is precisely what he questioned. He did not believe that we were able by any available means to regulate the action of the high dilutions with such certainty as we could that of the preparations containing palpable quantities of the drug. A great deal of twaddle has become mixed up with the discussion of "the dose question." It is not a question as to whether the high dilutions have curative powers or not, this every man whose mind is unbiassed should allow; neither is it a question as to the wonderful things a 200th potency accomplished after failure with a third or a twelfth. Such things will happen till the end of the chapter, and they constitute valuable facts which at present not being within the range of any general law are necessarily isolated. Unless a high dilutionist can prove the possibility of not only increasing the power of a drug by raising the dilution to the 200th (say), but also of thereby gaining comparatively more control over the thus increased force, he must forgive us if we regard all such facts as mere curiosities. *The increase of effect resulting from an increase of the particles of the original drug is a possibility attended with a high degree of probability; an increase of effect resulting from an increase in the quantity of a high dilution, or an increased frequency in repetition of the dose of the high dilution, or an increased expansion of the dose by mixing it with water, is a possibility attended with a slight degree of probability.* In comparing the

low with the high dilutions this must, until the contrary be shown, be admitted to be a fundamental law. Practical experience also teaches us that *the force of a palpable dose is under more certain control than that of an impalpable one*; and nothing that has been elicited during this evening's discussion tends to disprove this. In all such discussions a speaker ought to bind himself to actual fact; it is not sufficient for a man to assert that throughout his many years practice he has obtained better results from the high than from the low potencies. Let him report such a case as his (Dr. C.'s) where he was enabled by any manipulation of the dose of the high dilution to obtain increased effects simultaneously with an increasing amount of disease lesion, and let him show that the result is one that with a fair amount of confidence may be expected; then, and not till then, is he upon a footing with the low dilutionist. He wished he had time to follow up his argument by illustration. Dr. Cooper was much interested in Dr. Bayes' remarks as to the value of *Veratrum viride* in erysipelas; for himself he was so perfectly satisfied in some extremely decisive cases with the action of *Arnica*, that he literally never had occasion to prescribe any thing else. He has seen *Arnica* cut short a case of erysipelas of the scalp in twenty-four hours, in every way similar to that which on former occasions had laid the patient up for two or three weeks. He is well aware that there are features peculiar to the erysipelas produced by *Arnica*, but they are not such as justify us in withholding it in the ordinary form of this complaint; and whatever authorities may say to the contrary, he has seen an erysipelas follow from *Arnica* that he would defy any one to distinguish from the same affection ushered in in a natural way. There is a rash that *Arnica* produces, attended with a good deal of irritation, which is quite distinct from its erysipelas; and it sometimes causes an erysipelas where the skin is rough and pimply; but do either of these facts contra-indicate its employment? Who has seen *Belladonna* produce a decided erysipelas as often as he has seen *Arnica* produce one? Any way he has never seen such unmistakable results from the administration of *Belladonna* as a curative agent as he has from *Arnica*. Dr. Stanley Wilde had referred to the *Viscum album* as a remedy for chorea, and it is a noteworthy fact that in one of the cases reported by his father, Dr. Wilde, of Weston-super-Mare, in the *Monthly Homœopathic Review*, a very palpable dose had to be exhibited before the curative effects of the *Viscum* became manifest. A case of poisoning by *Viscum album* berries, which showed a decided cerebral action, was reported some two or three years ago in the *British Medical Journal*. As to the pathology of chorea he would leave it in the hands of those best able to judge; the older pathologists denied the existence of any palpable brain or spinal lesion in chorea, modern observers on the other hand describe vascularity and sclerosis as present, and, more decided still, alteration in specific gravity of the affected parts.

## REMARKS ON TYPHOID OR ENTERIC FEVER.

By Mr. BOUGHTON KYNGDON.

(Read before the British Homœopathic Society.)

CROYDON has unfortunately during the last few months obtained an unenviable notoriety in connection with enteric or typhoid fever, but as is usually the case the reports have been much exaggerated. In common with numberless towns and villages in the United Kingdom during the past year we have had our full share, and even more than our full share, of fever. In a population of about 80,000, we have had 100 deaths registered as occurring from fever in 1875; so that this disease has carried off  $1\frac{1}{2}$  in every 1000 inhabitants: a sad mortality in a preventible disease, but yet not a very alarming or plague-like one.

During the last few years no place has had a more energetic Board of Health, or more attention paid to sanitary matters, than Croydon, so that as regards sanitary engineering in general, it has come to be regarded as a model town. Nevertheless, during the last year fever has extensively prevailed among us, and an intelligent Government officer is now carefully investigating matters and endeavouring to discover the cause of the outbreak.

Having had nearly 100 cases of fever in various forms under my own care during the past year, I propose making a few remarks upon what I observed.

*General Remarks.*—Enteric fever is so well known to most of us that I shall not attempt to give any sketch of a normal case, or rather what is an *ideal* normal case; for where most cases present so much that is abnormal it is difficult to say what is normal; no two cases are precisely alike, and in no disease is there more dissimilarity in the course, the duration, the intensity, and the prognostic value of the various symptoms. Under a few heads I shall, therefore, offer some observations upon the variations which came under my notice.

In the first place I may observe with regard to—

*Causes.*—In almost every case which came under my notice we had not to go out of the house to find sufficient cause for the attack ; there were pretty sure to be untrapped pipes coming direct from the sewer, thus conducting sewer-gas into the house ; or there were broken or defective pipes from the w.c. passing immediately under the basement floor from which a quantity of fæcal matter exuded. There may also have been, to a certain extent, contamination of the water supplied for the general use of the inhabitants, but this is a matter of dispute and is now “sub judice ;” supposing there has been this wholesale dissemination of fever poison, it is not the sole cause, for I had several cases, and some very severe, which occurred in individuals who were not water-drinkers, and partook of that fluid only in the shape of beer, tea, or coffee. Whatever the cause, I believe that there was in the spring and autumn of the past year, a certain atmospheric state or condition which, in certain constitutions, produced a peculiar receptivity to the effect of poison germs. The surroundings were the same last year as in former years, the same causes which were harmless in 1872, 1873, and 1874, became actively and fatally poisonous in 1875 ; and it was not in Croydon alone, but in various parts of the country that this fact was evidenced. The laws of infection have yet to be discovered. Why should an untrapped sewer be innocuous this year, and a fatal disseminator of fever poison next year ? In a family drinking the same water, occupying the same rooms, placed under precisely similar circumstances and living amid the same surroundings, why should one be infected and the others be free ? Why should one be fatally smitten with typhoid fever in its direst malignity, and all the other members enjoy robust health ? These are enigmas which we cannot as yet solve.

*Premonitory Symptoms.*—There was great variety in the duration and character of these ; in some cases they preceded the attack only a few days, in others the patients were ailing for months before. In all there was loss of appetite, tongue more or less thickly whitecoated, general

malaise, indisposition to ordinary pursuits ; frequently headache, very commonly aching of the limbs, and restless nights ; slight shivering and chilliness, but no rigors. I had one case where these premonitory symptoms existed for three months, the sufferer was sent to Devonshire, Brighton, &c., but there was no diminution of them ; they were so severe that I was continually on the look-out for the characteristic spots ; at last the patient took to his bed, enteric fever in its gravest form appeared, and the patient died in fourteen days.

*The course of the disease* was so protean that it is a hopeless task to attempt to describe it. It was utterly impossible during the first week or ten days to form a just prognosis of its duration or severity. Cases commencing most mildly not unfrequently assumed a grave aspect in the third week ; whilst others beginning with high temperature and great febrile disturbance frequently ran a mild later course. I have learned never to give a positive prognosis in any case of typhoid fever.

*Temperature.*—The most constant feature was the steady rise of daily temperature during the first week ; there was the evening rise and morning fall, with daily progression, as a rule, but even in this there was much irregularity ; the second and third weeks were very irregular in their course. If at the commencement the temperature was  $104^{\circ}$  or  $105^{\circ}$  in the morning, it was not a case of true enteric fever. When professional aid was called to the case the patient had usually been suffering some little time, but in this early stage the morning temperature would be found to be from  $100^{\circ}$  to  $102^{\circ}$ , and if examined in the evening from a  $\frac{1}{4}$  to 1 degree higher ; by the end of the week it would probably have reached  $103^{\circ}$  in the morning, and  $104^{\circ}$  or  $105^{\circ}$  in the evening ; at about these heights it would generally continue till the beginning of the third week when in favourable cases there would be a gradual but irregular fall ; just before convalescence the fall to  $98^{\circ}$  or even  $96^{\circ}$  would often be very rapid. I found no relationship or connection between temperature and pulse ; a slow pulse was often accompanied by a high temperature, and *vice versa* ; but a temperature



of  $104^{\circ}$  or  $105^{\circ}$  with a pulse of 112 to 120, at the end of the first week usually indicated a severe attack. Towards the close of the attack, when the temperature was steadily declining, a sudden rise of three degrees was gravely ominous. A patient was apparently progressing most favorably, to all appearance nearly convalescent; temperature down to  $99^{\circ}$ . One morning there was a rise to  $102^{\circ}$ ; he merely complained of some pain behind the liver, the next morning he died suddenly of intestinal hæmorrhage. Having a severe case of enteric fever in my own family, I was enabled to make more numerous examinations of the temperature than I could in an ordinary patient. I found it began to rise early in the afternoon, and it reached its maximum at about 9 p.m.; it then rapidly fell, so that by midnight it was lower than at 8 the next morning, and this was more especially marked at the close of the attack; it would be  $100^{\circ}$  at 4 p.m.,  $101^{\circ}$ ,  $101.6^{\circ}$  at 9 p.m., and down to  $97.5^{\circ}$  at midnight, and  $98^{\circ}$  the next morning. In several cases I found that only a few teaspoonfuls of beef tea would in half an hour raise the temperature a degree—a point which should be considered when the daily readings of the thermometer are of importance.

However much the thermometer may have been overlauded, it is nevertheless a most valuable aid, and one without which the practitioner would feel entirely at sea; it affords timely warning of approaching mischief, and its steady descent at about the close of the third week is a happy omen of approaching convalescence.

*The Pulse.*—Here again we meet with the greatest variety and the most opposite conditions; the full bounding pulse of ordinary fever is rarely met with, and should it exist during the first few days it will soon become weak and compressible. In many cases it rarely exceeds 100, in others it will reach 130, and in one which did well too, it was often 170 for three weeks. When there is much nervous exhaustion it is almost always more frequent during convalescence than during the course of the attack.

*Delirium* was not unfrequently absent where there was even a high temperature; but usually there was nightly

wandering, extending in severe cases into and throughout the day; constant delirium, with injected eyes, and waving of the hands was a symptom of the gravest import.

*The Tongue* was frequently moist and but slightly coated all through the disease, even in some severe cases; the steady administration of nourishment from the very first seemed to conduce to this condition. Except in the very worst cases the dry tongue, encrusted with sordes, was rarely seen, and the same applies to the clean, glazed, red tongue.

*Abdominal Symptoms.*—The characteristic pea-soup-like discharges were the rule, varying in frequency from once to twelve or fourteen times in the twenty-four hours; for the first few days the motions were often simply bilious and loose. Sometimes diarrhœa was quite absent; and in one case there was no action of the bowels for nearly a fortnight. Ileo-cæcal tenderness and gurgling to some extent were generally, though not always, present. Tympanites, more or less, was I may say invariably met with.

*Urine* was generally clear and rather pale; in one case the catheter was required for a couple of days.

*Duration.*—By the end of the third or fourth week the attack usually began to subside; but I had one extraordinary case:—On October 20th, I was called to see a young lady, of 23, who was very feverish and had been ill five days with profuse diarrhœa, every hour at least; temperature  $103\cdot4^{\circ}$ , pulse 128, and extremely weak. In a couple of days the frequency of the diarrhœa was subdued by *Ars.* 5. On the 8th day the spots appeared and the temperature fell to  $100\cdot8^{\circ}$ . (I may here mention that on the day of the first appearance of the spots the temperature in several cases fell 1 or 2 degrees, and rose again on the following day). By the 13th day the morning temperature was  $103\cdot6^{\circ}$ , and the pulse 132. Day after day, and week after week, she went on in the same condition: flushed, delirious at night, profuse and frequent diarrhœa, tympanites, thirst, a morning temperature varying between  $101^{\circ}$  and  $103^{\circ}$ , and with a pulse 140 to 170; spots constantly appeared and reappeared; there was worrying cough, with a sodden condition of both lungs, the right being dull on percussion with no respira-

tory murmur, or only a few crepitating râles over three fourths of its extent, and nearly one half of the left being in the same condition. It was not till the 56th day that the temperature fell to  $100^{\circ}$  for the first time in the course of the disease. On the 62nd day it was  $99\cdot8^{\circ}$ , and on the 66th  $97\cdot8^{\circ}$ , and by this date the lungs were in a healthy state, and the appetite had returned; she lost but little flesh, and in a week afterwards was able to go out in a Bath-chair. During this lengthened illness she took two quarts of milk and one quart of beef tea in the twenty-four hours; a little brandy occasionally, but this did not suit her so well as white-wine whey. The temperature began to fall on the 54th day, after commencing the use of solid food, as fish, mutton chop, &c.

*Mortality.*—I only had three fatal cases:

1st, a gentleman of 54, who died nearly suddenly of intestinal hæmorrhage just as convalescence began.

2nd, a lady of 34, who had a three months' abortion in the middle of a mild attack, immediately after which, great tympanites and constant delirium set in, and she died in about a week.

3rd, a gentleman of 30, who died on the fourteenth day of the attack, after an incubation of more than three months.

*Treatment.*—As regards medicinal treatment, I met symptoms as they arose; but I cannot say that remedies had any very marked effect on a true case of enteric fever. *Baptisia* might have mitigated some attacks, which might have been equally as mild without. Cerebral symptoms were often successfully met by *Bell.*, and the diarrhœa by *Ars. 5*, *Merc. cor. 5*, and *Ver. 3*. Once or twice, in incessant delirium and wakefulness to an alarming extent, I used the hypodermic injection of morphia gr.  $\frac{1}{8}$  with the happiest results; the patient falling asleep and awaking quite a different person.

I made a strong point of feeding my patients from the first day they took to their beds, giving them alternately beef tea and milk, at first every two hours, but soon every hour. When the pulse began to flag I gave a teaspoonful of

brandy in addition every one or two hours; and when there was excessive prostration with profuse sweats, the nourishment was given every half hour night and day, in these cases *Phos. 2*, two or three drops every hour, was most useful. Under this treatment the loss of flesh was very slight, and convalescence when once commenced was very rapid. Tympanites was much relieved by turpentine stupes, and injections of turpentine, oil and eggs. Flannels wrung out of hot water were also very soothing. The distressing neuralgic pains of the legs sometimes met with during convalescence were decidedly benefited by *Rhus*, and by the local application of croton chloral dissolved in chloroform and alcohol.

Great care was taken not to return to solid nutriment till there was a real desire for it, and the tympanites and abdominal tenderness had subsided; and in no case did I meet with a relapse.

*Anomalous cases.*—During the course of the epidemic many persons were affected with a kind of fever without fever; there was general malaise, loss of appetite, restless nights, headache, aching of limbs, &c.; they were not ill enough to keep their beds, but good for nothing when up. In all these cases I examined carefully for the characteristic spots of typhoid fever, and not unfrequently found them. In several cases these alone gave a real clue to the nature of the attack. Mild as these cases were, they generally ran on for a month. I usually gave *Baptisia* from the commencement. Query? Was the mild character of the attack in any measure due to the administration of this remedy?

In conclusion, I would strongly urge the importance of immediate attention to the drainage and trapping of every house in which fever makes its appearance. In Croydon, the disease prevailed most extensively in the very best districts, and in the houses in which no expense had been spared to carry out every improvement in drainage; but these localities were hill-sides and rising ground, and this circumstance will go far to explain the cause of infection. Sewer gas is very light, and accumulates in the higher sewers and

drains ; it searches out any cranny for escape, and no wonder if some imperfect trap within the house permits the exit of this treacherous foe. To obviate this danger it seems to me that two effectual measures should be adopted : the one, by the individual householder to keep the gas out of his house ; the other, by the Local Board of Health to allow the free escape of the pent-up gas from the main sewer. To accomplish the first object traps to the different pipes, sinks, w.-c.'s, &c., are not sufficient ; the main house-drain must have a syphon, with at least a foot of water between it and the common sewer ; which will effectually keep back the gas which the smaller traps were incapable of doing. To effect the second object, the Local Board should erect at the top of each hill or rising ground a hollow column in connection with the main sewer ; it should be about twelve feet or twenty feet high, and not less than one foot in diameter, and it might be constructed of ornamental design. In order to effect the two-fold object of creating a draught for the escape of the gas and of destroying the poison germs, a ring of gas-jets or three or four Bunsen's burners should be kept alight constantly near the base of the column on the inside ; the flames should play on an inverted cone of fire-clay, and through this intensely heated medium the sewer gas will pass, and the poison germs be destroyed.

As a sick-room disinfectant, I have found *Terebinthe* most valuable : it is not only a true disinfectant but a real deodorizer. In one case, where the fæcal discharges were horribly offensive, I gave three drops three times a day internally, with the effect of speedily destroying their sickening odour.

And now I must beg you kindly to extend to me your forbearance for having occupied your time with remarks which contain nothing novel and which can add nothing to your previous knowledge of a too prevalent but happily easily preventable disease. Having lived for twelve months in the midst of fever I ought perhaps to have learnt something new, but the principal facts impressed on my mind are :

- 1st. The protean character of the disease ; and,
- 2ndly. The necessity of the most careful nursing, and the unceasing administration from the very commencement of milk and beef tea, with brandy in moderation.

*Discussion on Mr. Boughton Kyngdon's paper.*

Dr. WOLSTON said that he had seen several of the cases referred to in Mr. Kyngdon's interesting paper, and that with reference to the "protean character" of the disease in question, he thought that in several of these cases, as well as in some of his own, this was due to circumstances altogether aside from the disease itself. In some cases improper diet was the cause. In others imperfect nursing and insufficient supplies of nourishment were fairly to be charged with causing the trouble ; while notably in one case a fright experienced a few days after the accession of the fever gave a most peculiar character to its whole course. Still, after making due allowance for all this, the difference between the symptoms in the several cases of what seemed to be severe fever was most remarkable, and involuntarily raised the inquiry in the mind : Is enteric fever a specific disease, or only one form of the morbid manifestation produced by the reception of sewage poison into the system ? The case reported by Dr. Blake bore upon the point where, though there were no symptoms of intestinal irritation, he was still of the opinion that it was a case of enteric fever. Dr. Wolston doubted the propriety of calling any fever enteric, unless there was distinct evidence of enteric mischief, and he was inclined to believe that closer observation would show that the sewer poison was capable of producing a totally different set of symptoms, according to the part of the body it selected to spread its fever upon. In Dr. Blake's case, which he remarked would be by some called bilious typhus, the liver was evidently the organ specially affected. In many of the cases at Croydon there was constipation throughout, and often no spots, the fever running its course with local manifestation in the liver, the lungs, or the throat, as the case might be. In one severe case in a boy for a fortnight there was the true enteric form of the fever, then, suddenly the diarrhœa ceased and the poison seized the throat and a severe attack of diphtheria supervened ; this lasted a week, and then seemingly the poison having spent itself, the boy slowly recovered without any return of the diarrhœa. The temperature ranged from 104° to 105°, and the pulse was never under 130 for several weeks. The case of a young girl was remarkable, for having no local manifestations at all—no spots, no diarrhœa, and no affection of the lungs or other organ appeared throughout. Yet it ran the usual course of

typhoid fever, and began first as the true enteric case did. During the first week the temperature gradually rose to 105° and continued, with a pulse of 120, to range between 104° and 105° for nearly three weeks. This case was mending, the medicines given were *Baptisia* and *Rhus tox.* Dr. Wolston remarked that in all his cases he gave several drop doses of the mother tincture of *Baptisia* throughout the entire course of the fever, supplementing it with other medicines as symptoms called for them. He was of opinion that *Baptisia* had a marked effect in controlling the disease and lessening its severity, while in many cases it seemed quite to abort the attack.

Dr. R. HUGHES thought Mr. Kyngdon's paper an excellent one, as showing that a homœopathic practitioner can be a good observer as well as a successful therapist. He did not see why he should be surprised that—the conditions being the same—typhoid fever should be unknown in a place for some years and rage epidemically in others. All recent evidence went to show that this was a specific disease, as little capable of spontaneous generation as an animal or a plant; but when once introduced into any locality, spreading just in proportion to the inadequacy of the arrangements for drainage therein. The same evidence showed its primary seat to be the blood, where it runs a certain typical course, the one and only pathognomonic feature of which is the temperature. Hence, whatever be the local manifestations, if we have a pyrexia marked by certain thermometric characters we have typhoid fever. He said this in support of Dr. Blake's diagnosis in regard to the case he had mentioned. The only disappointment he felt in Mr. Kyngdon's paper was as to the meagre details of treatment. He would especially have liked to have heard more fully the result of his experience with *Baptisia*, and how far the moist tongue and capacity for taking nourishment, which was noted in all the cases, could be ascribed to this medicine. He (Dr. Hughes) concurred with Dr. Bayes in thinking this one of the most constant and marked effects of the drug. In his own experience, *Baptisia* continued to be the prince of remedies in typhoid. He had only had five cases of it during the past twelvemonth, but three of these were convalescent within a fortnight; and the other two, though they ran their full course, were yet perceptibly moderated and comforted by the medicine, which was given throughout in all.

Dr. HALE expressed his obligations to Mr. Kyngdon who, in the midst of domestic anxiety, had contributed a most valuable paper to the Society. He felt sure that Mr. Kyngdon's treatment consisting of meeting local symptoms as they arose in typhoid fever was the true principle of treatment, when combined with suitable nutrients, and thus as it were keeping the patient afloat until the crisis occurred. With regard to the cause of typhoid fever it is now pretty well made out that sewer gas *alone*, or the most disgusting effluvia arising from decomposing

animal or vegetable matter will not produce typhoid unless the germs of the disease are present ; and he instanced the fact lately mentioned in the *Times*, that in the old town of Edinburgh, where human excreta and other abominations were stowed away in sleeping rooms, no typhoid was generated, but that in the new part of the city, where there was an abundant supply of water and good drainage, typhoid was rife owing to the dissemination by water infected with the gases of the sewers. In relation to the epidemic at Croydon, Dr. Hale had been requested to investigate the cause of an outbreak of the disease in a clergyman's house situated on a hill in one of the healthiest situations in the town, and in which the drainage was perfect, but where the sewer gas had found access from an outside ventilating pipe communicating with the drains, but carrying the sewer gas into the children's night nursery through a grating in the wall intended to admit the pure external air. Dr. Hale expressed his regret that Mr. Kyngdon had not in his paper afforded information sufficiently satisfactory regarding the preventive action of *Baptisia*, a question upon which he was most anxious for information. He had, however, the authority for quoting the experience of one of his colleagues, who had had a considerable number of cases of typhoid during its outbreak in London three years ago, and this gentleman gave *Baptisia* in almost every case in different stages of the disease, but was utterly disappointed with the result in every case. The explanation of the supposed power of *Baptisia* to abort typhoid Dr. Hale maintained was to be explained by the fact that, as in epidemics of scarlatina and diphtheria, throat affections are constantly met with, but without any specific character, so in the case of epidemic typhoid, a condition of the system which simulates the prodromata of typhoid is common, and to that kind of disturbance of the general health, especially if gastro-enteric symptoms are present, *Baptisia* exercises its curative action. Believing typhoid to be an essential specific form of fever, having well-marked stages, running a definite course, and having a critical termination, he hesitates to accept what he considers the inconclusive evidence hitherto afforded as to the abortive power of *Baptisia*. Mr. Kyngdon, in describing the character of the epidemic in Croydon, calls it protean, proving how imperfect are the descriptions of the disease found in text-books and lectures. For instance, with respect to diarrhœa, which some state is almost an invariable symptom, several of Mr. Kyngdon's cases were without diarrhœa. In the last case Dr. Hale had under his care in the hospital, constipation was present until convalescence, when a slight amount of diarrhœa occurred. In conclusion, he trusted that the thanks of the Society would be communicated to Mr. Kyngdon for his valuable paper.

Dr. MATHESON had considerable experience of typhoid and of the action of *Baptisia*, which he considers a sovereign remedy for the disease. Objects to Dr. Hale's statement that the disease



must necessarily run a course, as opposed to facts which, in his opinion, prove that *Baptisia* frequently succeeds in aborting an attack of typhoid. He also considers Dr. Hale's opinion most disheartening to those who are labouring to discover an efficacious remedy for the disease. He has in his own practice seen many cases presenting the most undoubted symptoms of typhoid, in which the disease was, undoubtedly, cut short by the remedy. With regard to one group of cases within his knowledge, where a number of young women worked at sewing machines in proximity to a mismanaged water-closet, those treated homœopathically with *Baptisia* quickly recovered, and those treated allopathically died. He, however, thinks *Baptisia* has ordinarily very little effect on typhoid, unless administered in mother tincture.

Dr. YELDHAM had the advantage of seeing, with Mr. Kyngdon, some of the cases referred to in his interesting and instructive paper. The author's anxiety to guard Croydon against the possible charge of insalubrity was very natural and pardonable. It was, however, undeniable that that town had acquired, in medical circles at least, an unenviable notoriety for typhoid fever. The disease raged in the town with great virulence some years since, before Mr. Kyngdon took up his abode there. He (Dr. Yeldham) on that occasion saw many cases with Dr. Henry. Then, as in the late epidemic, the disease was developed in an unusually virulent form. One case of a young woman he saw lately with Dr. Fleury, of an unusual character, proved rapidly fatal, as did also the case of her brother, a few days previously. Another of the cases he saw was, he believed, the fatal case of the young man of thirty, referred to by Mr. Kyngdon. In this case, to the best of his recollection, there was but little evidence of local mischief, the leading symptom being the most utter exhaustion of nerve power, notwithstanding that he was abundantly and constantly supplied with nourishment and stimulants in various forms. From these, and other cases that he saw, he could confirm the author's statement as to the multiform character of the epidemic. As to treatment, regarding typhoid as a blood poison, traversing the system and affecting more or less severely different organs, the indications appeared to be to sustain the powers of the system, and to combat organic lesions, and so back the system against the disease. Of medicines, *Baptisia* had been put forward as possessing the power of *arresting* the disease. If so, it must be by neutralising the poison in the blood, and to this Dr. Hughes, who was its most consistent champion, intimated his assent. He (Dr. Yeldham) must confess that his experience—which it was true was not large as to the use of this medicine—did not bear out such an assumption. On the contrary, he had never been able to detect any better effects from it than from other remedies. Still, so much testimony had been, from time to time, borne to its efficacy by reliable observers, that he was quite willing to suspend his own judgment on the subject. He had conversed

with the author of the paper on the subject, and he assured him that though he had used *Baptisia* in many of the cases of the late epidemic, he had seen no results from it in any way justifying the powers often attributed to it of arresting or even controlling the fever. Some mild cases, he said, seemed to do very well with it; but, then, mild cases would do well with any medicines, or even with no medicines. In violent cases it appeared to have no more power, if so much, as some other medicines. This he (Dr. Yeldham) thought was very important evidence on the point. Without offering any remarks on the well-known and well-tried remedies commonly employed in this complaint, he must notice a medicine which had not been named in the present discussion, and, indeed, which was seldom referred to in connection with typhoid fever, but which appeared to him to be a very important one in some forms of the disease. He alluded to *Opium*. This medicine was first forcibly pressed upon his attention by a case of typhoid which he visited some years since with Dr. Harper, of Windsor. The subject of the attack was an undergraduate of one of the universities, who, after being nearly convalescent from the first attack, had a severe and seemingly a hopeless relapse. The symptoms resembled so remarkably those of *Opium* on the one hand, and delirium tremens on the other, that they agreed to give him every hour one or two drops (he was not sure which) of the mother tincture of *Opium*. After the second dose the patient fell into a slumber which lasted, off and on, for twelve hours, and from which he awoke calm and refreshed, and from that moment made a good recovery. The efficacy of this, as of all other medicines, depended, in his opinion, greatly upon the *dose*. In a disease in which the vital powers were often reduced to the lowest ebb, it was little less than madness to expect a reaction from very exiguous doses of any medicine. Of such a medicine, for example, as *Rhus tox.* he seldom gave less than five-drop doses of the mother tincture every two hours. Of the occult form of the disease in which it was slowly developed, or not fully developed at all, he had seen a considerable number of cases, and the remedy on which he relied, with almost unfailing confidence, was *Quinine*. It seemed at once to rally the system against the oppressing influence of the attack. He prescribed it in five-drop doses of the second decimal.

Dr. DRURY said that the paper needed no apology: it was an excellent one; but all would regret the cause that prevented the author reading it himself. In the course of his remarks on Mr. Kyngdon's paper, Dr. Hale had said that he believed fever ran a definite course. In the truth of this he entirely concurred. He believed there was what we might call a natural history in fever, as there was in most other diseases, and that whether typhus or typhoid, it ran a regular course, and he did not believe in its being abruptly cut short, though he fully believed in the disease being rendered much more mild, and the stage of convalescence

reached earlier than it would otherwise be by judicious treatment. He also believed in the existence of some poison germ to set the disease going. Two things were needed: a germ, and a suitable soil. Out of ten persons exposed to the germ, nine might escape because the other conditions were wanting. Allusion had been made to the escape of persons living in the old town of Edinburgh, who used pails to remove fecal and other matter from their houses, while those in the new town, where the drainage system was in operation were attacked. If bad smells would cause typhoid he ought to have seen plenty of it in the places he visited in the old town of Edinburgh in former days, but the fact was that it seemed to be in the drains that this deadly poison was propagated, the water supply possibly becoming contaminated afterwards. He believed what was wanted was to cut off the direct communication between the house drains and the town sewers. In country towns this might be done; in London it was difficult. Traps were not sufficient. But if the house drainage could be made to terminate in an open pipe, which might empty itself into something like the pan of a water-closet in the houses, the soil pipe should be continued up above the roof of the house, so that there would always be an outlet out of doors for any pressure of foul gas, whether generated in the house or out of it, if the house and town system were connected, as is the case at present. He had attempted in his own house to secure this ventilation, but he found it impossible to make the builders understand the need of what was proposed; or if they understood the need, to get them to carry it out; thus he had to put up with an imperfect carrying out of his plans. As regarded treatment, he was not satisfied with *Baptisia*, though he treated with all respect the opinion of those gentlemen who praised it. He doubted its superiority to the good old remedies *Rhus* and *Bryonia*; but he thought symptoms must be treated as they presented themselves, so that there was no royal remedy. There was one medicine that had been highly spoken of by Dr. Yeldham, that was *Opium*: he could endorse all that had been said in its favour. In suitable cases he believed it was a splendid medicine. He owed so much to it in various cases that he would be very sorry to be debarred from its use. He placed far more confidence in some of these old remedies than he did in the new. In saying this he did not wish to undervalue Dr. Edwin Hale's work: he believed we owed that gentleman a deep debt of gratitude, and that he had helped us to some first-rate remedies; but we wanted to know more about them. We could not depend on all the statements made, and it happened that when we found a medicine combining all we needed in its symptomatology, we found it fail us at the bedside: at least, this happened more frequently with the new medicines than with the old. In 1874 he had a case under his care, that of a little girl about seven years of age, that showed the value of *Opium* in a suitable case. The symptoms had assumed a very grave character.

There were movements of the hands, deafness, and insensibility; the temperature rising till  $106^{\circ}$  was reached. He understood that the Prince of Wales's temperature when he had typhoid had reached  $106.5^{\circ}$ . Such a high temperature with the other symptoms made this little girl's case one of very great anxiety. Her position in life, and the fact that a letter had appeared in the *Times* newspaper, saying that it was found on analysis that the milk she had been getting, and which was supposed to be all that it ought to be, was unfit for human food, made the case one of more than ordinary importance. *Baptisia* had been given; but on the accession of the graver symptoms, he selected *Opium* and continued its use for several days with the most happy results; once or twice that he had wished to give another medicine and made a change, he found he was obliged to return to the *Opium*. Humanly speaking, this medicine saved her life. One gratifying circumstance in connection with this case was that from first to last he had the confidence of the parents. On one occasion only was a consultation spoken of, and that was only suggested in the event of the case being about to terminate fatally; when, for the sake of satisfying others, it would have been desired. A consultation in this case might have led to a change of medicine, which he believed would have brought about the termination that they were seeking to avert. He could not but feel grateful to the father and mother of the child for allowing him to have his mind free from these worries to which medical men are so often and so unwisely exposed in anxious cases, and which embarrass them, and thus do positive injury. Through God's goodness the means were instrumental in bringing her safely over her illness.

Dr. DUDGON said that the opinion expressed by Dr. Hale that nothing could cut short a case of typhoid fever was by no means generally held. Some of our first men had asserted that they had seen cases of typhoid cut short by remedies. Several had spoken to this power as possessed by *Baptisia*, and the late Dr. Trinks was equally confident that *Bryonia* had repeatedly cut short the disease. We might be deceived on this point, for cases sometimes occurred apparently presenting the characteristic symptoms of typhoid, which proved not to be that disease. He had lately been called in consultation on a case of this sort. The patient was a lady of about 30, who had come across the Continent from Brindisi, and when near Calais was compelled by a railway accident to get out of the carriage and walk some distance in the snow in her stockings. Soon after arriving in London she was taken ill, and when he saw her she had been all night in a state of low muttering delirium, and was at his visit lying in a semi-stupor, the tongue black and dry, pulse 120, and respiration accelerated. The temperature in the axilla  $102^{\circ}$ . Continual yellowish, watery diarrhoea and extreme sensitiveness in the abdomen, especially in the iliac fossæ. He felt doubtful about the diagnosis, but at the same time thought it best to prescribe

*Baptisia* in case it might be typhoid. The following day all these formidable symptoms had disappeared. The intellect was clear, the tongue moist, temperature normal, diarrhœa gone: in short, the patient was so well that he concluded the picture of the previous day was a hysterical simulation of typhoid. It would have been interesting had Mr. Kyngdon tried the now fashionable system of cold bathing; but perhaps his patients would not have done so well under that treatment as they did, for no doubt a mortality of 3 in 100 cases must be considered extremely small. *Agaricus* had been employed successfully by Drysdale in the low muttering delirium of typhoid. Defective drainage and the admixture of sewer gas with the air we breathe would certainly not suffice to produce typhoid without the actual presence of the particular germs that cause it, but it might cause a good deal of serious illness. In one of the finest houses in the neighbourhood of Kensington Gardens several members of the family were attacked with sore throat, diarrhœa, and other affections of a low type. He suggested that the drains should be looked to, but as no smell had ever been noticed, and as the house had been built with the utmost care as to drainage and ventilation, his suggestion was thought to be useless. However, on examination it was found that a ventilating pipe from the sewer terminated short of the roof, and on prolonging this pipe no more cases of this disease occurred. The deficiencies of Edinburgh in the matter of sanitary appliances in the last century had been alluded to. It certainly was a very rude way of disposing of the sewage to empty the filth that had accumulated during the day out of the windows into the street. But with a politeness, derived probably from their long alliance with France, the inhabitants never emptied their slops into the street without giving the warning "Gardy loo!" which is probably a corruption of some French phrase. The neglect of the municipal authorities in Edinburgh in sanitary affairs was in some degree made amends for by private enterprise, for there were men who went about the streets with a tub and a large cloak for the purpose of enabling the inhabitants to ease themselves out of doors, and with a certain amount of privacy. These tradesmen invited their customers by the cry of "Wha wants me?"

## REVIEWS.

*The Encyclopædia of Pure Materia Medica : a Record of the positive Effects of Drugs upon the Healthy Human Organism.* Edited by TIMOTHY F. ALLEN, A.M., M.D., with Contributions from Dr. RICHARD HUGHES, Dr. C. HERING, Dr. CARROLL DUNHAM, Dr. AD. LIPPE, and others. Vol. III. *Carlsbad—Cubeba*. New York : Boericke and Tafel. London : Turner.

THE third volume of this great undertaking has now reached us; and it will be seen that, although containing the pathogeneses of seventy-three medicines, the interminable forest of the C's has not yet been passed. A number of important medicines and valuable provings are included, many of the latter being presented here for the first time in an English dress. Among these we may specify Professor Hoppe's *Chamomilla* and the Austrian proving of *Clematis* as especially valuable. Several important drugs, moreover, make their earliest appearance in anything like a complete collection of pathogenetic effects. Such are *Quinine*, *Chloral*, *Colchicum*, *Conia*, and *Croton*. The copious material utilised by Dr. Allen may be inferred from the fact, that fifty-four authorities are given for the first of these, fifty-eight for the second, eighty-five for the third, and sixty-three for the last. All the latest work done upon drugs is incorporated: as examinations of urine, pulse-tracings, and the like. There is, moreover, a decided advance in the purity of the matter. A just complaint was made of the introduction into the second volume of Houtat's catalogue of symptoms ascribed to *Bufo*. In the present volume we find, under *Cubeba*, the following appendix to the list of authorities:

“(Houat’s proving, from *Nouvelles Données de Mat. Med.*) This truly astonishing collection of symptoms is put by itself, since there is no way of determining what is pathogenetic and what clinical, and since there is no intimation of how the symptoms were obtained: in these days all accounts of scientific experiments must be accompanied by a most complete detail of methods, that they may be verified.” This is as it should be.

The only fear we had about Dr. Allen’s *Encyclopædia* was, that it was on too vast a scale to be finished in a lifetime. But at the rate at which it is now proceeding, five or six years more will see it completed.

*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSSSEN. Vol. V. *Diseases of the Respiratory Organs.* London: Sampson Low, 1875.

The first article in this new volume is on “Croupous Pneumonia,” by Dr. Jürgensen, of Tübingen. In the history of homœopathy there is no disease that plays a more important part than acute pneumonia of the so-called croupous character, by which is understood the ordinary form of inflammation of the lungs. It was therefore with much interest that we turned to this article, in order to see the latest views of the German school on the pathology and treatment of this disease.

The author commences his article with a historical sketch of the disease, and shows that before Laennec’s time no well-marked distinction was made between pneumonia and pleuritis. Laennec’s clear and precise diagnosis of the disease made rapid progress in France and England, but a long time elapsed before his views were generally received in Germany. Skoda was the first to naturalise in Germany the physical methods of diagnosis which are alone competent to enable us to discover the disease. Since the general employment of these methods, the diagnosis of pneumonia

has become almost as simple and certain as that of any other disease.

With regard to the etiology of the disease, we find that croupous pneumonia is so widely distributed that it seems to be scarcely more frequent in one latitude or climate than another. In this it differs entirely from the geographical distribution of catarrh and bronchitis, which increase as we advance from the tropics to higher latitudes; this is not the case with pneumonia. The season of the year has an influence on the prevalence of pneumonia, it being more frequent in the winter and spring months, less so in summer and autumn. Communities that lead more of an out-door life suffer less from pneumonia than those which carry on their occupations in confined apartments. Women are less subject to the disease than men. It is not true, as has often been alleged, that persons in the prime of life and those of strong constitution are especially exposed to pneumonia; the reverse is the fact. Pregnant women rarely have pneumonia; but when they are attacked, they generally miscarry. Contrary to the usual opinion, it has been alleged by Grisolle and Ziemssen, that a chill is by no means a frequent cause of pneumonia.

The only constant element in croupous pneumonia is the anatomical change in the lungs, which can be discovered only by careful physical examination, and the presence of a single functional disturbance, the disproportion between the frequency of the respiration and that of the pulse. Hence, if these phenomena are overlooked, it may often happen that pneumonia may not be detected, and the disease is supposed to be something else, as gastric fever, rheumatic fever, worms, convulsions, or senile debility. The model cases described in text-books are not always met with in practice. The duration of the disease is as variable as the symptoms. Cases of undoubted pneumonia sometimes terminate in from twenty-four to thirty-six hours, while some cases linger in a kind of latent form for months.

Typical cases of the disease generally commence with a rigor, occurring quite suddenly. This is followed by short paroxysmal cough and pain, but no expectoration, head-



ache, vertigo, and heaviness of the limbs, flushed face, movements of the alæ nasi. The skin becomes burning hot, the pulse rapid, and there is intense thirst. All these symptoms occur in a few hours after the initial rigor. When the disease is fully developed, the temperature rises to 104° or 105°, with morning remissions and evening exacerbations; pulse 100—110; respiration 40—50. Then comes the characteristic expectoration. The percussion sound is at first tympanic, and the vocal fremitus diminished. About the third day the percussion sound becomes dull, and the vocal fremitus increases; but this last symptom is often absent if the patient has not coughed for some time. After coughing violently, however, the vocal fremitus is found to be increased above the normal. With the decline of the disease the temperature gradually sinks to the normal; and when this is the case, the patient experiences immediate relief.

An interesting account of the morbid anatomy of the disease is given, and the conflicting views of the most distinguished pathological anatomists are stated in full detail.

The right lung is much more frequently the seat of pneumonia than the left; nearly twice as frequently. The inferior lobe also is very much more subject to inflammation than either of the other lobes.

The observations on the physical examination of the patient, on the conditions of the various organs and their functions, on complications and sequelæ, are full and instructive; but we must pass over these, in order to give the remainder of our space to a consideration of the author's treatment of the disease.

A rational physician of the genuine classical stamp is characterised by this peculiarity, that whatever treatment of a disease he adopts he has a beautiful theory respecting the disease and the action of his remedies that demonstrates the scientific character of his therapeutics, and proves in the most lucid manner that his treatment is the only right one, and that all others are hopelessly wrong.

Dr. Jürgensen does not fail to demonstrate his right to

be considered a rational physician by omitting the inevitable theory. This theory is a beautiful illustration of how not to advance scientific therapeutics, and a pregnant example of Hahnemann's accusation against the self-styled rational school of his day, viz. that its practitioners speculated concerning the nature of the disease on the one hand, and concerning the mode of action of the remedy on the other; and whilst their speculations fitted admirably, the patient's disease remained uncured. If we may judge from Dr. Jürgensen's writings, the most advanced partisans of rational medicine of to-day are equally obnoxious to the reproach made against their predecessors of seventy years ago.

According to Jürgensen, then, "croupous pneumonia is a constitutional disease and is not dependent on a local cause. The pulmonary inflammation is merely a chief symptom, and the morbid phenomena are not due to the local affection. The hypothesis of a morbid cause is indispensable. Croupous pneumonia belongs to the group of infectious diseases." We may assent to the first two clauses of this sentence in a sense widely different from that which is implied by the author; we may say the same is true of bronchitis, pleuritis, or even ordinary catarrh. But this would not content Dr. Jürgensen. He says an ordinary bronchitis, pleuritis, &c., may be induced by what is called "catching cold," but that the cases of the production of pneumonia "by previous exposure to cold or other influences of an injurious character are so few that it is hardly possible to regard these influences as exciting causes."

If pneumonia is so independent of exposure to cold, how does it happen that in London, on Dr. Jürgensen's own showing, the greatest number of cases occur in the winter and early spring months, and the fewest in the warm summer months, from July to September, inclusive? The statistics he quotes from the Vienna General Hospital show the same immunity from the disease in summer as occurs in London. That those who work in confined rooms suffer more frequently from pneumonia than those whose occupations are out of doors is no proof that what we call a chill

is not an exciting cause of the disease, but the reverse, for what we understand by the expression is rather an exposure to cold when the body is heated than a mere unconditional exposure to cold. A so-called chill is more readily incurred when the "pores are open"—to use a vulgar expression—that is to say, when the cutaneous glandular apparatus is relaxed by warmth, than when it is contracted by cold. That pneumonia occurs with nearly equal frequency in warm as in temperate and cold climates, whereas bronchitis and catarrh are much less prevalent in warm than in cold climates, does not prove that the latter diseases are the consequence of a chill, while the former is not; it may only show that a chill in some climates is more apt to be followed by pneumonia than by bronchitis or catarrh; in other words, that a warm climate may lessen the susceptibility to disease of the parts involved in bronchitis and catarrh, while it exercises no such protective influence on the structures that are the seat of pneumonia. Moreover, all writers on Indian sanitary matters speak of the readiness with which a chill is incurred in the tropical climate of Hindostan. We should like to know how it is with the prevalence of pleurisy—according to our author a disease undoubtedly caused by exposure to cold—in warm climates as compared with pneumonia. We suspect we should find that pleurisy is not affected by warm climates in the same way as catarrh; but that it rather keeps pace with pneumonia in the matter of frequency of occurrence.

But to leave the uncertain field of tropical statistics, if we look at the table of the relative frequency in London of pneumonia—not a disease caused by exposure to cold, according to our author—and pleurisy—a disease caused by a chill, according to the same authority—we find a remarkable coincidence in the seasons of their greatest prevalence; the slight difference there is being shown in the greater dependence of pneumonia on cold weather.

|                 | <i>Jan.—March.</i> | <i>April—June.</i> | <i>July—Sept.</i> | <i>Oct.—Dec.</i> |
|-----------------|--------------------|--------------------|-------------------|------------------|
|                 | Per cent.          | Per cent.          | Per cent.         | Per cent.        |
| Pneumonia . . . | 31·3               | 21·4               | 14·4              | 32·9             |
| Pleuritis . . . | 28·9               | 26·8               | 18·2              | 26·1             |

From this table we may infer that pneumonia is more due to exposure to cold than even pleurisy, which is acknowledged to be a disease caused by such exposure.

The statistics from the Vienna General Hospital show an even greater coincidence between the seasonal prevalence of pneumonia and catarrh of the respiratory organs. Indeed, there is almost as great a difference in this respect between the seasonal prevalence of pleurisy and catarrh, both acknowledged to be diseases caused by a chill, as between either of these diseases and pneumonia.

In short, Dr. Jürgensen's statistics show that pleurisy, pneumonia, and catarrh may all be the consequence of the same etiological cause, the only difference being that pneumonia seems rather more influenced by meteorological conditions or by temperature than the other two.

The private experience of one practitioner is, of course, of little value; but it happens that the last few cases of pneumonia the writer of this article had to treat were distinctly referred by the patients to having been exposed to draughts, severe weather, or damp sheets.

The next proof afforded by Dr. Jürgensen of the peculiar nature of pneumonia is his assertion that the anatomical changes in the disease are distinct from those of any other pulmonary inflammation. This is equivalent to saying that croupous pneumonia is croupous pneumonia and not anything else, a self-evident proposition. But the author goes on to say that "croupous pneumonia cannot be produced by any of the usual causes of inflammation, however strong or weak their action. As in typhoid fever, there must be a special exciting cause." Remembering the experiments of Magendie with *Tartar emetic* and *Phosphorus*, we must demur to this statement, for he distinctly states that he produced red hepatization of the lungs in his experiments on animals with these two drugs. Whether this red hepatization was identical with the red hepatization of pneumonia we cannot, of course, positively assert, but we are warranted in regarding it as such until it can be shown that red hepatization can exist independently of croupous pneumonia. This is certain, that were we to

discover red hepatization on post-mortem examination in any case, we should at once infer, and with perfect justice as far as the actual state of pathological science demands, that the lung in question was the seat of croupous pneumonia. That there is any analogy between the admitted specific morbid poison that causes typhoid fever and the exciting cause of pneumonia, our author has not yet made out.

His next proof is as follows:—"During the whole course of pneumonia there is no constant relation between the local and the febrile symptoms, nor dependence of the one upon the other." Granting this to be so, this is not a distinctive peculiarity of pneumonia, for it is a matter of common observation that in many cases of inflammatory disease the febrile symptoms seem quite disproportioned to the amount of local inflammatory action present. This is certainly often the case with regard to pleurisy, peritonitis, erysipelas, and even ordinary inflammatory sore-throat. The amount of fever in all these cases seems to depend upon individual constitutional causes, and not—at least not nearly always—on the actual amount of local inflammation.

"The resolution of the constitutional symptoms, and especially the suddenness of their disappearance, afford us an additional proof."

The sudden subsidence of the febrile symptoms at the apparent height of the inflammatory action, which seems so unaccountable to Dr. Jürgensen, was satisfactorily accounted for by the late Professor Henderson, in a paper on the "Anatomy of Pneumonia," in the *Monthly Journal of Medical Science* for 1841, and repeated in an article on "Pneumonia," by the same eminent pathologist, in vol. x, p. 648, of this Journal. He showed that the effect of the inflammatory exudation into the pulmonary air-cells was to extinguish the inflammation by its mere mechanical pressure on the blood-vessels, a process imperfectly imitated by the surgeon when he straps up an orchitis or bandages an erysipelas. The inflammation in croupous pneumonia is literally stamped out by its own product—an operation

rendered possible by the peculiarity of the anatomical formation of the air-cells. This sudden subsidence of the febrile symptoms on the suppression of the inflammation by the presence of the fibrinous exudation in the air-cells is, to our mind, the most convincing proof that could be offered of the connection of the fever with the inflammation. That the same thing does not occur in pleurisy is nothing to the purpose, for the conditions are utterly dissimilar. That Dr. Jürgensen is insufficiently conversant with the literature of pneumonia, and, above all, that he is unacquainted with the beautiful discovery of Henderson, is little creditable to him as a would-be authority on the disease. But that the explanation afforded by Henderson is perfectly satisfactory there can be no doubt, as it solves the whole mystery of the sudden subsidence of the febrile symptoms on the completion of the fibrinous exudation, and moreover, *pace* Jürgensen, shows the dependence of the febrile symptoms on the local inflammation.

“Croupous pneumonia is a disease which runs a typical course. No affection which arises from a local lesion presents a career so definitely limited in point of time as is the case with croupous pneumonia.” How this statement can be reconciled with his previous assertion that the duration of the disease is from twenty-four hours to several months we will leave our readers to judge. We think we could point to many diseases arising from a local lesion which are quite as definitely limited in point of time as this. To mention only two, which are acknowledged to be merely the result of a chill, coryza and cynanche tonsillaris, are not these affections usually definitely limited in point of time?

We do not think that Dr. Jürgensen has established his proposition that croupous pneumonia is a disease that should be removed from the category of inflammatory diseases and referred to that of malarial infections. He does not give any evidence we can regard as satisfactory in favour of his opinion; he does not even attempt, as some of his colleagues have done with respect to other typical diseases, to show the presence of bacteria or some kindred

organic germs in the secretions or excretions of the patient. That pneumonia is produced by causes similar to those that set up pleurisy, bronchitis, and catarrh seems the logical deduction from his own statistics. That the exudation that attends it is peculiar is only saying that the structure where this exudation takes place is peculiar. That the febrile disturbance attending it is often disproportioned to the extent of the local disease is no peculiarity of pneumonia, but is seen occasionally in almost every other acute inflammatory disease. That the febrile disturbance suddenly ceases when the exudation has attained its highest degree is satisfactorily accounted for by the investigations of Henderson, with which Dr. Jürgensen is evidently unacquainted. That it runs a more typical course than many other undoubted inflammatory diseases is not at all made out.

Dr. Jürgensen's therapeutics receive their justification from his theory of the nature of the disease. "If we admit the fact of the typical course of pneumonia, it seems to me logically impossible to recommend venesection for the purpose of aborting the whole process." From this it would almost seem that if we did not admit the typical course of the disease we might rationally employ venesection. But we scarcely think Dr. Jürgensen would hold venesection justifiable as a means of cutting short any inflammation. At p. 151 he scouts the idea of an "abortive" treatment of pneumonia, but a few pages previously (148) he had said "pneumonia is sometimes aborted by energetic treatment." However, we think nothing of that, for Dr. Jürgensen has a habit of contradicting himself, which must be rather convenient than otherwise for an author who is putting forward views that are not very certain of general acceptance.

Neither the fever nor the exudation in pneumonia—which our author speaks of as if they had no connection with one another but were separate and independent factors—neither of them, he tells us, is by itself sufficient to endanger the life of the patient, but the united effect of both may be dangerous, because both attack the heart, and

this constitutes the danger of pneumonia. "Death results from insufficiency of the heart."

He then proceeds to show how the exudation and the fever act on the heart. The exudation by offering an obstacle to the circulation through the lungs, compels the heart to more forcible action to overcome this obstacle, the fever induces increased labour on the part of the heart, and at the same time inflicts a direct injury on it. By fever the author seems to mean increased temperature only, which tends to produce degeneration of the muscular fibre of the heart.

From these pathological premises the therapeutic indications necessarily follow: diminish the fever, *i. e.* the increased temperature, by cold baths and quinine, and support the heart's action by a plentiful use of stimulants. And this is, in fact, the treatment pursued by the author with the most satisfactory results, as he assures us.

As the obvious action of the cold bath is to cause the contraction of the peripheral vessels, producing in them an increased resistance to the circulation through them, the work of the heart is thereby increased. But as the heart, as we were told, has already too much work thrown upon it by the obstruction caused by the exudation in the lung, there is danger of the heart becoming paralysed and of the patient dying of collapse, unless we employ at the same time some means of supporting the heart during this period of its increased labour. So before, during, and after the bath the patient must be plentifully dosed with stimulants. According to the severity of the case, more or less wine, of a stronger or weaker quality, is to be freely administered. Bordeaux for the milder cases; port, madeira, or champagne for the more severe ones. "If the bath be quite cold, I give from one to three large table-spoonfuls of wine about five minutes before the patient enters the bath, and I repeat the quantity while he is in it, and immediately after he leaves it." In short, the depressing effects of the cold bath on the heart are to be counteracted by the alcoholic stimulation of the heart.

To a mind unbiassed by hypothetical prejudices, it



would seem a more simple and natural plan to dispense with both cold bath and stimulants, as we would thereby avoid, on the one hand, throwing additional work on the heart, and, on the other hand, the necessity for affording additional support to the heart to enable it to get through its increased work.

But Dr. Jürgensen does not rely solely on the cold bath for diminishing the fever: he always employs at the same time large doses of quinine, from 30 to 77 grains at a time. At the same time he gives scraped meat, beef tea, eggs and milk, and at least a half or a whole bottle of wine per diem.

"The proof of the pudding is in the eating of it," and the proof of the treatment is in the results obtained. Let us see then what proof our author gives of the success of his treatment. At p. 149 he tells us that 80 per cent. of the cases require almost no treatment, and that it is only for the other 20 per cent. that active treatment is required. That is to say, 80 per cent. would get well of themselves, and only in 20 per cent. is there any danger to life.

He presents us with several statistical tables, showing on the one hand the results of the ordinary routine treatment, and on the other those of the antipyretic or cold bath treatment. In the Basel Hospital, in 652 patients treated on the ordinary system the mortality was 25·2 per cent. But as, according to our author, only 20 per cent. are dangerous cases, the ordinary treatment killed 5·2 per cent. more than could have died without any treatment at all, and this 5·2 per cent. does not represent the whole "destructive art of healing," for it is but fair to infer that some of the 20 per cent. of dangerous cases might have recovered if let alone. In the same hospital, in 230 cases treated by the antipyretic treatment, the mortality was 16·5 per cent. But as only 20 per cent. were dangerous cases, supposing all these would have died without treatment (a most improbable supposition), the number saved by the vaunted antipyretic treatment was at the very most only 3·5 per cent. Certainly not a very brilliant result.

In another place Dr. Jürgensen gives us the results of his own combined antipyretic, stimulant, and quinine treatment. In the Kiel Polyclinic, he treated 200 cases, with twenty-four deaths = 12 per cent.

In the Tübingen Polyclinic he treated 48 cases, with six deaths : a mortality of a little over 12 per cent. But as only 20 per cent. ran any risk, he can at the most only claim to have saved 8 per cent. by his scientific treatment.

Now, if we compare these results with those obtained by Dietl's expectant treatment, where the mortality was only 7 per cent., we see that the highly scientific and eminently "rational" active treatment adopted by Jürgensen actually killed 5 per cent. more than would have died under a purely expectant treatment ! Compared with the results obtained by the expectant treatment of the late Dr. Hughes Bennett, Jürgensen's treatment comes out still more unfavourably.

Dr. Jürgensen's success most assuredly does not make us discontented with the results of our homœopathic treatment, which shows a mortality of from 2 to 6 per cent. : the very highest mortality being just half of the very lowest furnished by the boasted antipyretic treatment.

On the whole, we must regard Dr. Jürgensen's paper as a lamentable specimen of the highest development of "rational" pathology and therapeutics. The former is as speculative and hypothetical, and, we may add, as unfounded, as anything to be met with in the writings of the dominant school from the days of Stahl and Hoffmann ; while the therapeutics are of the fussy, meddling character of the worst period of the allopathic art. The following passage is remarkable for its out-spoken defiance of the true position of the physician as the *minister naturæ*, and for its cynical disregard of the best interests of the patient. "In the milder cases there is no positive necessity for any treatment, except a simple regulation of the diet. But the prudent physician will, even here, usually prefer active interference to passive expectation." In one sense, doubtless, the physician would be manifestly imprudent to allow his patient to think he could get well without his "active

interference ;” but it is certainly not the most exalted prudence on the part of the physician to prefer the interests of his own pocket to the wellbeing of his patient.

Our review of the article on pneumonia in this volume of the *Cyclopædia* has extended to such a length that we have no space left for the consideration of the other diseases treated of. On some future occasion we may pass in review some of the remaining essays.

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*The Organization of our Medical Charities: an Address delivered at the opening of the Ninth Session of the Liverpool Northern Medical Society, Oct. 12th, 1875.*  
By JAMES PENN HARRIS, F.R.C.S., &c. &c. Liverpool, 1876.

IN spite of its chaotic grammar and archaic spelling of certain words (which latter may perhaps be the fault of the printer), this Address contains so much sound sense on the subject of which it treats that its perusal afforded us much pleasure. Dr. Harris's remarks respecting the Liverpool Medical Charities might be applied with equal effect to those of London or any other large town in Great Britain. He says that the number of hospitals and dispensaries has been uselessly increased. One of the causes of this is the exclusiveness of the older and larger hospitals, which exclude from their medical staff a great number of medical practitioners by exacting certain ridiculous conditions from them, such as that they shall not practise midwifery, dispense their own medicines, be the paid officer of a club, &c. The excluded naturally get up agitations for new dispensaries or hospitals, of which they may have the honour of being the medical officers. Thus a rivalry is created among the medical charities, which vie with each other in the numbers of patients they are able to boast of having treated during the year. This rivalry leads to the further evil of admitting patients without asking questions, the conse-

quence of which is that many mean people who could well afford to pay a full or a moderate fee to the doctor, avail themselves of the gratuitous advice to which they are invited by these institutions. Thus the medical profession is defrauded and a large number of the community demoralised. They are not particularly well cured either under this dispensation; for the number of patients frequenting these gratuitous institutions is so great that it is impossible for the medical officers to give to each case the attention it requires. The evil does not stop here, for it leads the doctor to adopt a slipshod and routine mode of practice at utter variance with a scientific pursuit of his profession. The eagerness with which medical practitioners compete for the unremunerated posts in the hospitals and dispensaries leads governors and managers to imagine that there is some enormous advantage to the doctor in obtaining the post of medical officer to these institutions, which delusion is often shared by the candidate himself. Mr. Harris justly says that the medical appointments in our charities should not be honorary, but remunerated. That they are not so is the fault of the medical profession itself. The non-medical persons who constitute the governing bodies of our medical charities have so long been used to *exploiter* without cost the time and talents of the ablest medical practitioners, that a demand for remuneration by the latter would strike them as being as absurd and unreasonable as Oliver Twist's request for more soup; and yet the grocer or tallow-chandler who thus disposes of the unpaid services of the doctor has perhaps a contract for supplying the medical charity with the wares he deals in, on which he would never dream of sacrificing his trade profit for the advantage of those suffering fellow-creatures for whose behoof he is so generously ready to give the doctor's unremunerated labour.

Mr. Harris points out with unsparing vigour the defects of our present methods of getting up and supporting medical charities. He also derides the modern fashion of making so many specialities in medical practice, and establishing corresponding hospitals and dispensaries. This excessive

subdivision of medical labour is fostered by the coryphæi of the profession to the disadvantage of medical science. We used to laugh at the ancient Egyptians for having doctors for each separate organ of the body, but things have almost come to that pass in this country. An "eminent" physician would never dream of relying upon his own skill for the treatment of any disease that might attack his patient's eye, ear, throat, kidneys, rectum, or indeed almost any other organ. He would at once suggest, if the patient is rich and can afford the luxury, the calling in of some doctor who professes to have made the diseases of the organ affected his special study, and thus the eminent physician plays into the hands of the specialist, expecting, no doubt, a return in kind from the latter. Our patients, too, follow this bad lead of the doctors, and are subject to the delusion that their ordinary medical attendant is unfit to cope with a malady that attacks any special organ. Accordingly it is no rarity to be told by a patient that he is under Dr. So-and-so for his eye, ear, or throat affection, and he wishes us to treat his "general health."

Another point to which Mr. Harris alludes is the want of hospital accommodation for those able to afford to pay moderately for it, but unable to procure at home, or mayhap in lodgings, the attention and service his case requires. "They order these things better in France." The *maisons de santé* in Paris and other large French towns supply a want much felt in all our manufacturing, academical, and commercial towns. What a boon it would be to the poor student or clerk stricken down by some acute disease to have a nice, quiet, well-served hospital to go to in place of being left, as he is now, in his miserable lodgings to the benevolent attentions of a hard-fisted and often hard-hearted landlady and her ignorant overworked maid-of-all-work. If in place of multiplying gratuitous medical institutions nominally intended for the poor, but actually frequented by many able to pay moderate fees to a doctor, some philanthropist would set agoing sanitary establishments for those able and willing to pay moderately for the comforts of a

Parisian *maison de santé*, an appreciable amount of good would be done to a most deserving and hardly-used class of the community, and such institutions would, we are sure, not only soon become self-supporting, but be able to pay an adequate remuneration to their medical attendants. We fear, however, that such institutions having nothing eleemosynary in their character will not attract the attention of those who are so readily fascinated by all that displays the glamour of a more or less make-believe charity.

There are many other points with respect to the organisation, amalgamation, and administration of medical charities which Mr. Harris handles with equal common sense. But we must confine ourselves now to what he says of our homœopathic charities, which shows him to be a liberal man, quite free from the bigotry so often met with in the dominant school. We have taken the liberty to make a few needful alterations in the construction of some of Mr. Harris's sentences and the spelling of some of his words.

“ I have yet to refer to a class of institutions which in any scheme for the consolidation of our charities would have to be considered, and would, perhaps, form a difficulty in connection with it; that difficulty I do not consider insuperable. I refer to the homœopathic charities, which, though of modern growth, have taken their rank and position in public favour and support, and have put forward claims to professional prestige and equality, which it would be no less illiberal than unjust to the supporters of those charities to ignore.

“ In mentioning thus, incidentally, the subject of homœopathy, it is with no intention to provoke a discussion on its special character or claims to support; though, in connection with it, I may perhaps be permitted to remind those around me that the history of medicine is mainly one of transitory systems; many of which viewed from our standing ground to-day may excite our surprise that they should have had advocates and believers; yet amongst these were to be found some of the most talented and honorable in the profession. And we are told, even now, that our position in respect to therapeutics is not so very far in advance of the period of Hippocrates. In a department of medicine, there-

fore, so open to conjecture, experiment and diversity of practice, we should, I think, be slow to denounce the opinions and practice of those dissenting from us, still less to subject them to derision or persecution. It appears to me that the attitude we are required to hold towards them should be one of encouragement and welcome, not of intolerant resistance, that we may have the opportunity of observing their labours in this most protean branch of medicine, that of therapeutics, as I believe it is only by the observation and comparison of our differences that we shall ever arrive at any effective results or approximative uniformity in practice. If homœopathy grew out of the uncertainty of, and dissatisfaction with, our present therapeutics, let us have the opportunity of witnessing what it has done towards the diminution of this uncertainty and dissatisfaction, and though we may fail to agree in the treatment of disease, we may afford each other some mutual aid in its diagnosis.

“Homœopathy, even by its supporters, be it remembered, is accepted as no final form of medicine, and I live in the hopes of seeing the absorption of their institutions into our own; and, with this, the extinction of our sectarian titles. As bearing on this matter, I may be permitted, perhaps, to call your attention to a letter published by Dr. Drysdale in the local papers some time since, on the occasion of his candidature for the Children’s Infirmary, in which he says, ‘The science of medicine is one, and the terms allopathy and homœopathy are mere names or nicknames, which have become attached to certain phases of medical theory and opinion which happen to be prominent at this time. Hospitals were founded for the sick, and not to support any particular doctrine or mode of practice which is liable, nay, even certain, ere long to become antiquated and superseded. To obviate the evil results from this tendency, the simple plan is to abstain from all interference with medical liberty, and trust the appointment of medical officers to our hospitals to the principle of free election from amongst all medical men who are duly qualified in each generation.’ Dr. Dudgeon in a letter called forth by the attempt to exclude homœopathic practitioners from membership in the Midland Medical Institute (recently formed), tells us that the sole difference between us and him is that he holds himself free to avail himself of all the resources of therapeutics including homœopathy, whilst we profess to avail our-

selves of all the resources of therapeutics except homœopathy. We both desire to do the best for our patients, but we hamper ourselves by an obligation to refrain from giving them the advantage of homœopathic treatment where applicable, whereas he does not so hamper himself.

"If such is the aspect and attitude of the body these writers so eminently represent, I do not see why we should not greet them as fellow labourers in the wide field of medical research, and not as men at whom obloquy and insult should be cast, and whom to meet or even mention in any medical relation were to incur the penalties of professional ostracism.

"Supposing the homœopathy of Hahnemann to be insignificant as an art of healing, there can be no doubt it has been of immense value as criticism on much of the medical practice of the day. Recognising which it should teach us what I fear we are somewhat slow in learning, that theoretical and practical differences in medicine are perfectly consonant with professional fellowship, as well as with scientific freedom and mental independence."

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*Homœopathy in its Relation to the Diseases of Females, or Gynæcology.\** By THOMAS SKINNER, M.D. Liverpool, 1875.

We cordially congratulate Dr. Skinner on his defection from the errors of old-school physic, and welcome him as a convert to the better system of Hahnemann. The sincerity of his conviction is evident, and he gives in this little pamphlet unmistakable proofs of being actuated by a sense of duty in publicly declaring his conversion to an unpopular medical creed. It is a rare and a remarkable thing for a man above the age of fifty to make an open confession of his previous wrong-doing in condemning without inquiry a method of treatment and in persecuting its practitioners, for Dr. Skinner, as he here informs us,

\* Why "Gynæcology"? The word is usually spelt "Gynecology," and sometimes "Gynæcology," but we apprehend that "Gynæcology" would not pass muster at a "Spelling Bee."



was one of the most bitter and prejudiced opponents of homœopathy, and an active agent in passing "the most illiberal law that ever was made by a profession styling itself liberal," viz. the law of the Liverpool Medical Institution, that excludes all who practise homœopathy from the Institution, and refuses even to admit them as subscribers to the library. On becoming convinced of the truth of the homœopathic doctrine, Dr. Skinner resigned his seat as a member of the Institution, but to our thinking his duty was to have remained and to have used his best efforts to obtain the repeal of the offensive law he had been instrumental in framing. His ready defection looked like acquiescence in the dictum of the ignorant bigots who assisted him to make the law, that homœopathy is not really a part of medical science. Drs. Drysdale and Moore, who belonged to the Institution before the law was made, still keep their places, and we think they are right, for in addition to retaining the advantage of access to the medical library, their presence as members of the Institution is a standing protest against the law which condemns unheard the system they practise.

Dr. Skinner's aversion to homœopathy is scarcely to be wondered at when we learn that he was a favourite and successful pupil of the late Sir J. Y. Simpson, and sometime the private assistant of that great obstetrician and unscrupulous opponent of Hahnemann's doctrines.

But while we give full credit to Dr. Skinner for his honest avowal of his previous errors and his enthusiastic adhesion to the system he formerly derided and persecuted, we regret that in his first public utterance on the subject he should assume such a hostile tone towards a large proportion of the adherents of the school to which he has nominally attached himself, and that he should make an open parade of dissension and disagreement on minor points, which can only tend to damage the credit and impair the strength of our small body. Vague denunciations of pathological indications, sneers at the objective signs as guides to treatment, assertions of the superiority of high

over low potencies, and so forth, can never be properly appreciated by the public. Such matters should be reserved for discussion in professional circles. Dr. Skinner has not the justification of an exclusive conviction on these points for his mode of treating them here, for he states that he uses his pathological knowledge derived from his previous studies in aiding his homœopathic treatment, he acknowledges his indebtedness to the great pathologists of this and other countries, and he asserts that he uses all potencies in his practice. In one of his illustrative cases which he adduces as having been treated "*secundum artem* on Hahnemannic principles" the only indication given is a purely objective symptom, "enlargement and induration of the left ovary," no subjective symptoms whatever being mentioned. After he had treated this case for two or three months with "allopathic tonics and gentle counter-irritation" he left off these and gave one dose of *Lachesis m.m.* (*Boericke*), and in three weeks the patient returned quite cured.

Now, as we read this case the only indication was the objective sign "enlargement and induration of the left ovary," and the prescription "*Lachesis m.m.*" is certainly not an illustration of Hahnemannian practice, for the pathogenesis of *Lachesis* has nothing like "enlargement and induration of left ovary," and, moreover, Hahnemann never heard of such a potency as "m.m." At p. 10 Dr. Skinner condemns what he is pleased to term Hendersonian homœopathy, which he alleges to consist in the adoption of the objective signs of disease as the *chief* indications for the selection of the remedy, and he finds fault with Henderson for making the "allopathic pathological conditions" (why *allopathic*?—how can a pathological condition be allopathic?) his guide for the selection of the remedy. But here we find Dr. Skinner making the objective signs the *sole* indication for his selection of the remedy, and the pathological condition his only guide to treatment! And this is the case which Dr. Skinner relates as *par excellence* a specimen of treatment "*secundum artem* on Hahnemannic principles"! And while

offering this case of exaggerated "Hendersonian homœopathy" (as he is pleased to call it) for our admiration and imitation, he thus patronisingly speaks of the system he condemns yet practises:—"I would not have it thought that Hendersonian homœopathy has been without its use. There is nothing in God's universe without its use and purpose." We have read precisely the same language in "goody" books in reference to the existence of loathsome vermin.

But we altogether deny the correctness of Dr. Skinner's account of Henderson's homœopathy. Henderson did not make objective signs his chief indications. The rules laid down by Hahnemann in the *Organon*, § VI, are those Henderson followed, viz. he takes notes of "the deviations from the former healthy state of the now disordered individual which are felt by the patient himself, remarked by those around him and observed by the physician." No doubt our improved modes of diagnosis enable us to increase the number of the *objective signs*, or those that may be "observed by the physician;" but who can doubt that Hahnemann would have been happy to avail himself of the aids to observation afforded by the stethoscope, the thermometer and chemical analysis of the secretions had they been employed in his day. What Hahnemann objected to was being guided to the remedy by theoretical pathological speculations respecting the essential nature of the disease. But here Dr. Skinner is not afraid to rush in where Hahnemann feared to tread. Thus, he tells us (p. 24) that "homœopathic medicines act upon the spirit or soul of man," and as an illustration he gives us the cure of a cat rendered inconsolable on account of the loss of her kittens by *Ignatia 1 m. (Jenichen)*. In this case we are to understand that it was the spirit or soul of the cat that was the seat of the disease, and that *Ignatia 1 m. (Jenichen)* acted on the cat's soul or spirit, and so cured it. Now, this involves a series of physiological and pathological hypotheses which it would be rather difficult for Dr. Skinner to substantiate. There is, first, the difficulty about the cat's soul or spirit. We do not know how the former

belief of black cats being familiar spirits of witches would help Dr. Skinner here. "Thrice the brinded cat hath mewed," says Hecate, so perhaps the tabby or brinded cat possessed the same spiritual quality. This difficulty disposed of, then comes the pathological hypothesis that this spirit or soul is the seat of the morbid process that shows itself in "tones of grief, making night hideous." Then there is the hypothesis that *Ignatia 1 m.* cures this state of things by acting upon the hypothetical soul or spirit thus hypothetically deranged. In short, we are entangled in a maze of hypotheses from which there seems no escape.

To return to the case of indurated ovary. The remedy selected was *Lachesis*. This selection was not based on the pathogenesis of the drug, and was probably suggested by a cure of "induration and ulceration of the ovarium" ascribed to Hering in *Hull's Jahr*, by *Lach.* and *Plat.* This case is thus illustrative of the error Dr. Skinner ascribes to Henderson and his followers, "of treating disease by name instead of the patients by the totality of their symptoms and conditions." The potency of the medicine indicated by the letters "m.m." is the millionth dilution vouched for by *Boericke*. In a note (p. 15) Dr. Skinner tells us that "the name following the potency is that of the physician who is responsible for the genuineness of the medicine and the accuracy of the power represented." But we know that *Jenichen*, one of Dr. Skinner's favourite potentizers, was not a physician but a horse trainer, and we suspect that *Boericke* is the respectable New York publisher of that name, as these "m.m." dilutions to which his name is attached are extensively advertised in the price lists of the publishing firm. *Jenichen*, *Boericke*, and the rest may say they are responsible for the genuineness of the medicine and its potency, but old and hardened sceptics like ourselves will ask who is responsible for *Jenichen*, *Boericke*, and Co.? *Quis custodiet ipsos custodes?* In the names of those who make a traffic of high potencies, we do not recognise any who have gained the confidence of the profession by services rendered to homœopathy or to medical science.

Now, the millionth dilution was altogether unknown to Hahnemann, and from what he has written would not, we believe, have met with his approval. Graf von Korsakoff, an enthusiastic amateur, had so long ago as 1832 manufactured the 150th, 1000th, and 1500th potencies, but Hahnemann, in commenting on the Graf's paper, says that while his experiments demonstrate how high medicinal attenuations may be potentized without their action being annihilated, yet it is not advisable to go above the decillionth (or 30th) in the treatment of patients (*Lesser Writings*, p. 858). He had previously written to Dr. Schreter, "I do not approve of your dynamizing the medicines higher, as for instance up to xii and xx. There must be some end to the thing, it cannot go on to infinity" (*Ib.* p. 859). In the last edition of the *Organon* (§ cclxxxvii, note) he speaks of the action of the 60th, 150th, and 300th potencies, which, he says, are only slightly inferior in strength to the 30th, but he does not recommend them to be used in place of his favourite 30th. This is almost all we know of Hahnemann's opinion on the subject of high potencies, and it certainly does not countenance the extreme lengths in diluting practised by some of his modern followers. But passing over this little difficulty and conceding—which, of course, we only do for the sake of argument—that Hahnemann would have approved of the millionth potency of a drug, we must, in preparing our millionth potency, attend to the directions Hahnemann gives for the preparation of medicinal potencies, if we would be true followers of Hahnemann—Hahnemannists in fact, and not "Hendersonians" or any other mongrels. Now Hahnemann directs that the various potencies shall be made with spirits of wine in the proportion of one drop of the tincture, or of the lower potency, to ninety-nine of spirit; that a separate bottle should be used for each potency, and that at least two powerful shakes should be given on making the mixture in order that the incorporation shall be intimate. Do our million-potency makers attend to these rules? If they did they would require upwards of 2000 gallons of spirits of wine for making the millionth potency of a single medicine, one million

clean bottles, and, as they could not make more than four potencies in a minute, giving each potency its due number of shakes, supposing they laboured incessantly for twelve hours each day, and six days a week, they would require considerably more than a year's hard and incessant toil to make one medicine up to the millionth potency. But we shall be told the exalted potencies are not made in this way. Spring water, not spirits of wine, is used, one bottle, not a million, is employed, no shakes are given at all, or if so the shaking is done—as we now have our hair brushed—by machinery. If this be so, all we can say is that that the potencies may be what they will, they are not potencies in Hahnemann's acceptation of the term, and we cannot with propriety call ourselves Hahnemannists if we depart so completely from Hahnemann's directions.

But let us examine this model case of Hahnemannian treatment more closely, and see if there is any reason to suppose that the cure was due to *Lachesis m.m.*

And in the first place let us see if the *Lachesis m.m.* may not be something else than what its name implies. Recent papers in *Nature*, the *Microscopical Journal* and elsewhere, tend to show that the molecules of matter are not infinitely divisible, but on the contrary, are of a certain calculable size, and consequently of a limited number in a given space, and all authorities on the subject agree that their number would soon be exhausted by dilution in the mode effected by homœopathic processes. The most liberal computation would certainly not allow the possibility of any atoms of the original substance being present in, say, the 50th dilution. How then can we admit that any atoms of *Lachesis* can be present in the millionth dilution? Long before it has reached that length every trace of the remedy must have been eliminated, if the drug is in the atomic form, and we have no evidence whatever that it can exist in any other conceivable material form. As Hahnemann said: "There must be some end to the thing, it cannot go on to infinity."

We were lately invited by one of the physicians responsible for dilutions used by Dr. Skinner to cross the Atlantic

in order to view his process for making high potencies. He promised us that if we saw nothing else we should see "the best washed bottle we ever saw in our life." This, we think, accurately expresses the true character of modern high potencies. Believers in such potencies can hardly believe in the modern atomic theories of Thomson, Maxwell, Helmholtz, and others. If we are to take Dr. Skinner as an exponent of their views and adopt with him the belief that homœopathic potencies act upon the soul of the patient—whether human or feline—then we must credit our high potencies with being of soul-nature also—*similia similibus*. This would render them independent of calculable atoms, and the high potentiser might say of his bottle, parodying Moore's words :

" You may wash, you may scour out the flask as you will,  
But the soul of the med'cine will stick to it still."

But is there nothing then in these so-called "m.m." potencies? Yes, of course there is. The spring water from which they are manufactured contains appreciable quantities of various saline ingredients, notably salts of lime, soda, magnesia, and others. Each dilution will then, at all events, contain the first centesimal potency of the water of the previous dilution, not to mention higher potencies of the water and its constituents from earlier dilutions. And if the dilution is made by the New York plan of filling and emptying the same phial, the final dilution of the drug must always at the same time be the first dilution of the impurities of the spring water—a quite appreciable homœopathic medicament, if we remember the influence of drinking water as one element in the action of change of place on the health.

Can we deny all medicinal power to these potentised drugs which are already recognised as powerful remedial agents in our *materia medica*? Assuredly not. Here then we have a rival claimant with the supposed *Lachesis* for the honours of the cure. In the struggle for existence among the potentised drugs, the attenuated serpent virus will, we fear, fare but ill, and the fittest to bear the struggle

will survive independently of the wishes of the assiduous potentiser.

But there is another element that comes into play in this model Hahnemannian cure. We are told that for fifteen months previously to coming under Dr. Skinner's care she had been treated allopathically, and that for two or three months after she became Dr. Skinner's patient he treated her with "allopathic tonics and gentle counter-irritation." Then all at once the dose of *Lachesis m.m.* was administered and the patient *left alone* for three weeks. May we not give the credit of the cure to this leaving alone, giving no irritating medicines and employing "no local treatment or application of any kind and allowing her to go about and do just as she pleased short of inducing pain or fatigue?" To our mind this rather than the *Lachesis m.m.* seems the important curative agent in the case.

In this case (and the same may be said of the other cases treated with the exalted potencies) the cure may have been effected by nature, by the potentised water impurities or by the *Lachesis m.m.*, a quantity expressed by a fraction having 2,000,000 of cyphers for its denominator. It would require a very great multiplication of proof to establish the curative power of the millionth dilution of any remedy, and we may add proof of a very different character from that afforded by this case, where there was no evidence whatever of a homœopathic resemblance between the drug and the disease. Until such proof is given we deny the right of any one to represent such treatment as a fair exposition of either Hahnemannian homœopathy or that of the vast majority of the homœopathic school.

It is amusing to find Dr. Skinner inveighing against the pathological condition as a guide to the selection of the remedy, and stigmatising it as Hendersonian homœopathy, yet offering for our admiration a case where this pathological condition was the sole guide to his selection of the remedy, to which he was led not by any homœopathic resemblance in the pathogenesis of the remedy but only by some empirical clinical experience, without a shadow of proof that it was homœopathic at all.



The truth is that the whole question of the supposed abnegation of pathology by Hahnemann in the homœopathic treatment has been entirely misunderstood. There is no question that in every case of homœopathic cure it is always the *pathological simile* which we treat, and never a mere hollow abstraction called the "totality of the symptoms." The sole difficulty and ambiguity is that by means of the homœopathic law, we can often by covering the symptoms, attack and destroy the essential pathological state that gives rise to the symptoms, though we are ignorant of the precise nature of the pathological change in the organism. It is only that we are ignorant of it, for the pathological nexus does and must exist. As an illustration we may take one of Dr. Skinner's cases (No. x), where "ill-humour before and during the menses" seems for some reason as yet inscrutable to us one sign of the pathological unity of the whole group indicating a resemblance to the pathological change produced by *Chamomilla* which would enable that medicine to effect a homœopathic cure.

When Hahnemann had to treat a case of dropsy, he would have been glad to know that the symptom of albuminuria pertained to certain kinds of dropsy, and if he had known that some medicines were capable of producing this condition of the urine, he would have hailed this as a guide to the selection of the true simile. In this case we happen to know something—not by any means everything—of the internal nexus between that sign and dropsy, and if we make use of this knowledge for the purpose of determining our choice of the remedy, are we to be sneered at for being guided by pathological indications and disparaged as Hendersonian homœopaths; while those who will only be guided by resemblance of subjective symptoms to the pathological states at the root of the disease, of which the connection is as yet inscrutable and unintelligible are lauded as Hahnemannian homœopaths? We protest against the injustice done to Hahnemann, as well as to many of his most zealous adherents, by such invidious distinctions.

We are sorry that we have felt it necessary to notice the

first publication of a homœopathic novice in other than the customary terms of approbation, but the author is to blame for this, as he has adopted an aggressive and partisan tone in speaking of those of our school from whom he fancies he differs on some minor points, very unusual and, in our judgment, unbecoming in a convert of barely eighteen months' standing, for it can scarcely be, that his own experience during this brief period has enabled him to pronounce an opinion that could be of any value in the disputed points of theory and practice, and it is surely unworthy of a physician of the high standing and long experience of Dr. Skinner to take his opinions on a subject in which he is confessedly by novice all cut and dry at second hand.

Though Dr. Skinner pronounces a most decided judgment on the dose question, and expresses his partiality and preference for high potencies, asserting that "they can accomplish in one dose and in a short space of time, what low potencies will never effect in any dose, or however often repeated;" in spite of this he deprecates the imputation of being "tied to high potencies," and he says (p. 51) that the division of the homœopathic school into low and high potency men "is a mere trick of the Arch Enemy of mankind and of all truth to break up our ranks by destroying our unity." It seems that said Arch Enemy has found a ready instrument in Dr. Skinner himself for the accomplishment of his infernal design of destroying our unity, for his book is written in a distinctly aggressive and partisan spirit, condemning those who differ from him, and nicknaming them Hendersonians, while he shows that he has completely mistaken the teachings of that great physician and eminent pathologist, whom he seeks to vilify by branding with his name the supposed holders of certain monstrous doctrines, which have no existence except in his own imagination. It would be amusing if it were not so disastrous to the cause of truth and science, to observe how glibly Dr. Skinner condemns the great scientific expositor of Hahnemann's doctrines from the serene heights of his eighteen months' experience, accusing him of "deviating

from the truth as discovered, held, and practised by Hahnemann," while all the time Dr. Skinner himself shows that he has deviated from the teachings of Hahnemann, with his "m.m." potencies and unlimited confidence in "Drs." Jenichen and Boericke, a thousand times more than ever Henderson did, and that his model case of treatment on "Hahnemannic principles" is utterly opposed in every possible way to the principles it professes to illustrate.

We trust that long before Dr. Skinner's eighteen months' acquaintance with homœopathy shall have ripened into our own nigh twice eighteen years' experience, he will have found cause to modify some of the extreme views he puts forward in this his first work on homœopathy, and we believe he will be taught by further experience that the truth does not dwell exclusively with the partisans of any one-sided views. A longer and more intimate acquaintance with homœopathic literature and practice will, we doubt not, make Dr. Skinner more tolerant of the views of other practitioners, and spare us the not very edifying spectacle of a tyro in the art, a convert of yesterday, fulminating his condemnation of such a master in the art, and such a tried and valued champion of homœopathy, as the late Professor Henderson, for not accepting every dictum of Hahnemann, but for acting in strict conformity with the advice given in the very next page by Dr. Skinner himself: "let every man judge for himself—let him take nothing on the *ipse dixit* of any man, no, not of Hahnemann himself." A more careful study of Hahnemann's writings will teach him that he has failed to apprehend the meaning of the author when he represents his treatment of the case of indurated ovary by *Lachesis m.m.* as a specimen of treatment "on Hahnemannic principles," and that this case is an exquisite example of "treating pathological conditions of organs as diseases," which he sneers at in a previous page.

We have always upheld the principle that discoveries in science remain the property of no man, and when once they are made known they must be judged and applied by the rules of true science alone. We do not uphold Hahnemannism or Hendersonianism, or assuredly any other

“ism” named after lesser men. We hope we have always manifested the due sense of *pietas* towards Hahnemann, for his great discovery of the law of specifics; but we hope also that that feeling will never warp our judgment in the following out and application of it according to the true principles of science, which is one and indivisible, and cannot bend to the will or opinions of this man or that.

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*Journals of the Quarter.*

OUR notices of contemporary homœopathic periodicals have been crowded out of late. In our January number we made up the arrears as regards those of Germany; and on the present occasion we shall review the journals which have appeared in France, Belgium, and America, since our last notice of them.

FRANCE.—*L'Art Médical*. April, 1875—February, 1876.—With the *pièce de résistance* of the earlier numbers of this series—the article *De la mort de Socrate par la Ciguë*, by Dr. Imbert-Gourbeyre—we have already enriched our own pages. We are sure that our readers have thanked us for putting them in possession of this most learned and luminous treatise. Dr. Imbert-Gourbeyre is a dangerous adversary to encounter. Let any one express a doubt as to the reality of the symptoms ascribed by Hahnemann to any drug; and, if it be a poison, our author evokes from the stores of medical literature testimonies so numerous that it appears we must add to the Hahnemannian pathogenesies instead of reducing their volume. We are glad to see that he appreciates the collection of records of poisoning by various drugs, so industriously made by Dr. Berridge, and now appearing in this Journal.

In the February number this indefatigable writer commences a study of the calcareous preparations, which promises to be very valuable. He states that the action of

*Calcarea carbonica* in goitre was the first fact which satisfied him as to the efficacy of infinitesimal doses. Chlyssiol had published in the last century four cases of the affection rapidly cured by calcined egg shells. Dr. Imbert-Gourbeyre selected a case of many years' standing, the goitre being of great size but soft. The patient took night and morning, for nine months, about  $\frac{1}{4}$  grain and a half of the fourth trituration of *Calc. carb.*; and before the end of this time the thyroid enlargement had entirely disappeared.

Besides these more elaborate contributions, Dr. Imbert-Gourbeyre gives us, in the September number, a case of hydrocele cured by the internal administration of *Arsenic*, in fractional doses of Fowler's solution.

Another writer who appears in nearly every number of *L'Art Médical*, and always to advantage, is Dr. Jousset. He shows himself equally at home in forensic medicine, in pathology, in medical politics, and in clinical observation. Indeed, this wide range of interest and knowledge is characteristic of the Journal. A leading feature of every number is a survey of what is being done in the general field of medicine, surgery, and obstetrics; so that narrowness of view is impossible to its readers. It is French work, of course, which forms the main object of contemplation; but if each leading homœopathic journal would do the same for its own country, nothing could be better for the general advantage.

The only part of *L'Art Médical* which seems to us needless is its report of lectures, meetings, and cases of the Hôpital S. Jacques. It is here occupying the same ground as the *Bulletin* of the Society, and often repeats its actual contents. Even were the latter coincidence avoided, it would seem much better that the official organ of the Society should embrace all the material relating to its hospital, for the sake of future reference.

Dr. Jousset's sixteenth clinical lecture, in the September number, contains a striking case of bleeding piles of many years' standing, rapidly cured by *Hamamelis* 3; and thereto are appended some interesting remarks on the hæmorrhoidal diathesis, and on the remedies for its rectal manifestation.

He mentions a new medicine, *Sedum acre*, as very beneficial in fissure of the anus. His seventeenth lecture, in the issue for October, is still more valuable. It begins with two cases of chronic gastritis—in one of which thickening of the pylorus, simulating cancer, was present—cured by *Nuxvomica* 30. It then goes on to distinguish between gastritis, gastralgia, and dyspepsia; and lastly, to characterise the leading stomach medicines in their relation to these complaints. We are glad to see that Dr. Jousset is about to publish, in a separate form, these most luminous and instructive teachings.

In the December number Dr. Claude begins a collection of facts relative to the physiological and curative actions of *Cuprum*; and Dr. Guérin Meneville translates the introductory lecture of Dr. Hughes to his course of *Materia Medica* at the London Homœopathic Hospital.

In January and February Dr. Jousset discourses on the history and present position of homœopathy. With much that he says we can fully agree; but his view is singularly limited by a French horizon. He seems to think that Tessier and his disciples were the first to criticise the theoretical doctrines of Hahnemann, and to wed his method to a better pathology; and when he reads recent deliverances on homœopathy in this country, he felicitates his readers that "the influence of the teaching of *L'Art Médical* is manifest" here. If our colleague will read any historical account of homœopathy, he will find that its "emancipation from the person of Hahnemann" (as Dr. Lorbacher calls it) had made great progress in Germany while Tessier was yet in the darkness of allopathy. And if he will look over the thirteen annual volumes of this Journal which appeared before *L'Art Médical* had an existence, we think that he will see a homœopathy expounded there by its original editors, by Henderson, Madden, and others, which is that which his own periodical has taken up, and which we are advocating at the present day.

While we write thus, however, we are not unconscious of the services done to homœopathy by Tessier and those who surrounded him; and we hardly think that its English

representatives are fully aware of them. We look forward to the great history of our system and its literature which will be presented to the forthcoming World's Convention as likely to inform us all not a little of one another's doings.

*Bibliothèque Homœopathique*, April, 1875—January, 1876.—*Hydrastis*, *Allium cepa*, and *Allium sativum* are the subjects of the "Pathogenesies nouvelles" of these numbers. Dr. Desterne has contributed some more of his useful "Notes éparses;" this time on *Ammonium carbonicum* and *muraticum*, *Agnus castus*, *Asparagus*, and *Arsenicum*. His plan is (or was, for he is no longer among the living) to collect from journals and systematic works such recommendations of the several drugs as he can find. There is rarely any original matter in the *Bibliothèque*; and the numbers before us, save the last two, are no exception to the rule. It is Dr. Chargé of Marseilles who, in December and January, redeems the credit of his section of the French homœopaths. The number of the former month is entirely occupied with a monograph from his pen on typhoid fever, in which the symptomatic indications for its remedies are very fully given. We observe that he has a high opinion of *Baptisia* in all stages of the disease when the pulse is soft and the exhalations incline to be foul. "Fetidity," he says, "calls for *Baptisia* as surely as burning for *Arsenicum*." In the January number Dr. Chargé gives an exhaustive summary, in symptom form, of the chief pathogenetic and therapeutic effects of the last-named medicine.

*Bulletin de la Société Médical Homœopathique de France*, June 1875—Jan. 1876.—In these numbers we have some more clinical teaching and records of cases from the Hôpital S. Jacques, mainly by Dr. Jousset. In July he concludes his remarks on chronic aortitis, which we strongly commend to our readers when published in his collected lectures. He finds *Belladonna* to relieve the sufferings of the malady better than any other medicine. In the same number he has some interesting remarks on the value of what he calls the *régime maigre* in phthisis, which means the withholding of meat and wine from its subjects, who are otherwise liberally supplied with aliment. He finds such treatment,

when instituted early in the course of the disease, very beneficial.

A full, but condemnatory, review of Dr. Granier's gigantic *Homœolexique* occupies many pages of the same number.

That for August has somehow failed to come to our hand. September brings us an elaborate article on acne, by Dr. Cretin, who regrets that he cannot boast of any great success in its treatment. This number closes with the best biographic notice of poor Jahr that has yet appeared: it is from the pen of his friends, Messieurs Catellan, *frères*. The discussions of the Society, also, always full of interest, are herein resumed. In the October and November numbers, Dr. Frédault takes up the clinique of the hospital, and gives some interesting cases; among others relating some successful experience in locomotor ataxy with *Zincum sulphuricum*.

In the November number Dr. Claude gives an appreciative account of our Manchester Congress of 1875, where we were pleased to see him, and with which we are glad to find that he was gratified. He reproduces in much detail Dr. Bayes' presidential address, and, only less fully, the papers read at the meeting.

In the discussion of the Society reported in December, M. Ozanam makes an interesting suggestion relative to the action of *Aranea diadema* in intermittents. He connects this with the repute of the cobweb of the black spider in these affections; and thinks that both owe their virtue to the quinine-like substance which Bence Jones has discovered in all animal matter. In this number Dr. Molin takes up the clinique of the hospital; and among his cases are two of interest: one of periostitis cured by *Mercurius dulcis* 6 and *Aurum metallicum* 12; the other of acne removed by the third trituration of *Kali bromidum*.

In the January issue Dr. T. Conqueret, who has often displayed himself as somewhat a free lance, advocates nothing less than a departure from the rule of the single medicine which—as he says—has hitherto been universal among



homœopathists. We cannot say that we wish him to find supporters in his innovation.

BELGIUM.—*Revue homœopathique Belge*, June 1875—February 1876.—Belgium has had to mourn a sad succession of losses in the homœopathic ranks of late, and nearly every number of this Journal has contained an *éloge funèbre*. To Mouremans and Varlez are added in the present quarter Dupire, Dewilde, and lastly Jahr, whom since 1870 Belgium has counted among her residents. We have already given our own obituary notice of this well-known writer: we have only to say that the *Revue Belge* is warm in his praises.

In the first three numbers Dr. Martiny, the editor, continues his excellent sketches of the actions of drugs, and Dr. de Moor his translation of Wable's pathogenesis of *Eupion*. In July Dr. Martiny translates for us Kafka's recommendations as to the use of *Bromine* in inhalation for croup, à propos of his case of cure by it noted in our last volume (p. 539). He finds the 1st centesimal dilution most suitable for the purpose: the 1st decimal is too irritating.

In the numbers from September to February the editor, Dr. Martiny, endeavours to present to his allopathic colleagues a true view of the actual state of homœopathy by citing large portions of recent public addresses by its representative men in England and France. Drs. Dudgeon and Bayes in this country, Drs. Jousset and Gonnard over the Channel, are the expositors selected. This article has since been separately published.

Another long article, running through three numbers (Oct.—Dec.), is a discussion of the significance of the phenomena of "stigmatisation" manifested in Louise Lateau. There seems no doubt of the reality of the facts; but as to their interpretation there is, as may be supposed, much question. Dr. Imbert-Gourbeyre and our present writer, Dr. Jorez, think that no natural explanation will suffice to account for them; but they argue, as is fitting in a medical journal, from a purely scientific point of view.

In the October number, Dr. Godfroid, of Namur, confirms

Teste's recommendation of *Ledum* for effects of punctured wounds by a very satisfactory case, which we translate here :

"Among the cures which have most struck me since I occupied myself with homœopathy (my first attempt—a success—dates back to the year 1863), there is one that I desire to make known, not only for the fact itself, but chiefly to render homage to one of the most distinguished physicians of the new school.

"Three years ago a poor woman came to me to claim my services for her son, a boy of eight years old. This child, playing in the workshop of his father, by trade a tailor, fell so seriously that he buried in his skull the sharp point of the scissors which he was holding in his hand. The instrument penetrated a little obliquely, and with such force that it remained fixed in the bone (the right parietal). They were afraid to draw it out. The wound was but narrow, and gave, when bound up, but a slight flow of blood. I ordered *Arnica* internally and externally.

"I had heard no more of this accident, and had almost forgotten it, when about three months later the same woman came again to consult me about her child. She told me that since his fall she had noticed his health to be altering from day to day. He had begun by appearing sad, seeking solitude, and eating little. Then he got more thin and weak every day. As evening approached he appeared restless and agitated. Then came on epileptiform attacks. These attacks lasted several minutes and repeated themselves at intervals during the night, which he passed absolutely without sleep. 'In short,' continued the poor mother, 'if this lasts a fortnight longer my child is lost.'

"I found the little patient just as she had described him to me, pale-faced and thin, and with an air of suffering and terror. He would not even answer the questions I addressed to him. One saw in him that the springs of life were deeply affected. The wound offered nothing worthy of note.

"I was, I confess, very much perplexed. However, on going back to the apparent cause of the evil, I happily remembered the discovery made by the eminent Dr. Teste, and I sent to my

patient, without much hope it is true, some globules of *Ledum* 12, to be dissolved in a glass of water, and to be taken by spoonfuls. The effect surpassed all that I could have hoped. Forty-eight hours after the administration of the first dose of the remedy the convulsive attacks had ceased, and sleep had returned, so had appetite and gaiety: it was a complete restoration. A fortnight later the little patient was quite set up again. The medicine had not to be renewed."

In December we have an account of another re-discovery of homœopathy, by Professor Burggræve, of Ghent, under the name of "la méthode atomistique." He encounters against it the same objections which are made to the infinitesimals of homœopathy, and meets them in the same manner; but he is careful to protest that it is quite a different thing from homœopathy that he is advocating. Dr. Loin, of Brussels, well exposes his ignorance or bad faith—we know not which to call it.

In January and February we have an account of a very pretty quarrel which has been raging in Belgium. A lay paper of the capital, the *Chronique*, contained in its issue of Nov. 18th a proposal that a chair of homœopathy should be created in the University of Brussels. Dr. Crocq, a professor thereat, was much shocked at such an idea, and delivered at the Hôpital S. Jean a clinical lecture on a case of poisoning by petroleum, in which he referred to the homœopathic use of this medicine, and roundly attacked the whole system. His remarks being published in the *Presse Médicale*, the *Journal de Liège* had some unflattering comments on the violence and prejudice displayed therein. Dr. Crocq wrote to defend himself, and repeated a challenge which he had made to the homœopaths to display their therapeutic powers on patients whom he would furnish to them. The Belgian Homœopathic Society was convoked to consider his defiance, and decided to take no action in the matter, on the ground of want of confidence in the fairness with which the proposed experiment would be carried out. But though the Society was thus discreet, two individual representatives of the system in Belgium

could not refrain from the combat. M. Léon Gaudy published in the *Gazette* a proposal to test the merits of homœopathy *in corpore vili*, viz. upon the animals attacked by the pleuro-pneumonia now epidemic in the country. No reply seems to have been vouchsafed to this reasonable suggestion. Another warrior now stepped forward in the person of Dr. Gailliard. He offered to accept Dr. Crocq's challenge, provided that a ward in the hospital was assigned to him under conditions which should ensure perfect freedom and fairness on all sides. Dr. Crocq, rendered wiser by a temporary absence and by some good advice received from older heads, withdrew his glove and refused the fight.

Peace seemed now to reign ; but a few days after Dr. Crocq had retired, three other Belgian allopathists addressed the Homœopathic Society. "You tell us," they said, "that we know nothing about homœopathy, and are incapable of judging it. Admit us, then, to your doctrinal lectures ; show us the effects of homœopathic medicines on the healthy body ; and demonstrate their curative powers on the sick." The Society, unwilling to engage in useless warfare, at first made no reply ; but again Dr. Gailliard entered the field. "Give me," he said, "a professor's chair, and you shall have lectures : give me a hospital appointment, and you shall see treatment." But the challengers, with some reason, replied that if these requirements were necessary ere homœopathy could be learnt, how did Dr. Gailliard learn it? The Society now thought it incumbent upon them to take up this reiterated demand for information, and offered to supply it, provided a reasonable audience was obtained for their prelections. This the challengers considered in no way incumbent upon them ; and they terminated the controversy with a long letter to the *Presse Médicale*, in which they represented the homœopathists as afraid to meet them, and made much of the differences of opinion existing amongst themselves. To this Drs. Martiny and Moreau replied in the February number of the *Révue*, by an article on "The Two Homœopathic Schools," showing that in all such movements there will be a traditional and a progressive party, and that no blame but rather honour should attach

to homœopathy because the latter party predominates in its foremost ranks.

All this fighting has led to the establishment of another homœopathic journal in Belgium, *La Révolution Médicale*, which is to be devoted to the homœopathic controversy. Dr. Flasschoen is its editor; and it is to appear fortnightly. The first three numbers are before us. They relate the story we have summarised above, and contain the commencement of another. M. Boens, of Charleroi, is the allopathic champion this time; and he announces that he has a rod in pickle for us in the shape of a work entitled *Homœopathy Unmasked*, in which our errors and mystifications and trickeries shall be displayed to an indignant world. He has no sooner sent this announcement, in an abusive letter, to the editor of *La Révolution* than he wishes to withdraw it, which, however, he is not permitted to do. There will probably be some more news of interest for us from Belgium ere long.

AMERICA.—*Ohio Medical and Surgical Reporter*, Jan.—March, 1875.—We place this journal first on our American list because it is—at any rate of late years—new to us. It is of bi-monthly issue, and “hails” from Cleveland, the seat of one of the oldest homœopathic colleges in the States. Its general editor is Dr. W. A. Phillips; while the surgical editing is done by Dr. H. F. Biggar. The January and May numbers of 1875, which are all that have reached us, are the first and third of the ninth annual volume.

The January number contains a valuable contribution to clinical observation, in the shape of an article on “Medicine in the East,” by Dr. L. B. Lane. It is satisfactory to learn that in such genuine dysentery as is to be seen at Bangkok, *Mercurius corrosivus* is as successful as in the milder malady of cooler climes.

There is also a proving of *Stillingia*, and several other useful articles. In the May number is commenced a valuable article on spinal affections, which seem to be receiving a good deal of attention in America at present.

Electricity and the ice-bag are freely used, in addition to specific remedies.

*North American Journal of Homœopathy.*—May—Nov., 1875.—Having greeted our new-comer, we now give the place of honour to the *North American*, once again the only transatlantic quarterly, near the end of its twenty-second year, and never so vigorous as now, under the earnest and genial editorship of Dr. Lilienthal. The May number of last year contains an interesting account of the homœopathic institutions of New York, in an inaugural address delivered to its medical society by the president, Dr. B. F. Joslin. It seems that there are seven dispensaries in the city; that the Protestant Half-Orphan Asylum, the Home for the Friendless, and the Five Points House of Industry, are officered by homœopathic practitioners; that the New York Ophthalmic Hospital has been placed under this method of treatment, and a Surgical Hospital established in which it may be carried out. The New York Homœopathic College is completing its fifteenth year: it has an able and zealous staff and plenty of students. Last, there is a New York Medical College and Hospital for Women, which is now nearly twelve years old.

This is followed by an excellent paper read before the same society by Dr. Samuel Jones, entitled "A Fragmentary Commentary on the Pathogenesis of Picric Acid." This is a substance lately proved by some students in the New York College, and experimented with on animals. It seems to act powerfully on both the nervous centres and the blood: we shall hear more of it. Dr. E. M. Hale then gives us a detailed history of a curious case of "cerebro-spinal disease simulating peri-carditis," which exhibits (if nothing else) the versatile and eclectic character of the practice of the author of the "New Remedies." The "Therapeutic Fragments on Scarlatina," by Dr. Buchner, which follow, are not much to our taste: we wish Dr. Lilienthal were not so fond of translating this very hazy author, especially as he himself does not shine in rendering his crabbed German into English. Another delightful paper by Dr. Jones next greets us, being "A Communication

on *Helonias dioica*," a drug which he has been proving on himself, taking 1425 minims of the mother-tincture and 19 grains of *Helonin* within a week. He ends it with an "arrangement" of the drug, containing all observations extant regarding it in schema form. Next comes a solid and valuable article translated from the German of Dr. H. Goullon, jun., on "Gold and its Therapeutical Use." The comparison of *Aurum* with *Mercury*, *Arsenic*, *Silica*, *Platina*, *Phosphorus*, and *Sulphur* is most instructive. In subsequent papers, Dr. Dart tells of the usefulness of *Sticta pulmonia* in hay-catarrh; and Dr. Terry recounts the indications for remedies in aphonia. Altogether, this is a wealthy number of the *North American*; and we hope it is a presage of the time to come.

The August number is not so good a one as the last, but has some useful articles. Dr. Buchner is more practical and intelligible than usual on the subject of diphtheria. A paper on "Posterior Spinal Sclerosis" (*i. e.* locomotor ataxy), by Dr. R. K. Valentine, mentions a case in which striking benefit has been obtained from *Picric acid*, of which we have spoken above. It was of nine months' standing when first seen. Besides other symptoms, "on attempting to walk he pressed his hand upon his loin, and would slide his feet along the ground in a sort of paretic condition, soon becoming exhausted." After the failure of *Nux vomica*, *Alumina*, and *Phosphorus*, *Picric acid* was suggested by Dr. S. A. Jones, and given with almost immediately beneficial results. After its administration for three months the patient was able to walk at least a mile and a half. The 6th, 30th, and 200th potencies were given; but the best results are said to have been obtained from the 6th. The symptoms of the drug, as cited from its proving, certainly indicate spinal paralysis; but we do not see in them—nor, indeed, in the case benefited—the distinctive features of ataxy.

From a translation of a clinical lecture on cancer by Surgeon-General Nussbaum, we are glad to see that he speaks hopefully of its medicinal treatment; especially by *Condurango*. Dr. Lilienthal mentions, in his notes to the

paper, that Professor Friedreich reports a case of carcinoma ventriculi cured in two months by a macerated infusion of this substance. Dr. Higgins communicates some cases of chronic diarrhoea cured by *Apis*, mostly in the 12th dilution.

In the November number Dr. Lilienthal attempts the therapeutical rescue of *Psorinum*, as Dr. Hering once did its chemical; but hardly, we expect, with greater success. If, however, any of our readers feel disposed to use this very questionable product, they will find here a translation of its pathogenesis obtained from globules of the 30th and a number of records of its use. The indefatigable editor has had to fill a good deal of the present number, which he has done mainly by translating accounts of disease from German or French allopathic sources, and then discussing their homœopathic treatment as recommended by authors of the latter school.

*Hahnemannian Monthly*, June, 1875—Jan., 1876.—In the first of these numbers we again encounter Dr. Lilienthal in a paper on "*Ferrum* and its relations." A little more scepticism and criticism would greatly benefit our colleague's discussions of medicinal action: he believes too much, and makes prodigious assumptions. The following editorial note will be interesting to our readers:

OUR COLLEGES.—The homœopathic colleges of the United States seem to be doing a flourishing business, notwithstanding the "hard times," as the following table, showing the number of graduates of each institution, indicates:

|                                    |     |
|------------------------------------|-----|
| Hahnemann, Philadelphia . . . .    | 52  |
| New York Homœopathic . . . .       | 38  |
| Hahnemann, Chicago . . . .         | 35  |
| Boston University . . . .          | 30  |
| St. Louis Homœopathic . . . .      | 27  |
| Cleveland Hospital College . . . . | 24  |
| Pulte, Cincinnati . . . .          | 23  |
| Detroit Homœopathic . . . .        | 19  |
| New York College for Women . . . . | 9   |
| Total . . . .                      | 257 |

There were 203 graduates in 1873, and 183 in 1874.



*The Hahnemann College of Philadelphia* naturally heads the list, being the oldest college in the country. Its organisation is much the same as last year. Professor A. R. Thomas is the Dean, and Professor O. B. Gause the Registrar. The two new professors appointed last year, Dr. B. F. Betts (*Physiology*), and Dr. E. A. Farrington (*Materia Medica*), are giving very satisfactory lectures in their departments. Dr. Betts' lectures on Physiology are characterised by thoroughness and accuracy, and he makes his subject interesting to the students. Dr. Farrington, in the chair of *Materia Medica*, is the "right man in the right place." He possesses the happy faculty of imparting knowledge of this important but uninteresting subject in a taking manner, and has made a hit as a teacher. Though still quite a young man, he is a worthy successor of Hering, Williamson, Guernsey, Lippe, Hempel, and Dake. Professor Macfarlan's *Surgical Clinic* is excellent. A summer course is given, in which a number of the junior practitioners, aided by members of the faculty, deliver instructive lectures on special subjects. There is good prospect of the establishment of a large general homœopathic hospital in Philadelphia.

*The Homœopathic College of New York* goes on in the even tenor of its way, winning the confidence of the profession through its able corps of teachers. The Ophthalmic Hospital is a great card for this college, and soon it will have (we hope) another, in a large and successfully operating Surgical Hospital. The Fair recently held in New York netted a large sum in aid of the Surgical Hospital, and with such a professor of surgery as Helmuth, that branch must take a prominent place in the curriculum of instruction. The faculty of the college is not surpassed in ability by that of any other in the country. The commissioners of charities have voted that one of the hospitals on Blackwell's Island shall be under the control of homœopaths, and Professor Dowling, in his address at the commencement, stated that ten of the new graduates had volunteered their services as resident physicians for one year, free of charge, should the action of the commissioners be confirmed.

*The Hahnemann College of Chicago*.—This excellent institution had thirty-five graduates at its last commencement. On that

occasion the *valedictory* address was delivered by the Professor of Chemistry. The professor delivered a unique address, and took occasion to give the medical profession a rather rough handling. He calls himself a *doctor* by *courtesy*, but he is certainly not a courteous doctor, nor a truthful one; for, while his address contains much that is unfortunately true, it also contains quite as much that is fortunately false. George A. Hall, an able man, has the Chair of Obstetrics and Diseases of Children; while Gynecology is handed over to the competent hands of Professor Ludlam. Professor Ludlam has gone to Europe to rest and recruit, but expects to return in time to fill his place in the next year's session. While abroad he will no doubt attend the clinics of the famous European gynecologists.

*Boston University School of Medicine.*—Although this school is but two years old, it had a graduating class of thirty at its last commencement, which is certainly very encouraging. Under its favorable auspices, and with an able corps of teachers, this college is bound to succeed. Professor Talbot, who is now tossing on the broad Atlantic, on his way to Europe, writes us concerning the institution as follows:—"The school is a success, not only in the number of its students (131), but still more in the earnest thorough character thrown into their studies, and the general *esprit de corps* of the class. The commencement passed off well. Public exercises are the order in Philadelphia, but they have never been here. Last year we invited our friends to the college and conferred five diplomas. So many seemed interested that we this year held the commencement at Tremont Temple, and though the afternoon and evening gave us the most violent storm of the season, still we had fifteen hundred or more in our audience. Our summer term opens with fifty or sixty students, a larger number than we expected."

At the commencement Governor Gaston congratulated the University and Medical Faculty on the success which had attended their efforts, and expressed sincere wishes for their continued prosperity. Professor Henry D. Clarke delivered the valedictory.

*Homœopathic College of Missouri.*—This college held its commencement exercises, February 25th, in the presence of a large

audience. The number of graduates was twenty-two. Clinics are held weekly at the Good Samaritan Hospital and the City Hospital, as well as daily in the college.

*Cleveland Homœopathic Hospital College.*—This, the second oldest college in the country, commences its twenty-fifth session on the 30th of September next. At its recent commencement there were twenty-four diplomas conferred. The college has a good faculty, excellent hospital facilities, and an abundance of clinics.

*Pulte College of Cincinnati.*—This growing school had a graduating class of twenty-three, and expects to do a still more flourishing business next year. Its faculty consists of a number of exceptionally able men, but they have lost a tower of strength by the return of Professor Holcome of New Orleans. Its next session commences September 29th, 1875. Professor William Owens is Dean, and Professor J. D. Buck Registrar.

*Detroit Homœopathic College.*—This institution has had up-hill work all the way, but appears to have done very well, having conferred nineteen diplomas at its last commencement. Professor Ellis and his colleagues are deserving of much credit, not only for their perseverance in maintaining their institution, but for fighting so vigorously for their rights in the matter of the establishment of the homœopathic professorship in the Michigan University, which is referred to elsewhere. *On dit*, that the Detroit school will be abandoned if the chairs of homœopathy in the University are filled.

*New York College and Hospital for Women.*—This school, which was founded by Dr. C. S. Lozier, who is Dean of the Faculty, is doing an excellent work. It has an able corps of professors, who are earnest as well as capable; and women may receive thorough medical instruction from them, such as will fit them for general or special medical practice. At the last commencement nine diplomas were conferred.

This brief notice of our colleges suffices to show that they are all in a flourishing condition. But there are steps in advance that must be taken—and taken in unison—and these are, to insist upon a three years' graded course (with examinations for advanced standing), and very carefully framed and guarded written examinations.

In the July number we have a translation from the German of entire proving of *Eupion*, which we have mentioned as appearing month by month in French in the *Revue Belge*. Dr. Held writes of it in the *Internationale Hom. Presse*—"I have had several opportunities of prescribing *Eupion* with splendid results in suppressed menstruation and in diarrhœa, where other well-indicated remedies failed to bring relief. I also gave it once in phthisis florida, appearing in a very scrofulous woman after a so-called bilious pneumonia, with such success that she could be considered reconvalescent in twenty days." In a translation of an account of a gathering of homœopathic doctors at Berlin we have the following item of interest:—"Fischer reported a cure by *Condurango*. A woman of sixty-five vomited for years everything she took into her stomach, in consequence of which she became greatly emaciated and expected death. Numerous hard nodes could be felt in the left hypochondrium and in the epigastrium, and she complained of a constant burning pain in the affected region. So far everything had failed. Fischer now prescribed *Condurango*, in the 1st dec. trituration. In the course of a few months the vomiting stopped, the appetite returned, she increased in flesh, and the nodes disappeared, with the exception of a few on the left side: at any rate the woman now feels well and in good spirits."

At the meeting of the Alleghany County Homœopathic Medical Society the following paper was read, and deserves extracting:

*Argentum Nitricum in Nervous Affections.*

By C. P. SEIP, M.D.

Some time ago I read, with a great deal of interest, Grauvogel's treatment of nervous affections with *Argentum nitricum*. Since then I have had several interesting cases illustrating its use in that annoying and obstinate disease known as hypochondriasis.

I have no desire to advance any theory as to the *rationale* of its action, as to whether it relieves a deficiency in the blood and faci-

litates oxidation (homœopathic ozone-maker), or diminishes absorption of oxygen, thus impairing the blood, which deranges the action of the brain and ganglionic nerve-centres.

There is no doubt that many cases indicating its use are treated by other remedies, and the proper similitum is altogether overlooked. My object in presenting these cases is to call your attention to its applicability in this affection.

G. McC—, *æt.* 27; married; occupation, a machinist. For two years has been very intemperate, in consequence of which domestic difficulties arose, and he left his family. For six months travelled through the Western States, working a day here and there, and the greater part of this time was under the influence of alcoholic stimulants. Feeling that he was failing in health, he returned home, wrecked both physically and mentally. From the day of his return home up to this time, a period of five months, he has drunk no stimulant of any kind. He has for several years indulged in excessive venery. He now complains of great nervousness and prostration. He fears to be alone because he thinks he will die; is apprehensive of some serious disease. Thinks he has softening of the brain, or some other incurable affection, which almost drives him to despair. Recently, while crossing a bridge, he had an almost irresistible desire to jump into the river; the nearer he came to a certain point the more irresistible became the temptation. He firmly believes he would have committed suicide had he not met some one and returned home. Is constantly talking about his sufferings; sleepless at night, and during the day is drowsy and has a stupid, weary look. He often awakes his wife, or two-year old child, to have some one to talk to. In the morning has pain in the left side of the head, followed by vertigo, and on several occasions by momentary blindness. When walking he becomes faint with anxiety, which makes him walk the faster. At other times he fears if he passes a certain corner or building he will drop down and create a sensation; this is relieved by going in another direction. The depression of spirits usually comes on after eating a hearty meal, especially after partaking of liquid food, such as milk or soups. Appetite fair, bowels regular, and no urinary trouble. Anxiety, with palpitation, and throbbing through the whole body, especially the head and abdomen. When sitting quiet he frequently thinks his heart stops beating; suddenly he will feel two strong

beats that apparently arise from the stomach, and pass upwards into the head. At night he is troubled with throbbing in the head, which compels him to get out of bed; when he does sleep he is annoyed with horrid dreams. Frequently has pains in the back and lower extremities, of a cramping character, especially in the left leg. Once during an attack of vertigo his left arm became paralysed, and remained so for several days.

A careful physical examination of this case revealed no organic disease of any kind. Taking into consideration the absence of organic affections and the history of the case, I had no difficulty in coming to the conclusion that it was a clear case of hypochondriasis. After the use of various remedies, with little if any improvement, I was at a loss what to try next. Recollecting Grauvogl's experience with *Argentum nitricum* in nervous diseases, I compared the symptoms of this case with the pathogenetic symptoms of the remedy,

℞ *Argent. nit.*, 2nd trit., 5 grains to half ounce of water; 5 drops to be taken three times a day for one week. Tea and coffee were prohibited; the diet restricted to such articles of food as were most agreeable to him and easily digested. To abstain from sexual intercourse. I encouraged him, and showed him that I took a deep interest in his case, and thus gained his full confidence. Rapid improvement followed, and within six weeks he was entirely well, and has remained so up to this time, a period of four months.

The second case was that of a conductor on the railroad, æt. 35 years, and married, of very intemperate habits, and addicted to excessive venery. Has had syphilis. Was at a water-cure for ten months, without deriving any permanent benefit. Two years ago first came under my care to be treated for "heart-disease." At times has violent palpitation of the heart and throbbing in the abdomen, with great anxiety, and pains in both sides of the chest. Palpitation at night in bed; he must get up and go out of the house to get relief. Can sleep very little at night, but sleeps several hours during the day. He will not work because he fears he is not able to stand it. When walking, he frequently gets nervous; thinks he will have a fit, or die suddenly, which makes him walk faster; but must soon stop because he gets tired. Often he thinks his heart has stopped beating; suddenly it will give two or three strong beats, and then continue its normal action. Pulse

when sitting quiet for a short time is 70, full and soft. He frequently remains in bed on the slightest pretext of being "indisposed." After treating this case for several months without any improvement, I gave him *Argentum nitricum* in the same manner as in the first case. He rapidly improved, and in a short time was able to resume his former occupation. At the end of five months he commenced drinking again, and soon relapsed into his former condition. Since then he has not been under my care. Within the past few months he has twice attempted to commit suicide while on a "spree," and recently has disappeared altogether.

The third case is that of a young man, aged 18 years, who up to the spring of 1874 had enjoyed good health. He grew up very rapidly within the last year, and now measures six feet two inches. Weight 165 pounds. Has masturbated for two years. Last summer his friends noticed that he acted rather shyly, and that he was at times gloomy and irritable.

He had no appetite, and was troubled with sleeplessness and constipation. The family physician treated him for biliousness, with cathartics, followed by quinine and iron. At the end of three months, finding that he was getting no better, he came to the city for treatment. His general appearance was that of an imbecile, his conversation very childish, at times disconnected, would forget what he wanted to say, and then look around as if expecting some one to help him out. He does not work, because he thinks it will do him harm, or that he is not able to stand it. Says his legs are "shaky," and his hands tremble. Palpitation, with constant throbbing in the head. Cannot sleep at night because he is "so nervous." His sleep is disturbed at night with horrid dreams. Has left-sided headache in the morning for several hours. Complains of a constrictive pain in the forehead, as if a small spot, the size of a dime, were daily contracting and getting smaller, and thinks that as soon as it has "drawn together" he will be crazy. He feels now as if everything at home had changed, and that his mind is weak. The lower lumbar region is slightly sensitive to pressure. While coming to the city he had an attack of palpitation, with anxiety and trembling, compelling him to get out of the wagon and walk, "and that real fast too." The first four remedies employed were *Phos. acid.*, *Nux vom.*, *Plat.*, and *Macrotin.*

In November, 1874, he got *Argent nit.*, third dilution, three drops, three times a day, for one week. I did not see him for three weeks; he then presented another appearance; he looked bright and cheerful, had a good appetite and slept well, only occasionally has an attack of palpitation, and the paroxysms of nervousness and trembling are not so frequent, nor of so long duration. The same remedy was given in the thirtieth potency, one dose a day. A few weeks ago I met him on the street, apparently well and happy.

The last case to which I wish to call your attention is that of a printer, and is given here just as received from him.

"In January, 1863, after attending a public supper at night, and eating heartily, was seized about ten o'clock next forenoon with confused vision; at first, whilst setting type, words began to join or run into each other, soon followed by inability to distinguish a word, then became blind and had to sit down. I grew very weak, and in a few hours felt as though I had been sick a week. Was treated by a homœopathic physician, and in a day or two had fully recovered from the attack. Soon after this I never felt so well as before the attack; but in June, 1871, on entering my office, having gone upstairs rapidly, had a sensation as if struck a powerful blow upon the chest. I was greatly frightened at the time, but it soon passed off. A few days after, while seated at my desk, was seized with sudden trembling and vertigo, and became deathly pale, and almost blind. I imagined I was going to die; my nervous system rapidly weakened, and about every week I had a recurrence of these attacks, but not so violent. I began to have fits of despondency and all kinds of fanciful notions; for example, that whilst walking along the street I could not pass a given point without falling. Frequently settled upon the time I should die. Great accumulation of gas in stomach, tasteless; when gas was forming I was greatly distressed, melancholy, and nervous, relieved by belching. Appetite good, but nearly all kinds of food distressed, whether I was abstemious or ate heartily. Probably half a dozen times within the past year my nerves were so unstrung that I got in a frenzy of excitement. When seized with these attacks did not desire to move or talk, but always sought a chair, and stubbornly stuck to it. Am very irritable when nervous. In 1871 and 1872 my sleep was much broken, especially the fore part of the night,



with horrible dreams; now sleep well, but wake up with dull headache immediately over the eyes. Never had any palpitation of the heart, although I imagined I had heart disease. Never was intemperate. Complexion sallow; dull expression of the eyes; black notes before the eyes, especially before the right one. Frequent attacks of anxiety, with weakness in the legs. These nervous attacks usually come on about 11 o'clock in the morning, relieved by a stimulating drink, about half an ounce of whisky. During conversation I frequently experience a difficulty in recalling the right words. Frequent sensation of constriction of the scalp, or as if something were tightly drawn down over the skull."

This case was entirely relieved of the most distressing symptoms, and feels so well now that he has not taken any medicine for some time.

I might add several more cases treated with *Argent. nit.*, but think I have given enough to illustrate its use in this class of affections.

It was my intention to report a case of progressive locomotor ataxia from the case-book of Dr. H. Hofmann, but as the case is still under treatment, although the patient is now able to work, I thought it best to defer the report until some future time.

In the August number of this Journal Dr. Allen has a note justifying his insertion of Houat's clinical symptoms of *Bufo* on the ground of the difficulty of separating between symptoms produced and symptoms cured in this writer's collection, where no mark of difference is employed. This is another instance of the viciousness of the practice of including "curative symptoms" in our pathogeneses, and we hope that the extravagance it displays will serve as a warning against it.

The following, from the September issue, is doubly interesting, both as showing the homœopathicity of *Apis* to urticaria, and as confirming another of Teste's recommendations of *Ledum*, viz. for insect-stings.

*Urticaria.* By F. B. SMITH, M.D.

August 9th.—I was called to M. L. Stewart, banker, of this

city, to see his little son, who, the messenger stated, was suffering from "a rash of some kind." Knowing it to be the first time a homœopathic physician had ever been called upon professionally by this family, I hastened to the bedside of my patient, and found a little boy, about 10 years of age, suffering from a severe attack of urticaria. He was covered from head to foot with elevated, circular, and oblong blotches, which soon ran together, forming one entire blotch over the entire back, arms, and legs. The character of the eruption on its first appearance was white, but on rubbing the parts the colour would change to a pinkish cast. The eruption was accompanied with intense itching, stinging, and burning, which caused the little fellow to scratch and rub himself continually; the pulse was but slightly accelerated; tongue clean. The child appeared to feel well apart from the symptoms caused by the eruption.

*Apis mel.* seemed to be so plainly indicated that farther investigation appeared to be useless, and I was about to prescribe, when Mrs. S— inquired as to the cause of urticaria. After making a satisfactory explanation, I inquired of my patient as to what he had been doing through the day. His reply was that he had done nothing except swimming in the river, and that while dressing, a "yellow jacket" had stung him on the right hand, and that immediately he commenced itching and burning all over, and when he got home "he was all broke out," and that was all he knew about it. This bit of information changed the programme. Here was a part of the *pathogenesis* of almost the very remedy I was about to prescribe. Instead, therefore, of giving *Apis* 4th, I prescribed *Ledum pal.* 5th, gtt. x in half a glass of water, a teaspoonful every half hour. I called again after two hours, and finding a decided improvement, I directed that a teaspoonful be given at eight o'clock, and another at bedtime, and the medicine then discontinued. Early on the following morning I was notified by a messenger that my patient was entirely well, and that it would not be necessary for me to call.

In a paper on Leucorrhœa, Dr. Wallace McGeorge communicates the following experience regarding—

"*Hamamelis*.—Useful in profuse and persistent leucorrhœa, with great sensitiveness of the parts; great rawness

VOL. XXXIV, NO. CXXXVI.—APRIL, 1876.                    Z

and soreness of the vagina during an embrace ; itching of the vulva, with vaginismus. This remedy I invariably use in the lower potencies for this class of complaints, and have known marked and instant relief to follow injections of the tincture (about one drop to twenty of water) in these terrible cases of vaginismus. In one case that came under my notice, where the agony was so great under coition that the woman told her husband that if he must have coitus he must go elsewhere, two or three applications of the tincture, as above stated, removed this terrible sensitiveness, and actually enabled her to experience pleasurable sensations. Although out of place, I would mention here that in the same proportion as above it acts beautifully, and equally speedily on sore and tender nipples, one application being sufficient to give relief."

To the October number Dr. Ludlam contributes a series of "Pen Pictures of some celebrated English Homœopathists," as taken during his recent visit to these parts. We spare our own and our compatriots' blushes by refraining to cite his too flattering representations.

In November Dr. Pemberton Dudley has the following excellent remarks :

"The idea of similarity includes something more than the mere fact that for each symptom in the one group there is a like symptom in the other. It contains this additional element, that the relation of the symptoms to, and their dependence upon, each other, and their comparative intensity, must be alike in both groups. Hence the writer has always held that no study of the *Materia Medica* can be complete and satisfactory which does not include a knowledge of the general order in which the symptoms occur in the provings, and of their relations to each other as respects cause and effect."

Dr. George S. Norton communicates some cases showing the value of *Gelseminum* in choroiditis serosa. Dr. M. M. Walker relates a case of undoubted diabetes mellitus where an almost complete cure has been obtained from *Phos. ac.* 3 m. As it must be supposed that the preparation is Fincke's, its real strength cannot be known ; but it is at

any rate an instance of the action of infinitesimal doses of a medicine which has hitherto seemed to act best in material quantities.

In January Dr. Guernsey communicates a paper on "The Pathology of Hæmorrhages and their Treatment." The pathology of the accident is dismissed by citing the *Organon* to show that all morbid states are derangements and disharmonies of the vital force: the treatment consists in administering a high potency of the indicated remedy. Moreover, as might be expected from this consistent advocate of "key-note" treatment, the indications for the remedies are, not their power of producing similar hæmorrhages in the healthy, but the presence of some concomitant symptom which is supposed to be "characteristic" of them. Thus, Dr. Guernsey writes of *Argentum nitricum*, "Where *belching of wind affords marked relief* of suffering. Observed particularly in hæmoptysis. Should be justified in administering it in any kind of hæmorrhage, provided this symptom was the most characteristic in the case." We may truly say of such a therapeia what Hufeland untruly said of a very different thing, viz. homœopathy, that it would prove the grave of science.

Dr. Norton contributes some valuable remarks on "Pulsatilla in Diseases of the Eye."

Dr. Lilienthal's treatise on Diseases of the Skin continues to appear as an appendix to the Journal.

*Homœopathic Times*, July, 1875—February, 1876.—This journal does not reach us very regularly. The numbers for August and January are missing. It would appear, from the number of advertisements which flank its central substance, that its circulation is a good one. Nor is it otherwise than deserving thereof. The July number is full of practical matter, among which we find a strong recommendation of *Sticta pulmonaria* in bursitis, simple or diffused, of the knee-joint. From the October number the following note, from a man of special experience in aural therapeutics, is worth extracting.

*Pulsatilla* vs. *Tellurium*. By HENRY C. HOUGHTON, M.D.

*Pulsatilla* holds the foremost place among the remedies for otitis media occurring in children, and very properly; but I fear that on account of the success attending its use, it is often prescribed without a thought as to the reason why success has thus followed.

If a remedy be prescribed for a name, success may, perchance, follow. The symptoms of the disease may happen to coincide with those of the drug; so *Pulsatilla* has been given for otitis, and the chances have been favorable.

If a gentle little girl, with light hair and blue eyes, suffers with severe pain in the ear, especially as evening sets in, continuing through the night, with paroxysms of increasing severity, but causing little concern during the day; if later a discharge appears which is bland, not specially offensive, and consists of mucus and pus; in this case, if *Pulsatilla* be given, success may be assured.

If, however, the case presents in the person of a rough, angular subject, the pain continuing day and night, of a dull, throbbing character, followed by a thin, watery discharge, which excoriates wherever it touches the skin; in such a case *Pulsatilla* will be of no avail whatsoever, but you may give *Tellurium* with as much confidence as you would *Pulsatilla* in the former supposed case.

The pathological condition which gives rise to the above symptoms may be a matter of little interest to most. My opinion is that it is one of a pustular nature, similar to pustular keratitis, induced by cold affecting the middle ear. Under the above remedies the recovery is rapid, and in a few days the last traces of superficial ulcers entirely disappear.

There is this to be said concerning *Tellurium*, it is useful in disease causing extensive tissue changes. In the case of Dr. Dunham, who gave the remedy an "heroic" proving, the membrana tympani is permanently injured, and hearing thereby greatly diminished. *Pulsatilla*, on the contrary, makes no impression in chronic suppuration of the middle ear, beyond relieving symptoms when acute conditions are induced; at least, such has been my experience.

In the November number this writer begins a course of

“Lectures on Otology.” Of that troublesome affection, boils in the meatus, he writes—“During the last year I have used *Picric acid* here with the greatest satisfaction, and find it nearer to a specific for the disease than any other medicine.”

The following, on sea-sickness, will be a welcome suggestion to many.

*Sea Sickness.*

The man who will reveal the correct pathology of sea sickness and point out the remedy will send his name down to posterity as one of the greatest benefactors of his race. As many theories have been advanced as there are physicians who have crossed the ocean, and almost as many infallible cures, but unfortunately, in the day of trial, most of them failed.

Recently, Dr. Clapham has proposed a remedy which in his hands has proved so successful that in one hundred and twenty-four cases in which it was administered, in one hundred and twenty-one it produced entire relief.

This remedy is the *Nitrite of Amyl*, and the mode of administering it is to place three or four drops on a handkerchief, and hold it close to the patient's nose, the inhalation being conducted so rapidly as to give the full influence of the drug, without a too free admixture of air. He believes that the cause of the malady consists in an undue congestion in the vessels of the spinal cord, which was also the theory of Dr. Chapman, of ice-bag notoriety. This view was strengthened by the developments of a *post-mortem* examination on a Chinaman, who was killed while in the very act of vomiting during an attack of sea sickness, by the fall of a heavy piece of iron from aloft. The autopsy was made four hours after death, and leaving out of consideration the heart, which had been pierced by the falling iron, all the organs were healthy but the spinal cord, which was literally engorged with blood throughout its entire length. The appearance was similar to what he had seen in *post-mortems* of epileptic cases who had died during the “status,” and it was the resemblance which obtains in life between these two conditions, pallor of surface, cold sweats, &c. coupled with the similarity of the pathological conditions, which induced him to give the remedy which had been found so valuable in the epileptic “status.”

The peculiar action of the remedy in freeing the circulation, and relieving the hyperæmia of the cord, is quickly evinced by a throbbing sensation in the temples, and by a more or less general flushing and increased warmth of the surface of the body, which is usually followed in the course of half an hour by a gentle slumber, from which the patient awakes to eat a hearty meal. In Dr. Clapham's experience the sickness may return after the lapse of twenty-four hours, when another dose is given, the patient being placed in bed so as not to interfere with the subsequent slumber.

The causes which produce the hyperæmia are of course constantly in force, but it is the experience of sea-going people that if the first conditions can be remedied, the system soon accommodates itself to the motion of the vessel, and during the remaining portion of the voyage ceases to feel discomfort. At one time chloroform and chloral hydrate were considered almost specifics, but they have failed so often as to have lost much of their popularity. *Aconite* has been given, and occasionally with very marked results, to relieve the hyperæmia of the cord, and the engorgement of internal organs, thereby throwing the blood more to the surface. Very few people die under the direct effects of sea sickness, but what are looked upon as complications, such as violent congestion of internal organs, and complete exhaustion, are by no means uncommon. But in these cases it is difficult to say, nor does *post-mortem* examination reveal, how much of the pathological conditions at death are due directly to sea sickness. The case which Dr. Clapham had an opportunity of investigating, when the Chinaman was suddenly struck with death while suffering from a severe attack of sea sickness, is therefore one of great interest and value.

One objection to the *Nitrite of Amyl* heretofore has been that it is so volatile that when a bottle is opened it very rapidly disappears. This has been remedied by inclosing an amount sufficient for a dose in a thin glass capsule, which is easily broken in a handkerchief when needed.

We shall be very glad if future investigations confirm the very high estimation placed upon *Amyl* by Dr. Clapham in cases of sea sickness. There is no disease which more fully shows the inefficiency of mere symptomatology unaided by careful pathological investigation. Thus far, by studying symptoms merely, we have

made but little headway against this exceedingly distressing trouble. Were we more familiar, by the actual revelations of the knife, with the succeeding steps of pathological changes, we should be better able to get at the correct homœopathic remedy.

What may be said of investigations in sea sickness is also true of other diseases. Pathology and symptomatology should go hand in hand, duplicates of the same picture, but the one disclosing the mechanism by which that picture is produced, and the other giving us only the general results. Heretofore, all our great hospitals, which, in a certain sense, are splendid schools for pathological investigation, have been in the hands of our bitter opponents; but now, as one after another the gates of our great city charities are being thrown wide open to us, our young men will have an opportunity in our hospital clinics, brought face to face with disease in all its varied forms, and also with the revelations of the knife by the pathologist, of studying the cause of disease side by side with his *materia medica*, and as he looks from one picture to the other, obtain a more correct idea of treatment than in any other way. With the more advanced and scientific philosophy of our school, combined with ample opportunity for pathological study, a more brilliant future seems opening to the profession than ever before.

Here are some items of interest from the December issue:

“ From the Report of the Commissioners of Education for 1874 we obtain some very interesting information respecting the medical schools of the United States. We learn that in that year there were seventy-four medical schools, of which sixty-three are classed as “regular,” four as “eclectic,” and seven as “homœopathic.” In these schools there are 938 instructors, of which 780 are connected with the so-called regular, 122 with the homœopathic, and 36 with the eclectic schools. The “regular” schools have 6888 pupils, the eclectic 303, and the homœopathic 565. Of the pupils, 621 in the “regular” schools have received a liberal education, 5 in the eclectic, and 58 in the homœopathic.”

Our contemporary is proud that the percentage of



liberally educated students is somewhat greater in the homœopathic than in the allopathic colleges. But he makes no comment on the smallness of the positive percentage in either, which to our eyes is by far the most important fact elicited.

In the February number Dr. Tilden records two cases—one of lichen, one of recurring boil on the scalp—in which the internal use of *Arnica* was promptly beneficial. He thinks this medicine too much neglected in cutaneous disease.

*American Observer*, May, 1875—January, 1876.—This Journal is still more irregular in reaching us. The September, November, and December numbers are missing.

In May Dr. E. M. Hale gives us the pathogenesis of *Lithium carbonicum*, and some remarks on *Ergotin*. Dr. Richardson horrifies the purists by advising frequent doses of *Chloral* and *Bromide of Potassium* in infantile convulsions. In June Dr. S. A. Jones contributes some of his gleanings from old herbals concerning *Anagallis aquatica* and *Chimaphila umbellata*. The following proving of an old remedy—*Cajeput oil*—is worth extracting from the July number.

The prover is tall and slender, light hair and eyes, nervous temperament, æt. 27. Normal pulse 76; respirations 18. August 9th, 9 a.m., took 7 drops on a lump of sugar, which left an acrid taste in the pharynx and œsophagus for a few minutes. Then for two hours there was a sensation as if I was just a little larger all over. This was followed by a feeling in the œsophagus as if I had swallowed some lye from wood ashes, and that it was making the mucous membrane peel off. Taste in the mouth as if there was lye in it. 2.30 p.m.—Took 10 drops on sugar, and immediately felt a cool and not unpleasant sensation in the mouth and pharynx. After one hour full and dull heavy feeling all through the head. One hour later this same feeling all settled in the occipital region, and then gradually wore away. Weather warm and dry, but had rain at night.

August 10th, 9 a.m.—Took 20 gtt. on sugar. It was with much difficulty that this could be swallowed, as the œsophagus seemed to close up and leave no space for it to go down. Excessive coughing and strangulation, which was followed by a *profusus*

flow of saliva lasting for twenty minutes. This was immediately followed by a sharp steady pain *through* the superior and internal portions of the right lung. This pain was confined to a small spot, but seemed to go clear through the lung from before backwards. Burning in the œsophagus as if there was lye in it. On rising from a seat, sensation or feeling as though I should vomit. Constant inclination to spit and hawk up large quantities of tough white mucus, which I could feel draw through the nares. Burning in the lower part of the pharynx. Coughing almost makes me vomit. After one hour pulse 86; I do not want any one to speak to me. Nevertheless, I like to be where I can see persons and hear them talk. Cannot bear to look inside of the books I usually study. Can think of a thousand things in a minute. After two hours, constant feeling of slight warmth clear down the trachea into the lungs. Voice hoarse, as if I had taken cold. Feel and walk as if I had taken too much lager'beer. Can walk straight, but feel so very unsteady. 2.30 p.m.—Took 22 drops in three ounces of water. Immediately there was a profuse flow of saliva lasting some minutes. After one hour a sort of trembling all over set in, together with a sensation as if I was a *good deal larger all over*. Want to walk slow and very dignified, and prefer to walk alone. Occasional sharp pains through both lungs. Cannot think of anything; ideas come slow. Cannot bear to do any kind of work or study. My face feels all puffed up, and has a yellow appearance. After two hours have a laming sensation in the carpal bones of the left wrist. Head feels very dull; frequent gaping and stretching. When I raise my arms up for anything, they feel as if they would just drop right down in spite of me. Feel as if I was just getting over a hard spell of sickness. After supper felt better and more like myself. During the night I had several not unpleasant dreams; through the latter part of the dreams felt disposed to swear and act like a rowdy.

11th.—This morning I arose at 5.30, my usual time, and had a dull heavy feeling through the head, which got better after moving around. After breakfast, at 8.15 a.m., pulse 78 and very weak. My arms feel like soaked wood hanging to me; they feel so heavy and useless that it takes all the will I have to raise them. At 9 a.m. I took 25 drops in three ounces of water. Soon after a general numb feeling set in, especially in the face.

After two hours sensation as if my arms were tied close to my body ; it takes all the will-power I have to raise them, or even move them. The left one is particularly numb ; they feel as if they would tremble if I would let them. When stooping forward there would be stitching pains through right lumbar region. At 3 p.m. took 35 drops in four ounces of water. Almost immediately I felt a sharp pain through the superior portions of both lungs. After ten minutes sensation as if I was larger all over. Pulse 85, full and strong. Rough feeling of the face. Cannot hurt the skin by pinching it. Almost complete loss of sensibility of the outer side of the thigh and dorsal surfaces of the forearms and hands. The inside of the thighs and palmar surface of the hands are exceedingly sensitive to pinching. Heavy feeling in the eyes, but do not feel sleepy. Eyes look very dull ; the upper lids feel as heavy and thick as common shoe leather. After four hours, while walking to supper and back, my knees felt so weak it seemed as if I certainly should have to stop and lie down and rest. After getting back to the office my knees ached with pains which continued nearly all night. Heavy dull feeling all over after going to bed. Do not sleep sound ; heard the clock strike two. Have a good appetite ; can eat anything ; but I do not feel natural when eating. The eating all seems to be performed mechanically.

12th.—This morning on rising my arm feels tired and heavy. The urine is so clear that it sparkles, and is very much diminished in quantity. At 8.30 a.m. pulse 78. Feel dull and stupid ; no energy to do any anything. At this hour I took 40 gtt. in  $\text{z}\text{iij}$  of water, and almost immediately felt a slight burning sensation in the inner corner of the left eye, followed by a pain in the dorsal surface of the left scapula. Sensation and feeling as if the head was as large as half a bushel. After one half hour from taking the last dose the pulse is 74 and very weak. The lobules of my ears are red, and the upper portion remains natural. After three hours' excessive weakness and lame feeling in the elbow-joints when I get up to move around, I just want to drop right down and lie there. Feel dizzy when I walk ; feel as if intoxicated ; can hardly walk straight ; feel as if I should stumble over my own legs. Tongue feels as if it filled my mouth all up ; speech thick and slow. 3 p.m.—Took 50 gtt. in water, and all afternoon felt as if I was just getting over a

drunken spree. My bowels have always been very regular, and but one stool a day. To-day I had three stools apparently natural; they were of a very bright yellow colour. Urine clear and very much diminished.

13th.—Felt a little weak this morning, very much like as if I were just recovering from a severe attack of sickness. Felt very much like passing stool at the usual time, but the rectum felt so paralysed that no movement could be effected at all. 9 a.m.—Took 60 gtts. and got no particular symptoms. 2.30 p.m.—Pulse 72; took 70 gtts., and in ten minutes pulse ran up to 80. During all the afternoon I felt stupefied and completely intoxicated. After five hours had the most intense thirst, which lasted about an hour, followed by a salty taste in the mouth. Went out into the country ten miles, and felt first-rate in the evening.

14th.—Woke up at 5 a.m. with severe headache all over the head, with neuralgic pains in the malar bones, and a stiff dry feeling in the jaws. When eating breakfast, and on taking any kind of solid food, it would seem to go part way down the œsophagus, and lodged there until forced down by more food. The œsophagus seemed to be *entirely paralysed*. A very disagreeable and painful sensation continued in the œsophagus after breakfast. The sensation was like as if a portion of the œsophagus was swollen and very much constricted, and that there was something trying to be forced through it. I stopped taking the drug to-day, as I was afraid my throat would get so bad that I should choke to death. After dinner and supper my throat felt worse than ever, and especially on attempting to swallow solid food. Had a natural stool to-day, the first for forty-eight hours. Urine still diminished in quantity, and has a milky appearance and smells like that of a cat's. During the day the alæ of my nose would *suddenly turn* red, clearly defined, and then suddenly go away. This symptom was especially noticed by Drs. Moore and Ruden.

15th.—Arose at 5 a.m. with severe headache and prosopalgia, which lasted until I was eating my breakfast, when all the pains went away suddenly. Aching in unsound bicuspidæ when biting anything. Can hardly swallow at all this morning; the œsophagus feels sore all the way down. Even to think about eating makes the œsophagus pain worse than ever. Had a very small stool on rising. Urine still light coloured and smells badly.

Had erections all night, and for a long time after rising, but without the least sexual desire. The penis soon became all shrivelled up, and was not half its usual size.

16th.—Feel unusually well to-day, but cannot think of study. Rode twenty-five miles in the afternoon and evening, and at sundown I had the most severe pain in the head and face come on, and last all night that I had experienced at all. Throat and œsophagus still feel very sore and closed up.

17th.—Was out in the country hunting and had wet feet all day, and felt first-rate at night.

18th.—Still hunting and wading in the water all day; feel unusually well at night.

19th.—Did not hunt much to-day, but feel completely tired out, and want to get back to the office. Throat has got well.

20th to 28th.—Have had head- and face-ache almost every day and every other night. The pains are of a neuralgic character, and always go off suddenly on eating. About the 25th day my throat commenced getting sore again, and by the 28th was almost as bad as when I was proving. All the muscles of the neck are very sensitive to external pressure. Sexual desire seems to be completely gone. Head feels dull and heavy. There were many important symptoms occurred for ten days longer, but neglected to record them. Will prove this drug again soon.

[The following symptoms were reported to *Hahnemannian Monthly*, vol. vi, p. 66, by C. Ruden, M.D., who made his proving from 6 to 10 drops of the oil:

*Rectum and Anus.*—Itching around the anus.

*Stool.*—Diarrhœa, watery, yellowish; worse at night.

*Urine.*—Dark red and smells like that of cat's.

*Sexual organs.*—Erections with great desire.

*Chest.*—Pain and soreness across the chest. Pain in right lung.

*Superior extremities.*—Left arm feels as if it were out of joint.

*Lower extremities.*—Weakness and pain in both knees, so that it was with great difficulty that I could walk. Stitching pains through both knees.

*General symptoms.*—Languid, tired, and sleepy.

*Skin.*—An eruption as thick as measles, all over the arms and body and upper portion of the legs (third day). Intense

itching, aggravated by scratching, lasting two hours (after five hours).

*Sleep and dreams.*—Wanted to sleep with his arms locked under his head, for the first time. Sleep with amorous dreams, without emissions.

*Fever.*—Feels cold, and cold sweat all over the body (after one hour).]

In this number also is recorded the conclusion (for the present) of a controversy which has long been going on in Michigan. Some years ago the people of this State determined that homœopathy should be taught in connection with this University, and voted a sum of money for the purpose. The medical faculty made, as might be supposed, most strenuous resistance; tried to get a separate homœopathic college established in another place, and to stir up jealousy on the part of an institution of the kind already existing in Detroit. The object was delayed by these arts; but it was not defeated. The regents of the University have at last insisted on carrying out the law; the faculty (save the Dean, who has resigned) have given way; and two chairs of homœopathy—one of *Materia Medica* and one of *Practice*—have been instituted and endowed. The professors elected to these respectively are Dr. S. A. Jones, of New York, and Dr. J. C. Morgan, of Philadelphia. Their lectures are to be given in the University buildings at Ana Arbor, at the same hours as those of the corresponding professors on the allopathic side; so that students attending them may lose none of the other opportunities afforded by the Medical School. This is a great step in the right direction, and we heartily congratulate our colleagues on their success.

In the *Materia Medica* section of the August number Dr. Orme, of Atlanta, in answer to the question "What substances shall we prove?" advocates the choice of the alkaloids for this purpose, as being of definite strength and quality. He thinks that the variations in different men's estimates of the virtues of certain drugs arise from the variability of our preparations of vegetable drugs. Dr. S. A. Jones gives a "Clinical Note on the influence of

*Collinsonia Canadensis* in the elimination of *Phosphoric Acid*," which he finds to be of a restraining character, the quantity in his experiments being reduced to one half the lowest average. There is a very severe review of the "Special Symptomatology" of Dr. Hale's fourth edition, by "Carl Muller," of which the following is an amusing specimen.

"Lastly, for these genial remarks must have an end, we incline to the opinion that Dr. Hale is prostituting the Foundling Asylum. It was designed for cast-aways, whom cruel fate had thrown upon the tender mercies of the profession. Within its hospitable walls they were to be warmed and fed, their capabilities noted, and, when their bones had knit and their sinews strengthened, sent out to do their duty and win a name. But behold you, the head nurse of this Foundling Asylum has had an attack of kleptomania, and has laid hands on the full-grown progeny of a Buchmann, a Hering, and others—progeny which they were by no means desirous of disowning—and by dint of taking off their tailed-coats and high hats, and cramming them into short clothes and night caps, has thought to pass them off as foundlings. *Chelidonium majus* a Hale-nurseling? Bless us, it has had a full beard as long as we can remember! But such is human nature, for the sterile are ever covetous of other people's children. And, alas, such is the poor nurse's hallucinations that the silly thing imagines such an unlicensed appropriation of other folks' flesh and blood will be mistaken by the world for the fruit of a womb which never fecundated, although the paps have given suck.

"In view, then, of the real good which this same nurse and this Foundling Asylum have done in the past, let the profession appoint a visiting committee with power to liberate such of the present inmates as are too lusty to be coddled, and with many words of encouragement instruct the nurse to do a strictly legitimate business; in default thereof to be summoned for trial on the serious charge of kidnapping."

Dr. Hale, who is a co-editor of the journal, replies in a subsequent page by referring to the preface to his second volume, for which he thinks the reviewer might have waited, as we ourselves have done. He is mistaken, however, in

defending his omission of mention of authorities by the example of Hahnemann. He has probably read him only in Hempel's translation, where the names of the provers and authors from whom symptoms were taken are left out. In the original they are always specified.

In the October number Dr. F. W. Hunt, of New York, extols coffee—teaspoonful doses of the ordinary infusion—for the marasmus following upon cholera infantum. Dr. Hale seems to have hit a blot in Dr. Allen's second volume when he points out that, in spite of the editor's disclaimer, a number of clinical symptoms have been admitted (from Houat) into the pathogenesis of *Bufo*, and even without note of distinction. But we cannot agree with him in recommending that the inconsistency be obviated by admitting such symptoms from other sources. On the contrary, we regard their insertion into pathogeneses as the bane of the present American literature, and warmly support Dr. Allen in excluding them.

In the January number Dr. Jones has an important contribution to the accumulating medical history of spiders and their webs. We give it entire.

*Tela Araneorum. Spider's Web.*

Dr. Gillespie, of Edinburgh, cured an obstinate intermittent with cobweb after other means had failed. Dr. Robert Jackson was led from this to try it himself. He told his success to Dr. Chapman, of Philadelphia, who requested one of his pupils, Dr. Broughton, to investigate the subject, which he did, and wrote his inaugural thesis thereon in 1818. From these and other authorities we can gather enough testimony to show that it is well worth while to make a systematic proving of this animal product, thereby predicated its sphere and precisionising its employment.

In a work on fevers—which particular edition I have not been able to consult—Dr. Jackson writes: "I think I may venture to say that it prevents the recurrence of febrile paroxysms more abruptly and more effectually than *Bark* or *Arsenic* or any other remedy employed for that purpose with which I am acquainted: that, like all other remedies of the kind, it is only



effectual as applied under a certain condition of habit; *but that the condition of susceptibility for cobweb is at the same time of more latitude than for any other of the known remedies.*"

If we bear in mind Grauvogl's constitution-classification of *Diadema aranea* as an hydrogenoid remedy, and recall how generally the hydrogenoid constitution is induced by intermittent fever, we shall be ready to acknowledge the truth of the passage which I have placed in italics, and with this evidence of a truthful beginning we shall be more ready to accept the subsequent testimony.

"If the cobweb," continues Dr. Jackson, "was given in the time of perfect intermission, the return of paroxysm was prevented; if given under the first symptoms of a commencing paroxysm, the symptoms were suppressed, and the course of the paroxysm was so much interrupted that the disease, for the most part, lost its characteristic symptoms. If it was not given until the paroxysm was advanced in progress the symptoms of irritation, viz. tremors, startings, spasms, and delirium, if such existed as forms of febrile action, were usually reduced in violence, sometimes entirely removed. In this case sleep, calm and refreshing, usually followed the sudden and perfect removal of pain and irritation. Vomiting, spasms, and twisting in the bowels, appearing as modes of febrile irritation, were also usually allayed by it; there was no effect from it where the vomiting or pain was connected with real inflammation or progress to disorganisation.

"In cases of febrile depression, deficient animation, or indifference to surrounding objects, the exhibition of eight or ten grains of cobweb was often followed by exhilaration: the eyes sparkled; the countenance assumed a temporary animation, and, though the course of the disease might not be changed, or the danger averted, more respite was obtained than is gotten from wine, opium, or anything else within my knowledge.

"In spasmodic affections of various kinds, in asthma, in periodic headaches, in general restlessness and muscular irritabilities its good effects are often signal. The cobweb gives sleep, but not by narcotic power; tranquillity and sleep here appear to be the simple consequence of release from pain and irritation.

"The changes induced in the existing state of the system, as the effect of its operation, characterise it as powerfully stimulant:

1. Where the pulses of the arteries are quick, irregular, and irritated, they become calm, regular, and slow, almost instantaneously after the cobweb has passed into the stomach; the effect is moreover accompanied, for the most part, with perspiration and perfect relaxation of the surface. 2. When the pulses are slow, regular, and nearly natural they usually become frequent, small, irregular, sometimes intermitting. 3. Where languor and depression characterise the disease, sensations of warmth and comfort are diffused about the stomach, and increased animation is conspicuous in the appearance of the eye and countenance."

Dr. Jackson likewise "effected perfect cures with it in some troublesome spasmodic affections, and gave it with the most marked benefit in dry, irritating coughs, usually termed nervous. In the advanced stage of phthisis it procured a respite beyond his expectation. He also found it useful in restraining a troublesome hiccough."

Remembering the fame of *Mygale avicularis* in chorea we may well expect this other spider to be of use "in some troublesome *spasmodic* affections."

Dr. Chapman writes of it:—"I have cured some obstinate intermittents, suspended the paroxysms of hectic, overcome morbid vigilance from excessive nervous mobility, and quieted irritation of the system from other causes, and particularly as connected with protracted coughs and other chronic pectoral affections. \* \* \* \* Some consider it as highly stimulant, invigorating the force of the pulse, increasing the temperature of the surface, and heightening the excitement generally—others, witnessing no such effects, are disposed to assort it with those remedies which seem to do good *chiefly by soothing the agitations of the system*. I confess that I concur in the latter view of its properties."

How unconsciously the Philistines of Old Physic bear testimony to the truth of therapeutic law. Given where "heightened excitement" obtained, Chapman saw it "do good chiefly by soothing agitations of the system," and to him, of course, cobweb was a sedative.

Dr. Broughton, in his thesis, says:—"In all the cases of disease in which I have seen or heard of the exhibition of the web, no sensible, or at least no uniform, operation could be observed. Some patients were sensible of none, others of a slight sudorific,

and some a nauseating effect; and one or two thought it proved cathartic after remaining in the system for the space of twelve or fifteen hours. These accounts being so incorrect and various, I determined to ascertain (if possible) its correct operation by giving the web to healthy persons."

"I found from these experiments that the operation of the web appeared to be principally upon the arterial system; and perhaps in less time than any article already known: the force and frequency of the pulse being uniformly reduced in some cases ten, in others fifteen strokes in a minute; and in one case the pulse, from being strong and full, became soft, small, and very compressible; all which operation took place within the space of two hours, after which time the artery gradually regained its former force and frequency. This has been the only invariable effect I could observe, all others appearing but anomalous."

Dr. Thacher cites the following case from a paper of Dr. Jackson's:—"W. S— has been afflicted for many years with a distressing asthma, which has proved fatal to his father and two sisters. The complaint being hereditary, and aggravated by malformation of the thorax, no remedy gave any permanent relief, nor did change of climate procure any alleviation of symptoms. For a considerable time back he has never been able to lie down in bed on account of a sense of suffocation, but is obliged to be supported half sitting by pillows, and is seldom able to sleep. He swallowed nearly a scruple of the spider's web, he swallowed it at bedtime, and to his utter astonishment enjoyed sound and uninterrupted sleep all night—a blessing to which he had been an entire stranger above six years. Since he began with the cobweb thinks his health is improved; the cough has certainly abated, but whenever the remedy is omitted the complaint returns."

Dr. Oliver found that "by the use of this remedy a patient labouring under organic disease of the heart and hydrothorax obtained great relief and refreshing sleep, who had not before slept for three nights. Another, under similar affection, experienced uncommon relief from the same prescription. To one suffering much pain from cancer it afforded ease and comfortable sleep. A patient in phthisis pulmonalis being affected with distressing agitation of mind and nervous irritation, it

answered like a charm, and soon induced great sleep like a moderate dose of opium."

Dr. Webster found it useful "in many painful affections, in the restlessness of fevers, the symptoms of irritation which so frequently occur during a mercurial course for syphilis, in rheumatic headache, chronic coughs, and asthma. Twenty grains daily have been given for some time past to a female epileptic, and it is the only substance which has mitigated the violence of the disease, and prolonged the intervals of attack." On giving it to an old and infirm asthmatic it was followed by these effects:—"Slight but pleasant delirium was produced, and from the report of persons who slept in the room with him, the effect, though of longer duration, was very similar to that of a dose of nitrous oxide gas; the muscular energy having been exceedingly increased, the patient could not be confined to bed, but danced and jumped about the room all night: in the morning I found him quietly asleep. No unpleasant symptoms ensued."

Eberle says: "I have taken it very often, and have uniformly found it to produce a calm and delightful state of feeling, succeeded by a disposition to sleep." Dr. Oliver also found it to produce in him "the most delicious tranquillity, resembling the operation of opium, and followed by no bad effects."

Eberle has used it "with much advantage in chronic hysteria, and has found it particularly serviceable in women of a relaxed habit of body, accompanied with morbid irritability of the nervous system."

Many observers concur in recommending it as an excellent application to irritable sores.

The web of the black spider found in barns, cellars, and dark places is the kind employed. If a specimen fails when used it was probably too old—the recent web being recognised by its glutinous feeling. Five-grain doses have generally been used: after proving it we can do with far less. Meanwhile, it will do to bear it in mind in those cases of fever and ague where neither the doctor can amuse the patient nor nature cure the disease—who has not met such?

Dr. Nichol contributes an excellent case of chronic but severe prostatitis with hypertrophy entirely cured by *Aconite* alone, a grain of the third decimal trituration being given

dry on the tongue every two hours. He concludes by citing the homœopathic formula: but when did *Aconite* ever cause inflammation or enlargement of the prostate?

Two continuous works are now appearing month by month in this Journal,—a Manual of Bandaging, by Dr. Bushrod James (illustrated), and a Practice of Medicine by Dr. Hart of Wyoming.

*American Journal of Homœopathic Materia Medica*, July—Dec., 1875.—The July number presents nothing of interest. In August Dr. Rockwith begins a record of a series of experiences with Schüssler's "Tissue Remedies," whose action he compares (but with dubious force) to that of skin-grafting. Dr. Tuller narrates the curious case, which has attracted some public notice, of the temporary recovery of a pugnacious editor from the lodgment of a bullet in the brain, under homœopathic treatment. We say "temporary," for he has since died.

In September, Dr. G. A. Evans relates an obstinate case of scrofulous oozæna cured by *Glanderine* 200; and Dr. Holcombe adds *Geranium*, 1st trituration, to our remedies for sick-headache.

The subject of Oozæna is taken up in the October and November numbers by a record of nineteen cases of the disease by Dr. S. C. Jones. His conclusions are that 75 per cent. may be cured by judicious and persevering treatment according to the homœopathic system; and that *Kali bichromicum* and *Kali carbonicum* are the remedies most frequently indicated,—the former by the tenacious character of the discharge, the latter by an ulcerated condition of the nasal mucous membrane.

In the October number Dr. Tietze praises *Natrum sulphuricum*, third trituration, for otalgia.

Dr. Minton's "Therapeutics of Uterine Discharges" are continued throughout these numbers; and Dr. Cowperthwait's Treatise on Insanity forms an appendix to all.

*New England Medical Gazette*, May, 1875—January, 1876.—The first and third of these numbers have an especial interest for British homœopathists, as they contain articles on the state of homœopathy in this country. That

in the May number is from Dr. Berridge, who, unmindful of the proverb about fouling one's own nest, gives his American readers a virulent account of the "fraud now practised by some professing followers of Hahnemann." That is, he parades a few instances which have come to his knowledge in which homœopathic practitioners, in the exercise of their undoubted liberty, have availed themselves of the resources of old physic when they thought it of advantage to their patients to do so. He also primes Dr. W. E. Payne, who is now travelling in Europe, with his statements and views; and the latter communicates them, as from a high authority, to the Gazette. In the July number Dr. Murray Moore, lately practising in this country, but now settled in San Francisco for his health, makes some observations on Dr. Berridge's "ill-timed, ill-advised, and ill-natured article;" pointing out the unfairness of suggesting that certain allopathic prescriptions which have come under his notice are the rule, instead of being the rare exception, in the practice of English homœopathists.

We have heard a good deal about *Tarantula* lately, but have had good reason to be sceptical as to its alleged pathogenetic effects. Here, however, is from the June number an undoubted case of poisoning by it.

#### *A Case of Poisoning by Tarantula.*

Reported to the Massachusetts Homœopathic Medical Society.

By J. HEBER SMITH, M.D., Melrose, Mass.

Incidentally learning that one of our neighbouring physicians, Dr. J. T. Sherman, of Harrison Square, was suffering from the virus of a tarantula, I soon after opened correspondence with him, and received several letters, containing in substance the following notes on the general effects of that poison.

The doctor writes, "On October 31st, 1874, I had in my possession a live tarantula, which I killed by immersion for twenty-four hours in a glass jar filled with alcohol. Having removed and dried it I placed it on a card for examination. While straightening the fore-legs, which were doubled up to its mouth, I noticed on the carrot-shaped appendage at the end of the leg

a drop of liquid, which I wiped off with a wooden toothpick. Being interrupted by the entrance of a patient I discovered myself a few minutes later rolling the toothpick between my thumb and fore-finger, on the latter of which was a recent scratch. Twenty-four hours later this finger became somewhat inflamed, with an intolerable itching and burning in the vicinity of the scratch. The symptoms continued to increase from this time, and on the third day they became fully developed. Slight enlargement of the axillary glands, which were sensitive to touch; submaxillary and cervical glands much swollen and very sensitive, the least pressure causing intense pain. The neck was swollen anteriorly in a line from the chin to the sternum, and posteriorly in a line from the occipital protuberance to the scapulæ, dark red, nearly purple. I can convey no better idea of the rapidity with which the swelling progressed than by mentioning that on the morning of the third day after inoculation I had on a fourteen and one half inch collar, my usual size, at 10 a.m. I replaced it with one an inch larger at 12 a.m.; I again changed for one still an inch larger, which I was obliged to remove at 3 p.m., as the neck was so swollen that I was in danger of choking. The swelling continued to increase until evening, when it was much relieved by a profuse hæmorrhage from the nose, the amount of blood lost measuring over one pint. The blood discharged was almost black, each drop coagulated, and sank at once, like a bullet, to the bottom of a vessel partly filled with water, and formed a large black clot.

“Painful throbbing of the carotids, with fulness in the head, especially in the region of the medulla oblongata, relieved by the epistaxis. Face pale earthy colour, in strong contrast with the nearly purple neck. Constant dull throbbing pain in the cervical and submaxillary glands, with occasional sharp stinging pains. Roaring rumbling in the ears, with dulness of hearing. Inflammation of the eyes, the conjunctiva much injected; *right pupil much dilated*, the left one contracted. This symptom was noticeable for several days. Complete loss of vision in the right eye until the dilated pupil contracted. Objects seen with the left eye appeared bright red.

“Fauces inflamed, swollen, purplish hue; deglutition very difficult, as if from partial paralysis; on attempting to swallow was obliged to make several unsuccessful efforts. Tongue coated

dark brown, edges and tip fiery red. Intense burning thirst, constant desire for large quantities of cold water. Complete loss of appetite. Vomiting of everything taken into the stomach soon after eating, preceded by intense burning pains in the stomach and œsophagus, which vomiting relieved. Stools three or four times daily, very dark, fetid, partly formed, containing much mucus, expelled with difficulty, and followed by smarting and burning at the anus, but no tenesmus. Stools always occurred on having the head washed. Urine scanty, high coloured, and passed with such difficulty that on several occasions it seemed that I must resort to a catheter. The urine, after standing, showed a dense precipitate. Breathing short and hurried, much worse on attempting to lie down. Inability to lie down on account of the extreme anguish it caused in the precordial region. Did not retire to bed nor sleep for four nights. Great restlessness, could not keep quiet anywhere or in any position; felt that I must keep in motion, though walking aggravated all the symptoms. Trembling of the knees when standing or walking; the joints felt stiff and sore.

“I regret being unable to give you a better description of my mental sufferings, which were extreme. From the first there was an indescribable melancholy, anguish, and restlessness,—peevishness, the attendant could do nothing to suit me. Great haste in whatever I undertook, from a constant fear that something would happen to prevent my finishing it. I would start up suddenly, and hastily change my position, through fear that something would fall on me. (This symptom was experienced by Dr. C. Hering, when proving *Hydrophobin*.) When walking I would stop short or suddenly throw my head to one side, through fear of striking it against some imaginary object which appeared to be suspended a few inches above my head. Great fear of an imaginary impending calamity. Great desire to be alone, with fear of being alone, even during daylight. Frightful visions as soon as the eyes were closed, with inability to sleep.

“Rigors were among the first symptoms noticed. Chills began in the lumbar region and spread over the whole body, aggravated by the slightest draft of cold air. Coldness of the whole body. Increase of artificial heat produced chilliness; could not keep warm though sitting beside a hot stove or over a register



almost constantly. Know nothing regarding my pulse. The symptoms steadily increased in severity until they reached their acme, then as steadily decreased, without any remissions or periodicity.

“Forty-eight hours after inoculation there was intense burning of the scalp, speedily followed by a vesicular eruption, resembling *Crusta lactea*. Five ulcers formed on different parts of the scalp, which discharged a thin, greenish, ichorous pus, very offensive. Vesicles appeared on different parts of the body, soon becoming pustular and turning to ulcers. The eruption on the scalp and body remained about three weeks before its final disappearance.

“Principal remedies taken were *Arsenicum*, *Bell.*, *Merc. v.*, *Lachesis*, and *Rhus tox.* Having seen the bite of the rattlesnake successfully antidoted by large doses of whisky, I drank about two fluid ounces, but had no wish to repeat the dose, as it produced a very decided aggravation of all the symptoms.”

From the foregoing valuable and trustworthy notes on this active poison we are led to class the tarantula as an analogue of *Arsenicum*, *Lachesis*, and *Belladonna*, and we may expect it to be of service in the treatment of all diseases which spend their force principally upon the blood and the circulatory apparatus. These notes, which Dr. Sherman has so carefully prepared, seem to me worthy of our entire confidence, and of preservation in the publications of this Society.

In the same number Dr. Lippe gives us some “Clinical Reflections;” and at the close expresses his astonishment at recent remarks made by Dr. “Touset” (under which name our readers might fail to recognise our distinguished French *confrère*, Dr. Jousset) on the cases of high dilutionists, and at our strictures on his previous vagaries. But he does not show any cause why the verdict of either of us should be reversed. Dr. Woodbury tells us of the value of *Eucalyptus*, internally and locally, in vascular tumours of the female urethra;—in two most obstinate cases, he writes, a perfect cure has been effected by this treatment without a resort to any surgical measures whatever.

In the August number we again meet with Dr. G. Norton, who is one of the medical staff of the New York Ophthalmic

Hospital. This time he [writes to communicate a case of paralysis of the third nerve, cured, after galvanism had failed, by *Euphrasia*. Dr. Talbot writes from Paris to give an account of the evenings he spent at the Annual Assembly of the British Homœopathic Society, where we are glad to find that he (and—judging from a letter of his in the *Medical Investigator*—Dr. Ludlam also) thoroughly enjoyed himself.

In the September number Dr. R. L. Dodge introduces *Ledum latifolium* as a remedy. An editorial article raises, in a very fair manner, the question of pure as against eclectic homœopathy. We have not room for it here, but hope to give it in our next number among the "Miscellanea."

The October number opens with an introductory address to the students of the Boston University School of Medicine, delivered by Professor Heber Smith. It is a most excellent exhortation and admonition, and full of a truly liberal spirit. This School will bring forth worthy practitioners of homœopathy if they embody the ideas of their Professor of Anatomy. Dr. Talbot then occupies its pages with some more of his travel-gleanings as to "Homœopathy in Europe," of whose state he takes a hopeful view. Dr. Wesselhoeft, whose excellent cases of prurigo treated by *Rhus* we extracted in our last volume, commences a series of records of dermatological therapeutics, excellently illustrating the distinctive virtues of (in this number) *Graphites* and (in the next) *Cicuta*. The latter is a medicine which, though indicated by Hahnemann himself in the treatment of impetigo, has hardly been used in cutaneous disease to the extent which its pathogenesis would suggest. Dr. Wesselhoeft's cases will help to bring it into fuller employment.

We could really reproduce the whole of this number did our space allow; but we must find room for the following practical contributions to therapeutics.

*Symphytum Officinale in Inflammation of the Bones.*

Reported to the Massachusetts Homœopathic Medical Society.

By S. M. CATE, M.D., Salem, Mass.

CASE 1. *Psoas Abscess*.—On the 7th of May, 1874, I was called to the seven-years-old daughter of S. W. W—, who presented the following symptoms:—a severe lameness of the left leg prevented walking, except with considerable difficulty and a good deal of limping. In walking the position of the body was stooping, and inclined to the left side; and at rest the weight of the body was almost wholly borne by the right leg, which canted the left brim of the pelvis up and the right down, giving the appearance of a shortening of the left leg, and of a lateral curvature of the lower part of the spine; but measurement from the patella to the crest of the ilium showed that the leg was not shortened.

I was informed the child fell over a shaft of a buggy that was standing in the carriage-house, and lay upon her back for some time before she was discovered and taken up. A few days after that accident a slight lameness was noticed, which had steadily increased. Thinking there might be some strain upon the hip, *Rhus* was given. On the 11th there was no improvement, and *Mercurius* was given upon the theory that the injury might be in the acetabulum, and though its administration was continued until the 20th it was followed by no improvement.

From May 20th to June 14th *Calcareo carb.* 30th was given, a powder a day, and *Sacch. lactis* enough to meet the demands of the case. During that time there was considerable improvement in the general health, but none of the lameness. At about this time the child was taken by its parents to a respectable allopathic surgeon, who made a careful examination of the case and pronounced it hip disease, and gave an unfavorable prognosis.

I now made a careful examination of the case, and noted all the changes that had taken place. With a wooden-bottomed chair that had a level seat, and the child seated upon it with her back uncovered, her spine was perfectly straight, and the left leg was not shortened. Pressing with considerable force upon the

knee and forcing the trochanter into the acetabulum produced little pain. What, then, could cause the limping? It seemed to come from an inability to extend the leg, or to bring it straight under the body while its weight was resting upon it. A careful consideration of the mechanism of the parts involved showed that the psoas and iliacus muscles flex the thigh upon the pelvis, and hence that extending the leg puts these muscles upon the stretch. Hence, any soreness or tenderness in these muscles or their attachments, and especially in the psoas, would cause pain when the leg was extended. I now concluded that the trouble was not in the hip-joint at all, but that by the fall before mentioned she had injured some one or more of the spinous processes to which the psoas muscle was attached, causing inflammation of the bone. When the psoas muscle was put upon the stretch the traction produced thereby upon the inflamed bone caused the pain and lameness. When this conclusion was reached after a most careful study and analysis of all the symptoms of the case, the parents of the child were informed of my change of views of the case; and that the inflammation of the bone would be likely to produce a formation of pus that would descend and produce a psoas abscess. The dangers of the case were also pointed out, but I was told to go on and do the best I could in the management of the case.

*Hepar sulph.* 30th given from June 4th to June 9th. At that time an abscess had formed just above the crest of the ilium on the left side of the spine, making a swelling some three inches wide by four long; and though the swelling was not very large, it had distinct fluctuation. The lameness had rather increased.

It was now evident that the inflamed bone must be cured, and if I failed in that I failed in the case altogether; and it was also evident that the remedies before used had had no effect upon that inflammation. In looking at the different medicines to find one that would cure this inflammation in the bone, *Symphytum* was selected upon physiological grounds. It seemed to me that the inflammation in this case was nearly allied to the inflammation of the bone produced by fracture, and clinical experience shows that *Symphytum* is the best remedy for such an inflammation. So this remedy was given in the third dilution, in solution, two teaspoonfuls every three hours when awake.

Improvement soon set in, and in one week there was a perceptible decrease in the size of the abscess. This medicine, which was first given June 9th, was continued until August 17th, when the case was dismissed fully convalescent. The last month of the treatment medicine was only given three or four times a day. During the time of its action there was no appearance of aggravation from it.

I was congratulating myself that I had cured a case of psoas abscess without the help of surgery when, on the 10th of the following October, the child was brought to me with the disease reproduced to a considerable degree, though not so fully as it had been. From the parents of the child I learned that she had been in the field with her father, and had assisted, in her childish way, in picking apples, to do which she had reached a good deal. A few days after she began to limp, and now the abscess had returned on her back, and walking was quite difficult. I concluded that in some of her movements she had strained the parts that had been inflamed so much as to reproduce the inflammation of the bone. *Symphytum* in the second dilution was again given as at first, and was followed by a rapid improvement. Within three weeks the abscess had disappeared and the lameness was much better. The case was dismissed cured on the 3rd of December, and has remained well since.

Fault may be found with this report. Those men who always make a correct diagnosis at first sight and by intuition will show that they would have done so in this case; and those men who prescribe one dose of the highest dilution, and never fail to cure, will also be displeased. Let either publish a case of like importance, and show how it was cured, and growl afterwards.

CASE 2.—*Inflammation of the inferior maxillary bone*.—On the 25th of May, 1875, Miss S. P—, æt. 46, consulted me for a swelling on the left side of the face, along the lower border of the inferior maxillary bone, from the posterior angle forward towards the chin, and extending up on to the cheek. A month before she had a cold and cough, and this swelling commenced as the cough ceased. It was moderately red and only a little painful. *Calcareo c.* 5th in powder was given, a powder each fourth hour.

On the 31st the swelling was more pronounced, the redness more bright and deep; and there was a hardness of the swelling

deep upon the bone, and evidence of an effusion of lymph about the bone that had welded the soft parts together and on to the bone, producing an effect only found when the bone is inflamed. Inflammation of the bone was diagnosed, and the patient informed that it would take two or three months to cure it, and that during the treatment some matter would form and discharge. *Symphytum officinale*, 3rd dilution, in solution, was given, two teaspoonfuls each three hours, and a compress wet in cold water applied to the inflamed part.

This treatment was continued until June 15th, during which time two abscesses formed and were lanced, each of which discharged a moderate amount of watery pus. During the development of the abscesses, slippery-elm poultices took the place of the wet compresses.

On the 14th of June she went to another city, some twenty miles from Salem, and was absent more than a month. From that day to the completion of the case she took *Symphytum* 3rd, in globules instead of in solution, and used wet compresses as long as the inflammation was considerable, substituting the slippery-elm poultice during the development and discharge of one abscess.

As the cure progressed the unsightly swelling gradually disappeared, and the hardening and welding together and discoloration of the tissues also passed away; and now there is neither indentation nor scar nor any blemish upon that side of the face. The cure seems complete in all respects. During the treatment there was no appearance of any disturbing influence from the medicine, and after the *Symphytum* no other medicine was given. But the effect of the *Symphytum* was very obvious, for two or three times it was omitted and the improvement ceased, and then commenced again on the resumption of it, and the discoloration of the skin and welding of the flesh also yielded to its action.

#### *Iodine in Chronic Jaundice.*

Reported to the Massachusetts Homœopathic Medical Society.

By J. O. MOORE, M.D., Haverhill, Mass.

Mrs. B—, æt. 35, the wife of one of the leading clergymen of

the Free Baptist denomination, requested my services in August, 1861.

Her husband had been a settled pastor over one of the churches in Manchester, N. H., but his wife's illness proving so serious, he resigned his office and moved to Saco, Me., in order that his wife might have the sympathy and kind attention of her friends (who resided there) during what they supposed to be her last sickness.

Mrs. B— had always enjoyed excellent health until within the last three years; was of a nervous, sanguine temperament, inclining to a scrofulous diathesis; about the medium height, weighing 165 pounds, habits of life inclined to the epicurean. She had at that time become so much emaciated that she weighed only 90 pounds.

The eyes, skin, and nails were completely jaundiced, and had been for a year and a half. The case presented the following symptoms: nausea and vomiting after eating, induced by eating almost all kinds of food, the quantity making but little difference; intense canine hunger all the time. About every third day she had a violent attack of gastrodynia, which she thought could only be relieved by an emetic. Frequent empty eructations, heart-burn after eating *solid* food, distension of the stomach, pain when pressing upon the epigastrium, pain in the right hypochondria, extending through to the lower margin of the right shoulder-blade; constipation, urine scanty, dark, and turbid, menses absent for the last six months.

The patient had been thoroughly drenched by an allopathist for six months; treated with brandy by another of the same persuasion for about the same length of time; and to finish, an eclectic brought up the rear with emetics. I gave the patient a few doses of *Nux vomica* to prepare the way for treatment, and after carefully looking over the case, gave for general treatment *Iodine* 1st dec. attenuation, ten drops in half a tumbler of cold water, one teaspoonful of which was to be taken every fourth hour. The patient began to improve very soon after commencing treatment, and every week a higher attenuation of the remedy was used. The fourth week she was put upon the 30th attenuation, a powder night and morning, which was followed by *Sac. lactis*. The menses had returned, and the patient was discharged cured in about three months. Fourteen years have

since elapsed, and she has had no return of the disease. There were two symptoms which seemed characteristic, and decided the use of *Iodine*, viz. extreme emaciation and canine hunger. *Arsenicum* produces emaciation, but has loss of appetite as a characteristic symptom. *Nux vomica* has hunger, but nevertheless aversion to food; but *Iodine* hunger has the keen relish for the food, with inability to dispose of it. Many of the symptoms were found under *Pulsatilla*, yet this also produces loss of appetite as one of its primary symptoms.

We will also note that Dr. Norton, writing on Ophthalmia neonatorum, says that the remedy is *Argentum nitricum*. This administered internally (as first suggested by Dr. Dudgeon) in (Dr. Norton says) the thirtieth potency, and applied externally from the third upwards, will cure nine tenths of all the cases we meet.

The numbers for November and December come combined in one. They contain another proving of *Condurango*, conducted on himself by Dr. Dikeman of Massachusetts. According to this proving it appears as a powerful diuretic, causing much cardialgia, and itching with brownish tint on the skin.

In the January number Dr. Berridge has some more of his curious clinical cases, the first being a cure with the hundred-thousandth potency of *Saccharm lactis*! It is not surprising that the editor points to these cases as amongst the most vicious illustrations of the practice of Dr. Lippe and his school. The article, by the way, in which he does so is the first of a promised series on the principles of homœopathy, and is full of instruction and interest.

There is given here the mortuary experience of the Homœopathic Mutual Life Insurance Company (which, as our readers may know, insures homœopathists in a distinct class and at lower premiums) from July 18, 1868, to Dec. 31, 1875. It stands as follows:—

|                      | No of policies issued. | Deaths. |
|----------------------|------------------------|---------|
| Homœopaths . . .     | 6061                   | 52      |
| Non-homœopaths . . . | 1252                   | 58      |



These figures speak for themselves, "without note or comment."

*United States Medical Investigator*, May 15th, 1875—Jan. 15, 1876.—The tenth number of this journal contains a rough but interesting account of the diseases met with in California and their homœopathic treatment, by Dr. Poulson, of San Francisco. These reports from other climates may be made very valuable, especially in their bearing on the question of dose. The following notes on *Phosphide of Zinc*, familiar to us here from its use by Mr. Ashburton Thompson, may be extracted with advantage.

*Phosphide of Zinc.*

By JAMES A. YOUNG, Hopkinsville, Ky.

The object of this paper is, in the absence of a systematic proving, to give some vague indications drawn from clinical observations, and thus aid in the development of the powers of a remedy destined to play no subordinate part in the treatment of nervous diseases, and that promises to fill a long-felt vacuum in our *Materia Medica*. Without attempting to theorise in regard to the method of the action, there is ample testimony to justify the assertion that it is a speedy and powerful nerve tonic or stimulant. Numerous clinical reports testify to its beneficial action in cases arising from lesions of nerve structures. Dr. Hammond, in his work on *Nervous Diseases*, claims to have first introduced this remedy to the notice of the American profession, and under the influence of the popular chemical schools recommends it in cases where *Phos.* is indicated, and attributes its effect to that element of its composition alone. The testimony of English physicians is that, as a substitute for *Phos.*, its action is not satisfactory. The deduction formed from clinical observations is, that while its action resembles that of each of its chemical constituents, yet its chosen analogue is *Nux vom.*, and that it will be specially beneficial in those cases where both *Phos.* and *Nux*, apparently indicated, have been used without satisfactory results. Dr. Hammond recommends it in strong terms, in doses of 1-10 grain (often in combination with *Nux* or *Strychnia*) in cases of cerebral congeation (passive), spinal anæmia, &c., and says, "My experience with this remedy has

been extensive. I have never known it to produce the least unpleasant effects." In three cases under my observation the use of the 3rd has produced positive and unmistakable excitement of the sexual desire, manifested in two cases by erections of penis accompanied by unusual voluptuousness and desire for embrace; and in the third case by nocturnal emissions accompanied by voluptuous dreams and intense nervous thrill—I would be apprehensive of unpleasant effects from any lower potency—especially so in one of the cases, for the aggravations are manifest even from one dose of the 3rd. In addition to this sexual excitement, in one case, a larger dose than usual will cause a pleasant nervous excitement with sleeplessness after 3 a.m.; says that "it wakes me at 3, and I feel as if under the influence of pleasant and quick music." This wakefulness differs from that of *Nux* and other remedies, in that the patient does not feel fatigued or unrefreshed by his loss of sleep. It also produced bursting headache.

I give a short *resumé* of the symptoms from two cases that have been greatly benefited by the use of this remedy, remarking that special interest attaches to them from the fact that both had tried many remedies in vain to find prompt and permanent relief from the *Phosphide of Zinc*.

CASE 1.—J. B. McK—, merchant, about forty years of age, nervous-bilious temperament. I copy from a note of his to me: "For five or six years I have suffered from extreme nervousness, affecting my head mostly, and upper part of spinal column; pain sometimes in my neck and up into the back part of head; then, again, pain in my temples as if something was pressing in from one side to the other on the brain; vertigo or dizziness always present; weak digestion, torpid liver; hands and feet always cold; one of the most distressing symptoms is that of fear." His mental condition was very annoying, being oppressed with an indescribable anxiety, or indefinable fear—a fear of something, he knew not what; was easily startled. A prominent feature of both case No. 1 and No. 2 was that a recumbent position always relieved the vertigo and improved the other symptoms. The above is but the outline of a series of unpleasant symptoms that medicine has failed to relieve. In February, 1875, I put him upon *Zinc phosphide* 3. Under date of April 12th he says: "So much better have discontinued the medicine."

CASE 2.—A physician, aged about sixty; in early life a sufferer from dyspepsia; was engaged in large and arduous practice when taken. In the fall of 1868, when walking on the street, he was suddenly attacked with vertigo, and from that a train of nervous symptoms manifested themselves until the patient was compelled to give up, in a great measure, his practice. The more prominent symptoms were headache with binding feeling across brows, twitching of single nerves, a feeling of dizziness or unsteadiness not amounting to actual vertigo, but more a dread of falling, such as is produced by looking down from a great height; weight and oppression in head; difficulty of thought; nervousness affecting particularly his handwriting; could with great difficulty write a very scrawling hand; an intensely bitter taste in mouth and throat at night; would often wash out the mouth during the night without relieving this "such bitter" taste; pain in sacral region; weakness of limbs with great heaviness; cold hands and feet, with other nervous symptoms. After many consultations with his medical colleagues, in 1872 he commenced the use of *Phosphide of Zinc*, with prompt relief.

In the eleventh number Dr. Kirkup speaks of great success from *Carbazotate of Ammonia*, 1st dec., in severe and obstinate chronic headaches. In view of the recent proving of *Picric* (carbazotic) *acid*, and its marked action on the nervous centres, this is worth noting.

The first number of the second volume relates a case which revives our interest in *Kali permanganicum* as a remedy for malignant diphtheria. "The second case, a little girl of three years, had arrived at the comatose state, prostration extreme, nares completely plugged, fœtor intolerable, pulse intermitting. On the seventh day all other remedies were abandoned in despair, and the *Permanganate of Potash* substituted. One grain was dissolved in half a drachm of water, and of this solution one drop was put into three ounces of water, and a teaspoonful given every two hours. Improvement was perceptible after the second dose. In twelve hours she amused herself by playing with her hands, and convalesced speedily and permanently on the one remedy." Dr. Gilchrist speaks very highly of *Hecla lava*, in the 6th attenuation, as a remedy for exostosis and

osteosarcoma. This remedy was introduced by Dr. J. G. Wilkinson, from observations made in Iceland.

The second number contains a full account of the meeting of the American Institute of Homœopathy, held last year at Put-in Bay, Ohio. It was hardly so well attended as usual; but perhaps the members were reserving themselves for the next year. Dr. Holcombe, of New Orleans, the President, was prevented from attending through ill-health; and the Vice President, Dr. Ober (whom we had the pleasure of seeing here at our York Congress), occupied his place. Dr. Holcombe's own address, however, was read; it was upon "The Historical Significance of Homœopathy." The report of the Bureau of Materia Medica was one of the most interesting items in the proceedings. *Sepia*, the medicine selected for experimentation, has been most thoroughly re-proved,—thirty-three persons taking part in the trials, of whom eleven are specified as female. "A woman proved *Sepia* under the direction of Dr. Emma Scott, and the speculum revealed prolapsus, retroversion, and ulceration of the os uteri." A number of papers were also read on the significance of "primary and secondary symptoms." The report of the Committee on a Homœopathic Dispensatory was presented by its chairman, Dr. Carroll Dunham. The work was declared complete, and to be published shortly. Many other interesting topics were discussed, and the final arrangements for the "World's Convention" of 1876 were made. We have in our last number given a full account of this grand project, which deserves the attention of all homœopathists.\*

Dr. McNeil is doing good service in translating in this journal Wurmb and Caspar's *Clinical Studies* on Intermittent and Typhoid Fevers.

From the issue for Sept. 15 we cite the following—  
" *Merc. protiod.* 3 acts well in nasal catarrh, where there is a constant inclination to swallow. This symptom Dr. Holcombe considers characteristic, and I have verified it in several instances." The same number contains a case of obstinate scrofulous ulceration of the feet and ankles

\* See p. 1.

cured by sprinkling them, after bathing, with the second decimal trituration of *Carbolic acid*.

The following, from the issue for Oct. 1st, shows what our strictly Hahnemannian colleagues lose by neglecting *Quinine*.

"Individually, I prefer and use the higher attenuations. Very seldom prescribe lower than the 30th, but while that is the case I am not disposed to denounce my brother who, in his judgment, prescribes the 3rd. Intermittent fever to me has proved an exceptional disease. I have *seldom* been able to cure a *recent case* of ague with high attenuations, and I might add, nor with any other attenuation. Even the best selected remedies *fail* me in a *majority* of cases. How very many times I have prescribed, feeling confident and assuring my patients that this would cure them, only to be mortified by the unwelcome announcement, day after day, 'I had another chill,' until the patient becomes tired and disgusted, says there is nothing in homœopathy, goes to an allopath, takes *Quinine*, and has his 'chill stopped' at the expense of my reputation, the loss of the case, and the loss of their future patronage and influence. My own experience in ague is the experience of nineteen out of every twenty physicians in our school, and so thoroughly is this matter understood that it has become proverbial in malarial districts that 'homœopathic physicians cannot cure ague.' Many persons, ardent homœopaths, will resort to *Quinine* or an allopath if they or their families take intermittent fever, rather than take the chances of a run of the disease for several days and probably have to resort to it in the end."

From the number for Oct. 15th we take a case of "heart-disease cured by *Lycopus virginicus*," which will reward Dr. Morrison for his thorough proving of the plant. We are glad too to hail in its author a representative of homœopathy in the far distant Honolulu.

*Heart Disease cured by Lycopus vir.*

October 24th, 1874.—W. B—, half-breed Indian and Hawaiian; male; aged forty-three years; cook on a whaling vessel for several

years. Has not been well for two or three years. Doctors (allopathic) all tell him that he has "*heart disease*" and cannot be cured. Has been gradually getting worse and worse since first taken. Can walk only a few steps without having to stop and rest, as he gets short of breath. Left arm, hand, leg, and foot œdematous and somewhat painful. Does not expect to live long; but wants some "stuff" to ease him off.

Upon examination I find a blowing sound over the apex of the heart instead of the systolic, natural sound, and a very loud sound over the base of the heart during the diastole. The pulse, at the wrist of the left arm, cannot be felt (owing to the œdema perhaps). That of the right wrist is quick, weak, and frequent, about ninety beats per minute.

Says he feels as though his lungs were filled up. He has a panting respiration. Urine scant and high coloured. Bowels constipated, not much appetite but quite thirsty for cold water. No sexual desire whatever. Sleep restless with frequent starting, and jumping. Sometimes can lie down and other times has to sit with the head high. Tongue flabby, with no coating of mucus; occasionally a sharp, shooting pain through from sternum to the left shoulder blade. Prescription, *Digitalis* 3<sup>ʳ</sup>, liquid, four drops in water, every two hours.

25th.—No better. Continue.

27th.—No change; *Digitalis* 4<sup>ʳ</sup>, one powder every three hours.

29th.—No better. If anything, a little worse; *Lycopus vir.* 2<sup>ʳ</sup>, liquid, four drops in water, every three hours.

November 1st.—Thinks he is a trifle better; rests better. Continue.

4th.—Better: can eat more; not so thirsty for cold water, and passes more urine. Continue.

7th.—Better; lungs do not feel so pressed, appetite fair; urine improving, and stool every two days; slept good in the bed last night. Continue.

10th.—Better; swelling of hand and foot goes down at night, to return through the day, but not so bad; urine good; a stool every day; sleeps good; appetite good; can move about a little without so much shortness of breath, and the hacking cough is not as troublesome. Continue.

16th.—Better in every way. Continue.

20th.—Still improving. Continue.

30th.—Still improving; eats well; sleeps well with the head low; stools and urine natural; hardly any swelling of the hand and foot; cough nearly gone; can walk around some, but is not strong; pulse at left wrist the same as right, eighty beats per minute, and quite steady. Continue.

December 25th.—Patient came to my office. Looks quite well; is gaining in flesh; no swelling of hand or foot; no pains or shortness of breath; some sexual desire. Continue medicine three times a day.

January 19th, 1875.—Says he is well and wants to go to work, cooking in a family. Continue medicine.

February 2nd.—The man to all external appearance is well. Pulse very good, eighty per minute. Physical examination shows an improvement in the heart sounds. Has been at work since he was here last; feels none the worse for it. Continue medicine as before.

March 8th.—Called to tell me his medicine was gone. "Still on the gain." Continue medicine once a day.

May 11th.—Says he is well. Continue medicine.

July 14th.—Saw patient on street and asked him to my office. Examined the heart, a very little unnatural sound; but would suspect nothing if I did not know the case. Says he was never so well in his life as now. Works every day.

I must say that I was surprised at the result of this case. I thought the man would die; but there is no doubt the *Lycopus* kept him out of his grave.

I have another case of heart disease now under treatment with the same remedy, and an improvement is going on.—O. S. CUMMINGS.

In the same number Dr. Hale calls attention to the use of *Salicylic acid* to check fermentative dyspepsia, and illustrates it by two cases.

In the ninth number (Nov. 1st) Dr. Morse, of Memphis, relates his successful experience with *Veratrum viride* in the perilous congestive fevers of malarial districts. He finds it relieve the circulation better than *Aconite* or *Gelseminum*. A series of very interesting cases of Myopia are related by Dr. Woodyatt, of Chicago, showing that this

defect may often be materially improved by the internal use of *Physostigma* (Calabar bean) in the 3<sup>r</sup> dilution. Coming from one of Dr. Woodyatt's critical knowledge, this experience may be received as indubitable; and the homœopathicity of the practice is evident.

In the tenth number Dr. Waggoner relates a case in which, for a fibro-cystic tumour of the uterus, *Ergotin* was given internally (in doses of a grain or half a grain three times a day) instead of by subcutaneous injection. Sensible diminution of the growth took place, but the patient's health was much impaired; she had torpor, lowered temperature, and some anæsthesia of the extremities; and finally died. No such results have occurred, we believe, from the local hypodermic introduction of the drug. A case of poisoning by *Aconite* is cited, in which there was very nearly suppression of urine, with comatose tendency, and the secretion was loaded with albumen and fragments of casts. This is an effect of *Aconite* not hitherto ascertained.

In the eleventh number Dr. Gregg continues his "Illustrated Repertory," giving a view of the right side of the body so as to depict the darting or stitching pains which medicines are said to cause in the chest and back. Dr. Mitchell, of the Hahnemann Medical College of Chicago, relates a chronic intermittent rapidly cured by *Natrum muriaticum*, in the thirtieth decimal trituration. He says of this remedy:

"The indications for *Natrum* are not always clear. Instead of being a remedy of feeble power over intermittents, as is asserted by some in our school, it is one of the most powerful. I formerly regarded it most useful in chronic cases, and after *Cinchona*, but more extended experience with it convinces me that it is equally powerful in recent cases, and those that have not taken any *Quinine*. Quotidians are more likely to be checked by it, but it affects tertians favorably in some cases. Profuse perspiration is a good indication. Thirst during chill is usually characteristic of *Natrum*. In this case it was not. Time of chill has not helped me in the selecting of *Natrum*. I have



not been able to verify Bönninghausen's 11 A.M. indication. Intermittents cured by *Natrum* have commenced both morning and evening."

The first number of the third volume begins the new year with a portrait and interesting memoir of the President of the Convention of 1876—Dr. Carroll Dunham, which we advise all interested in the gathering to read. A very useful feature of this Journal, and one becoming more prominent as it proceeds, is the section headed "Consultation Cases," in which any practitioner may communicate cases which puzzle him, and ask his colleagues for their opinion and advice. These are readily and largely given.

In the second number Dr. Carmichael gives us a new remedy for that troublesome disease, enuresis. He says:—"In my note-book I find upwards of twenty cases of enuresis treated during the past year with one remedy; and I have yet to find a case it will not cure. It is the *Equisetum hyemale*. I have used it in the mother-tincture and 1<sup>st</sup>, always adding 6 drops of the tincture to one half glass of water, a teaspoonful to be taken every three hours for two or three days, which in most cases has been sufficient to effect a speedy and permanent cure. I have used it also in cystitis and dysuria with unparalleled success."

## MISCELLANEOUS.

*The Size of the Ultimate Atoms of Matter.*

HAVING, then, come to the conclusion that the limit of distinct and unequivocal definition is somewhere about from  $\frac{1}{100000}$  to  $\frac{1}{1000000}$  of an inch, it appears to me very desirable to consider what relation such a magnitude bears to the size of the ultimate atoms of organic and inorganic matter. From the very nature of the case the microscope fails to throw any light on this question, and the only course as yet open to us is to draw the best conclusions we can from the various properties of gases. This problem has been attacked by Stoney, Thomson, and Clerk-Maxwell, who, from various data, and by various methods of reasoning, have endeavoured to determine the number of ultimate atoms in a given volume in any perfect or permanent and perfect gas. In order to avoid inconveniently long rows of figures I have reduced all their results to the number of ultimate atoms contained in a space of  $\frac{1}{1000}$  of an inch cube, that is to say, in  $\frac{1}{1000000000}$  of a cubic inch, at  $0^{\circ}\text{C}$ . and a pressure of one atmosphere. These numbers are as follows:

|                         |                    |
|-------------------------|--------------------|
| Stoney . . . . .        | 1,901,000,000,000  |
| Thomson . . . . .       | 98,320,000,000,000 |
| Clerk-Maxwell . . . . . | 311,000,000,000    |
| Mean . . . . .          | 50,280,000,000,000 |

As will be seen, there is a very great discrepancy between the numbers given by Thomson and Clerk-Maxwell. This is in part due to the fact that Thomson gives the greatest probable number, whilst Clerk-Maxwell has endeavoured to express the true number indicated by the phenomena of interdiffusion of gases. The determinations do to a great extent depend on the measurements of length, and any differences are of course greatly increased when the number of atoms in a given volume is calculated, since that varies as the cube of the linear dimensions. Extracting the cube root of each of the above numbers, we obtain the number of atoms that would lie end to end in the space of  $\frac{1}{1000}$  of an inch in length.

These are as follows :

|                         |        |
|-------------------------|--------|
| Stoney . . . . .        | 12,390 |
| Thomson . . . . .       | 46,160 |
| Clerk-Maxwell . . . . . | 6,770  |
| Mean . . . . .          | 21,770 |

The cube of this mean is about 10,817,000,000,000, and, taking into consideration the various circumstances named above, it appears to me a far more probable approximation to the truth than the mean of the numbers in a cubic  $\frac{1}{1000}$  of an inch as given by the authors. As will be apparent from the wide differences, even this mean result can be looked upon in no other light than a very rough approximation; but still when we bear in mind that Thomson's result is given as a limit, it must be admitted that the numbers belong sufficiently to one general order of magnitude to justify our looking upon the mean as a tolerably satisfactory ground on which to form some provisional conclusions.

Now, if the gas containing the above-named number of atoms consisted of two volumes of hydrogen to one volume of oxygen, when combined to form vapour of water there would be a condensation of volume from three to two, and on condensing into a liquid a further contraction to  $\frac{1}{700}$  of the bulk of the vapour. Each molecule of water would, however, consist of three atoms of gas, and hence in order to determine the number of molecules of liquid water in  $\frac{1}{1000}$  of an inch cube, it is necessary to multiply the number in a gas by  $\frac{2}{3} \times 770 \times \frac{1}{3} = 385$ . This gives for the number of molecules of water in  $\frac{1}{1000}$  inch cube about 3,972,000,000,000,000. In this and all other cases I give round numbers, since any nearer approximation is impossible.

Though living organisms contain much water, yet far more complex substances enter into their composition. As an example of one of these we may take albumen. According to Lieberkühn its composition is expressed by the formula  $C_{72}H_{112}N_{18}SO_{22}$ . It therefore contains seventy-one times as many ultimate atoms as water, and its atomic weight is about eighty-two times that of water. In the condition of horn I find that its specific gravity is about 1.31. Calculating from these data I conclude that when the various constituents combine they contract to  $\frac{1}{70}$  of the total volume, and not as water, to  $\frac{1}{3}$ ; and that the volume of a

single molecule of albumen is about 55·6 that of a molecule of liquid water. If their form be similar their diameter must therefore be 3·82 times that of a molecule of water. This would lead us to conclude that in a cube of  $\frac{1}{1000}$  of an inch of horn there are about 71,000,000,000,000 molecules of albumen.

According, then, to these principles, there would be in the length of  $\frac{1}{3000}$  of an inch about 2000 molecules of water, or 520 of albumen, and hence, in order to see the ultimate constitution of organic bodies, it would be necessary to use a magnifying power of from 500 to 2000 times greater than those we now possess. These, however, for the reasons already given, would be of no use unless the waves of light were some  $\frac{1}{3000}$  part of the length they are, and our eyes and instruments correspondingly perfect. It will thus be seen that even with our highest and best powers we are about as far from seeing the ultimate constitution of organic matter as the naked eye is from seeing the smallest objects which they now reveal to us. Nor does there appear to be much hope that we ever shall see the ultimate constituents, since light itself is manifestly of too coarse a nature, even if it were possible to still further develop our optical resources. As matters now stand we are about as far from a knowledge of the ultimate structure of organic bodies as we should be of the contents of a newspaper seen with the naked eye at a distance of a third of a mile, under which circumstances the letters of various sizes would correspond to the smaller and larger ultimate molecules. This being the case, we may feel persuaded that particles of organic matter, like the spores of many living organisms, scarcely visible with the highest magnifying powers, and if seen, quite undistinguishable from one another, might yet differ in an almost infinite number of structural characters, just as any number of different newspapers in various languages or with varying contents, would look alike at the distance of a third of a mile.—(H. SORBY, *Monthly Microscopical Journal*, March, 1876, p. 113).

[The above facts and calculations should be seriously considered by those who advocate the use of high dilutions, as they give good grounds for the supposition that the divisibility of matter finds its limit far within the Hahnemannian 30th dilution. We do not, indeed, know the exact limit, nor do we know that

the diffusion in the menstruum is quite equable; so we may conclude that at some point the presence or absence of any of the drug begins to be doubtful, and the probability of its absence will rapidly increase beyond that point. *Sine materia nulla virtus* was adopted by Hahnemann as equally true in his day as in the time of Newton, and we apprehend it is equally true now, and it ought not to be forgotten by those who try to improve on Hahnemann by going beyond him in attenuation. It seems to us that the extreme uncertainty and untrustworthiness of the dilutions above twelve harmonises very well with the above uncertainty whether any particular preparation will contain any of the medicine or not.—Eds.]

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DR. MATHESON AND THE LONDON HOMŒOPATHIC HOSPITAL.

*Copy of a Resolution duly arrived at by the Board of Management of the London Homœopathic Hospital, January 7th, 1876.*

That Dr. Matheson having voluntarily offered to resign his present post as Physician to Diseases of Women at the London Homœopathic Hospital, in order to enable the Board to induct Dr. Carfrae into the office from which he had been excluded by the rejection of Dr. Quin's votes at the election on the 4th of August, 1874, the Board accept, with sincere thanks, Dr. Matheson's generous offer, which enables them to perform an act of justice to Dr. Carfrae.

In accepting the voluntary resignation of his present post, the Board desire to express their sense of the good feeling shown by Dr. Matheson in thus sacrificing his position at the hospital in furtherance of the interests of the hospital.

The Board further desire to testify their entire satisfaction with the kind attention and skilful care with which Dr. Matheson has treated the patients in his department during the period through which he has so ably filled the post of Physician to Diseases of Women at the hospital, which they hope he will kindly continue till Dr. Carfrae is prepared to commence his duties.

They further hope that Dr. Matheson will not long be severed from his connection with the hospital.

(Signed) EBURY,  
*Chairman of the Board of Management.*

## CORRESPONDENCE.

*On the Necessity for a School of Homœopathy.*

GENTLEMEN,—There are two points of view from which to examine into this subject; the one is the demand of the public for practitioners instructed in homœopathic therapeutics, and competent to treat disease homœopathically; the other the demand of the profession for instruction in homœopathy.

As to the demand for good homœopathic practitioners, it is very greatly in excess of our present supply. I am constantly asked to send practitioners down into towns and districts where good practices wait for good men, and this I believe to be the experience of all our leading men; but the few men who have earnestly studied homœopathy very naturally seek the more attractive localities of London and its suburbs, or of some large city or fashionable watering place, and the towns of lesser attractions remain unfilled. Especially are good men wanted in Cambridge, Colchester, Chelmsford, Cardiff, Dover, Eastbourne, Bridlington Quay, Wigan, Malmesbury, and in some of these places guarantees as to a small certain income would be given, but there are dozens of other large and influential neighbourhoods from which any competent man could select an opening for practice.

As to the other point, the desire for homœopathic instruction on the part of the profession, during the present lecture-session I have received thirty-one applications for tickets of admission to our hospital and our lectures. Of these applicants, fourteen are students at other hospitals, who desire to add a knowledge of homœopathy to their former studies; and eleven are physicians or surgeons also desirous of adding a knowledge of homœopathic science to their previous acquirements.

A class of twenty-five inquirers has thus been formed, and this

shows a considerable demand, seeing that this is only our second session, and that as yet we have not consolidated our lectures committee into a "school."

Our funds are most limited, and what we want is the direct and cordial support of the profession in the first place, and secondly of the public. A single rich enthusiast would do much to help us just now, in our infancy, but at present, excepting our ever genial and enthusiastic *confrère* Dr. Roth, who has offered £50 towards our object (conditionally on nine such sums being given by others), and the promise of £10 from a lady well known for her charity and wide benevolence (together with my own intended like sum to Dr. Roth's on the same conditions), we have no other support, further than the donation which the British Homœopathic Society has given us, £30 having been voted towards our expenses for the current session.

I would seriously urge on the members of our body, and on the lay homœopaths of means, the desirability of supporting this effort towards providing with thoroughness for the homœopathic teaching of young practitioners, and for the creation of a supply of good sound practitioners of homœopathy for the rising generation.

Yours very sincerely,

W. BAYES,

*Hon. Sec. to the Lectures Committee.*

4, Granville-pl., Portman-sq.

#### THE HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the 'British Journal of Homœopathy.'*

GENTLEMEN,—As the new edition of the *British Homœopathic Pharmacopœia* will, I hope, be issued in April, I would be glad to call attention to the manner in which *Phosphorus* and *Sulphur* have been dealt with. As the changes made in regard to these substances cannot be too widely made known to medical men and chemists, I would ask you to have the kindness to insert the following extract from the new preface :

"As there appeared to be much uncertainty about the solubility

of *Sulphur* and *Phosphorus*, a number of careful experiments have been instituted to ascertain the strength of the saturated solutions, and the mean results have necessitated a considerable alteration in the paragraphs under these headings.

“In the case of *Sulphur* it was found that the solution varies in strength to such an extent at different temperatures that no satisfactory attenuations can be made from it. Nearly all the *Sulphur* crystallising from it at a temperature approaching the freezing point, the minute quantity named being only retained at a temperature of about 60° Fahr. In consequence of this in the *Pharmacopœia* it is directed that the triturations be made from the crude *Sulphur*, which is distinguished as *Sulphur. φ*, and that the tincture be made in the regular way from the trituration; but as many medical men have a leaning to the tincture made directly from the crude *Sulphur* (notwithstanding its irregular strength), it is retained, and it is distinguished by the addition of the letter F (fortissima). Where prescribed it must be so indicated, otherwise the officinal preparation should be given.

“In the case of *Phosphorus* it must be borne in mind that in future there will be no so-called mother tincture. Crude *Phosphorus* will be marked φ, and the strongest tincture will be 3<sup>x</sup>. As this is a very strong tincture it must not be incautiously ordered, and chemists will see the wisdom of giving some strength such as three centesimal when *Phosphorus* is asked for by a non-professional person.

“There are some unofficial preparations of *Phosphorus* that may be of greater strength, but for all practical purposes it has been judged best to start from one of known quantity.”

I am, yours faithfully,

WILLIAM V. DRURY,

*Convener of the Pharmacopœia Committee.*

7, Harley-st., Cavendish-sq., W.;  
March 21, 1876.



### BOOKS RECEIVED.

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*University of Michigan: the President's Report to the Board of Regents for the year ending June 30, 1875.*

*Three Months in the Old Hospitals of Paris.* By R. LUDLAM, M.D. Philadelphia, 1875.

*The Cause of the Commencement of Parturition.* By CHARLES M. CROMBIE, M.B. London: Churchill, 1875.

*Transactions of the Homœopathic Pharmaceutical Association of Great Britain.* Quarterly Meeting, October, 1875.

*Allen's Encyclopædia of Pure Materia Medica.* Vol. III. New York: Boericke, 1876.

*Ziemssen's Cyclopædia of the Practice of Medicine.* Vol. V. London: Sampson Low, 1875.

*Homœopathy in its Relation to the Diseases of Females, or Gynæcology.* By THOMAS SKINNER, M.D. Liverpool, 1876.

*The Organization of Medical Charities.* By J. PENN HARRIS, F.R.C.S. Liverpool, 1876.

*La Revolution Médicale.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*The American Journal of Homœopathic Materia Medica.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*The Homœopathic Times.*

## CONTENTS OF NO. CXXXVII.

|   | PAGE    |
|---|---------|
| A History of Calcareous Preparations. By Dr. A. Imbert-Gourbeyre...   | 401     |
| Dr. H. G. Schneider on the Size of the Dose of Homœopathic Medicines  | 432     |
| Dr. E. M. Hale on the Importance of Departments of Pharmacology and Proving in Homœopathic Colleges ... ..  | 439     |
| Dr. H. Goullon on the Therapeutics of Diseases of the Ear ... ..  | 444     |
| Dr. J. C. Burnett on the Homœopathic Treatment of Insanity ... ..   | 470     |
| Clinical Lecture. By Dr. Robert T. Cooper ... ..  | 482     |
| <b>Annals of the British Homœopathic Society.</b>   |         |
| Dr. William Bryce on some Cases illustrating the Chief Curative Sphere of Hepar Sulphuris ... ..  | 489     |
| Discussion on Dr. Bryce's paper ... ..  | 499     |
| Dr. J. Galley Blackley on the Value of Arsenic in Scaly Eruptions ...   | 508     |
| Discussion on Dr. J. G. Blackley's paper ... ..   | 519     |
| <b>Annals of the London Homœopathic Hospital.</b>   |         |
| Twenty-sixth Annual Report ... ..   | 522     |
| Minutes of the Annual General Meeting ... ..  | 528     |
| Report of In-patients under treatment during the year ending December 31st, 1875 ... ..   | 542     |
| <b>Reviews.</b>   |         |
| On the Curative Effect of Baths and Waters; being a Handbook to the Spas of Europe. By Dr. Julius Braun, Spa Physician, Rehme-Oeynhausien. Including a Chapter on the Treatment of Phthisis by Baths and Climate, by Dr. Rohdon, of Lippespringe. Translated by Dr. H. Weber. London: Smith, Elder and Co.... | 548     |
| Organon of the Art of Healing. By Samuel Hahnemann. Fifth American Edition, translated from the Fifth German edition, by C. Wesselhoft, M.D. Boericke and Tafel, New York, 1876 ...   | 560     |
| British Homœopathic Pharmacopœia. Published by the British Homœopathic Society. Second edition. London: W. J. Johnson, 1876 ... ..  | 563     |
| Journals of the Quarter ... ..  | 565     |
| <b>Miscellaneous.</b>   |         |
| Research in Medicine ... ..   | 573     |
| The University of Michigan ... ..   | 574     |
| Books Received ... ..   | 576     |
| <b>Appendix.</b>  |         |
| <b>PATHOGENETIC RECORD;</b> an arrangement of the Physiological and Toxicological Effects of Drugs, collected from Medical and General Literature. By Dr. E. W. Berridge... ..  | 209-240 |

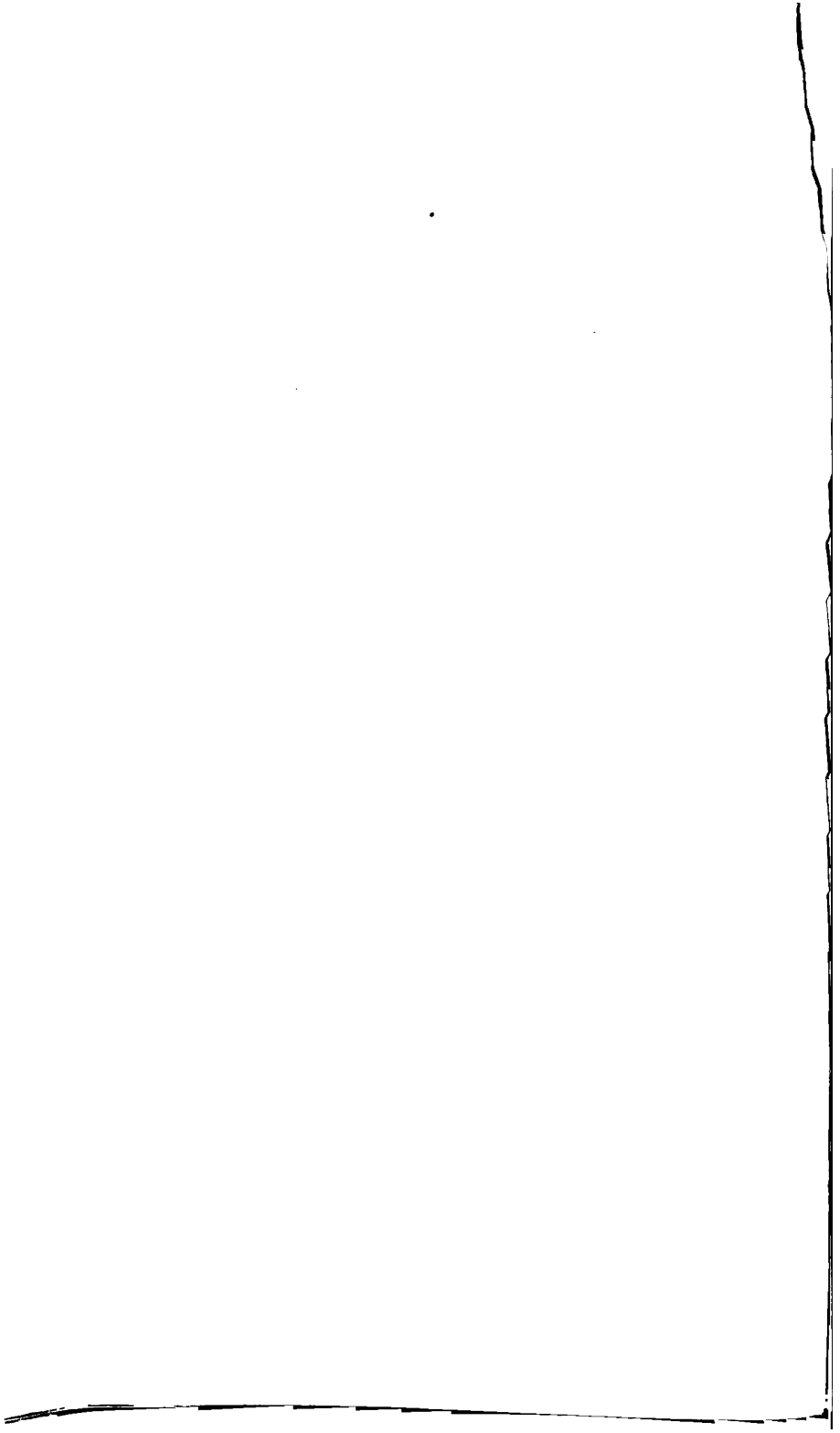
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A HISTORY OF CALCAREOUS PREPARATIONS.

By Dr. A. IMBERT-GOURBEYRE.\*

Two years ago I spoke in this journal of the treatment of angina with *Carbonate of Baryta* and calcareous preparations, as a preliminary to the study of medicines with lime for their basis. The present contribution is the sequel, with especial regard to *Carbonates* and *Phosphates*. It is, essentially, the history of *Calcareæ* brought into prominence, and a traditional justification founded on the numerous applications of that medicine by the homœopathic school.

CHAP. I.—STRUMA, GOITRE, AND SCROFULA.

The ancients were well acquainted with goitre; the Greeks named it bronchocele. Galen gives this definition of the word: "Tumor est gutturi adnascens, differtque ab eo qui in scroto gignitur." This distinction from hydrocele seems probably to point to the fleshy consistence of the thyroid tumour. In the same place Galen defines struma as "Caro sicca, quæ non facile solvitur" (Definitions

\* Translated from *L'Art Médical*, Feb., 1876.

medicæ). Celsus is still more precise in saying that strumæ especially occur on the neck and also in the axillæ and groins. He also describes the cystic goitre. The name scrofula is of later origin. From an early date confusion of goitre with struma has been frequent. Blancard, in his *Lexicon Medicum*, translates struma by goitre. In Germany, the Latin word is synonymous with goitre (*Kropf*). From the earliest times a host of calcareous preparations have figured in the treatment of struma. Thanks to the confusion of the two diseases, we shall also see them predominate in the curation of goitre; hence it is necessary to give the parallel history of the two treatments.

According to Scribonius Largus a liniment made of the bones of the sea-hare is good for strumæ. Dioscorides recommends bdellium as an external application for goitre, quicklime with hogs' lard, and also the ashes of the tree-marten.

Pliny indicates, in the treatment of strumæ, oysters pounded raw with their shells, lampreys' heads burnt to ashes, and also those of serpents and vipers, young swallows and moles; the foot of the ass, the horse, and ox; cuttle-fish bones, the ashes of the frog-fish, the echinus, the murex, the sea scolopendra, and lastly, lime itself.

Galen repeats the bdellium of Dioscorides, gives several formulæ for plasters composed of litharge, of turpentine, peas, and other resinous substances; he indicates the ass's foot, and also lime pomatum for strumæ and parotid tumours. Two centuries later, Marcellus Empiricus (who especially copies Scribonius Largus) strongly advocates the calcareous liniment of sea-hare. "Tantæ efficacæ est adversus strumas, ut, ad quamlibet partem corporis admotus, strumarum vitium omne persanet. Aetius prescribes for strumæ pumice-stone and oyster-shells applied externally; and in the chapter on bronchocele, lime and dog's dung (*Album Græcum*). Paul of Egina does little more than repeat Pliny, Galen, and Aetius; he prescribes the same remedies for goitre and strumæ.

In the thirteenth century Arnould de Villeneuve gives his formula for goitre, which in low Latin was called

*Bocium.* This is the first time that sea-sponge was administered for goitre. It was associated with sea cuttle-fish bone, pepper, cinnamon, rock salt, pyrethrum (feverfew?), and some other substances. The various strumal powders advertised ever since down to our own times are almost exact copies of this. Arnauld even relates that a priest of Bologna made use of sponge alone. He adds another prescription for goitre, where he recommends powdered egg-shells to be swallowed slowly. This was the first instance, I believe, where that powder was employed for this ailment.\*

In Francis de Pedemontano we find an antigoitre composed of many marine calcareous productions, as oyster-shells, cuttle-fish bones, various shells or corals (polypiers) and the sea ball (*echinus*?) "pelotte marine."

Van Helmont professed to have witnessed the disappearance, within a month, of very large goitres by the use of the following "mixture:" three ounces of burnt sponge, one ounce cuttle-fish bone, long pepper, ginger, feverfew, gall-nuts, rock salt, and powdered egg-shell: a half drachm to be swallowed daily. Fr. Hoffman wrote respecting goitre, "Omnis spes curationis, si ulla adhuc est, expectanda a mercurialibus, et alcalinis terris ustis, et mutatione aëris, aquarum, et victus." And amongst the alkaline earths, he enumerated corals, shells, crabs' eyes, tincture of quicklime, and antiphrenetic liquors made of egg-shells, lynx stone, and sponge.

On the subject of strumæ or goitres, we read in Waldschmidt, at the beginning of the last century, "Compendari solent cineres ossium. Hinc carnifices non raro in auxilium vocantur in curandis strumis qui nihil aliud adhibent quam cineres ossium combustorum vel hominum vel brutorum." At the same time, Rosinus Lentilius avowed that strumal powders (sponge and calcareous preparations) succeeded very well in goitre, but "inde multa mala oriri."

\* Pliny is the first of the ancients who mention the medical use of egg-shells, viz. as antidyenteric and hemostatic. Dioscorides is silent on the subject. Galen recommends goose eggs in very fine powder for dysentery, to be taken internally in wine.

Query, would the arch-physician of Nuremberg have met with cases of iodism? After this, Vogel recommends, in his *Materia Medica*, cuttle-fish bones, "specular stone" (crystallised sulphate of lime, selenite), and the jawbones of pike.

Dehaen had a formula of his own for goitre, in which egg-shells play a part, "Nihil album ossa sepiæ, putamina ovorum, paunus scarlatinus."

Next come the observations of Chlyssiol on the use of these same egg-shells, which, from their importance, I quote at full length (he is supported by Hévin). Thus spoke that surgeon at the end of the last century in a chapter on goitre: "After general remedies, we should set our patient about the use of various emollients and aperients, vegetable and mineral, which have been prescribed for scirrhus. We may also add powdered millepedes, green lizards, rock salt, and sea-sponge calcined and powdered, which have been extolled as specifics for goitre. Lastly, may be tried *the powder of calcined egg-shells* taken by the drachm or two per day for a long time, from which remarkable results are detailed. This remedy, which is but an alkaline absorbent, procures, they say, an abundant discharge of white, muddy urine, and sometimes slight salivation."

At the beginning of this century Foderé affirms that he has benefited by the note-books of Spielmann's *Pharmacopœia*. Now their formula is almost identical with the original one by Arnauld de Villeneuve. Shortly after the great *Dictionnaire des Sciences Médicales*, under "Goître," in 1816, questions the efficacy of burnt sponge. Two years later, Coindet vindicates sponge from undeserved contempt, whilst he extols iodine. That same dictionary asks "What must one think of egg-shells?" and, like a thorough sceptic, gives no opinion on the question.

Neumann, in his *Traité des Maladies de l'Homme*,\* assures us that of all known remedies for goitre, a mixture of burnt sponge, sponge-stone, sea-balls (pelotes), is the most efficacious. This is merely a repetition of the old recipe by Francis de Pedemontano, above cited. The

\* *Der Krankheiten des Menschen*, Berlin, 1832.

“sponge-stone” is merely calcareous, and the “sea-ball” (*pila marina*), which I have often found on the shore of the Mediterranean, is formed of the débris of algæ, such as *Conferva agagropila* and *zostera marina*, rolled into a ball by the motion of the waves.

Previous to the discovery of iodine, says Fabre, amongst the most boasted empirical remedies were the powder of half calcined egg-shells, crabs’ eyes, scarlate; but especially sponge calcined and reduced to powder.\*

Lime, say Mérat and Delens, appeared not to be inert in most remedies for goitre. Even Mead has especially recommended for that ailment powdered oyster-shells and calcined egg-shells. Is it surprising that homœopaths, who are so conservative of medical traditions, have also extolled lime in the same cases? Hahnemann positively indicates *Calcareo* for goitre.

If I am indebted to bitter oranges† for having taught me to appreciate the law of similitudes, I am under great obligations to *Calcareo*, because it was that which rendered palpable to me (and precisely à propos of goitre) the truth of the energy of infinitesimal doses, which is now a souvenir of nearly a quarter of a century. At that time I began to study the homœopathic question. I had been struck with Cheyssiol’s observations; I knew, on the other hand, that a good sister of charity, practising medicine amongst the poor in the environs of Clermont, made use of powdered oyster-shells with success in the treatment of goitre. To be brief, I resolved to verify that remedy in this ailment, being sure beforehand that if I should succeed after a great number of repeated trials I should not be deceived as to the beneficial action of the medicine. I confine myself at present to reporting this first pharmacodynamic campaign which ended in my giving in my adhesion to Hahnemann’s school in its two fundamental points. Many of my friends were astonished at seeing me “turn homœopath.” I have, thank God, for twenty-five

\* *Traité du goitre et du Crétinisme*, Paris, 1857.

† “Mémoire sur l’action physiologique de l’huile essentiel d’oranges ameres,” *Gazette Médicale*, 1853.



years given the most convincing reasons for my conversion in numerous published works. Those who have not felt bound to follow my example would be rather puzzled to justify their conduct in writing.

Before I recount my own experiments I will reproduce, *in extenso*, the four observations of my countryman, Chlyssiol, who practised at Pleaux, in Auvergne, at the middle of the last century. They appeared in the old *Journal de Médecine*, 1768 and 1770.

*Obs. 1.*—Jeanne, æt. 42, a domestic servant, came some time ago to consult me for a tumour on the neck as big as one's fist, which had grown daily for more than three years.. This was a true bronchocele. I prescribed as follows :

Decoction of wild chicory for three days ; purge the fourth day. On the sixth let the patient begin the use of egg-shells in powder, calcined almost to a white heat, like coffee half roasted ; the dose of this powder, well alcoholised, is to be a drachm every morning, fasting, in four spoonfuls of good red wine, taking care not to breakfast for two hours ; the same dose in the evening. This to be continued for a full month. I advised her to come to see me every week. Without any other treatment this goitre, as big as one's fist, began to diminish after the seventh day ; after three weeks' use of the powder, more than two thirds was dissipated, and at last, about the thirtieth or thirty-fifth day, it disappeared entirely. The changes which I observed were expectoration (or hawking), copious urine, turbid, and, as it were, chalky, with copious sediment, and slight perspiration of the superior extremities, but especially on the forepart of the neck, on the face, and on the tumour itself.

It is curious to see how these last symptoms noticed by Chlyssiol coincide exactly with those indicated in the pathogenesis of Calcareæ "accumulation of mucosity in the mouth, continual spitting of acid saliva—urine with white and farinaceous sediment—sweat on the face and still more on the breast."

*Obs. 2.*—I was consulted last spring by a young lady

of fifteen. She complained to me of a hard tumour, moveable, indolent, as big as two-thirds of one's fist, situated in the fore part of the neck. It was a true bronchocele. She told me she had been very subject from the age of one or two years, to what they call "fluxion of the throat, to almonds of the ear (parotid tumours) and to swellings of the maxillary glands; that she had got rid of these ailments by means of some plaster, and that then her goitre commenced. I made her take suitable broths with roots of hop, madder, and a neck of mutton to open the urinary passages (because I knew that my remedy acts principally on them). Next I administered a simple purgative and prescribed for internal use a powder of egg-shells, calcined or roasted nearly like coffee, and well alcoholized; two scruples, morning and evening, in three spoonfuls of good red wine, taking care that she should not breakfast for two hours after the dose. From the very first week of this treatment the goitre began to soften towards the centre; the twelfth or fifteenth day the urine became more abundant and the tumour seemed to be dissipating. At the end of the third week I found the goitre visibly diminished in bulk; the urine was *pro tem.* (*pour lors*) far more copious, whitish, loaded with sedimentary matter, muddy, as if with chalk. At last, about the twenty-fifth or thirtieth day, no trace of tumour remained in the neck, and the cure could not be more complete.

*Obs. 3.*—A young man of family, set. 17, came to consult me last vacation about a bronchocele half as big again as one's fist. He had lived two years at St. Fleur, and in that interval this swelling came on his neck and had gone on growing till the day I saw him. He told me besides that many were attacked with this malady in the country he came from, which was attributed to frequent drinking of snow water, or melted ice; otherwise he was not of a goitrous family. After the use of humectants and restoratives I prescribed my diuretic powder of calcined eggs, a drachm for a dose, morning and evening, in wine as usual. I limited the continuance to

fifteen or twenty doses, leaving some days' interval between each, especially if he was incommoded by it. After that time I had the satisfaction of seeing my patient radically cured. He added jocosely that the tumour and my remedy had passed off in the urine.

*Obs. 4.*—A peasant, about 35, very robust, of good constitution, but attacked with goitre four years before, came to be treated by me. I wrote for him my usual prescription which had so often succeeded. He came to me entirely cured of his bronchocele about the fortieth day from the consultation.

Here follow the observations which I have been able to collect in my own practice from the exhibition of powdered oyster-shell or calcarea in infinitesimal doses.

*Obs. 5.*—Treilloux, a carpenter, æt. 49, living at 37, Rue de la Flèche, Clermont-Ferrand.

This man had on his neck a considerable goitre which he says has been growing more than ten years. Developed on both sides, it is much larger on the right, reaching the whole length of the neck. The thickness may be estimated at more than an inch in its greatest extent on the right side, where it is furrowed from top to bottom by the jugular vein, which is considerably dilated, as thick as one's thumb. In the median portion appears another vein of the same dimension and direction, receiving an anastomosis from the left jugular, and terminating at the upper part of the thorax in an enormous varicose spiral. Treilloux is a member of the fire brigade; when he is under arms and wears his stock, the goitre pushes out the collar of his tunic and gives him the most awkward appearance. The tumour appears formed of a homogeneous mass; it is tolerably soft, offering little resistance to pressure. There is no perceptible cyst, nor indurated nucleus.

T—— says the goitre commenced at the age of 13, and exempted him from the conscription. At the time of his marriage, twenty-three years ago, he made use of a pomade during two consecutive years without effect at three or four

intervals, and he tried four years ago, also without success, an iodine unguent procured from a druggist in the town.

I began my treatment June 26th, 1853, by giving him every morning and evening, an hour before meals, a packet of ten centigrammes of powdered oyster-shells, fourth trituration. The same medicine incorporated in the same quantity in an unguent was used twice a day. Excepting some intervals this treatment continued up to March of the next year.

Treilloux came to see me August 14th, telling me that for the last fortnight the goitre had considerably diminished. On examining I calculated it had lost one-half of its bulk. He now puts on his stock with ease, and his tunic no longer troubles him. The mass keeps soft with no trace of cysts. By feeling for it I can perceive in the subclavicular triangle at the sides of the larynx an isolated tumour as large as a pigeon's egg, and harder than the rest of the mass that envelopes it. The jugulars are as much dilated as at the commencement of treatment. The patient is enchanted with the result.

September 11th.—I ascertain that the left portion of the goitre has totally disappeared; on the right the diminution progresses.

November 26th.—Nothing is left but the principal nucleus of the goitre, still as large as a pigeon's egg. The veins are much diminished in bulk. The patient congratulates himself on breathing freely, and no longer "blowing" as before whilst carrying burdens.

December 18th.—The same progress on the whole, the jugular veins have disappeared and there remains only the venous spiral on the antero-superior part of the thorax which has proportionably diminished in bulk.

January 25th.—The neck is grown thin, no more trace of varices; and there remains only on the sides of the larynx a little lump which seems semicartilaginous. I have often seen Treilloux within these twenty years and the cure has always appeared permanent.

It is this observation which best demonstrated to me the

action of infinitesimal doses at the commencement of my homœopathic studies. I had been dealing with a tumour of thirty-six years standing, which had resisted an iodine treatment oft repeated and long continued. In a few months this bulky tumour disappeared almost entirely under the administration of *Calcareo*, fourth trituration, *i. e.* the 100 millionth part of a grain. In this case one could not ascribe the cure to the natural tendency of the malady to get well of itself, any more than to "coincidence:" we must then assign all the credit to *Calcareo* administered in an infinitesimal dose. At the same time I also treated Treil-loux's wife for the same affection. Her goitre, of the size of half a middle-sized orange, was of fifteen years' standing without any treatment; the tumour disappeared completely under *Calcareo* in the same doses in the space of three or four months.

I have treated six women of the working class afflicted with the same malady; and after from three to six months of *Calcareo* I produced an actual diminution of the goitre. In three other cases which I followed up from four to six months, I completely failed. There are therefore goitres which are not curable by *Calcareo*, as there are some which resist *Iodine*: a fatal contingency to which all remedies are liable.

I am not singular in having tried *Calcareo* in infinitesimal doses for goitre. I extract the three following observations from the excellent monograph by Dr. H. Goullon, of Weimar, on scrofula.\*

*Obs. 6.*—N——, æt. 10, with rosy complexion, strong muscular frame, suffers from rheumatism and diarrhœa, with disgust for fleshmeat. He was attacked at the age of seven with goitre, which was combated in vain by preparations of Iodine and burnt sponge. The tumour only kept growing; left off treatment for six months. The goitre is situate on the left and in front, as large as a pigeon's egg; soft, reddish, indolent, moveable, furrowed with bluish veins.

\* *Die skrophulösen Erkrankungen*, Leipzig, 1871.

May 16th.—Prescribed fifteen centigrammes of *Calcareo carbonica*, third trituration, to be taken daily for ten days. A month after, his appetite was improved, but the tumour unaltered. Prescribed *Calcareo*, six drops of the sixth dilution in 200 grammes of water, a dessert spoonful morning and evening.

July 10th.—Remarkable improvement; the goitre is diminished in bulk; otorrhœa, of a year's standing, has disappeared. *Calc.* 3. The goitre completely softened in the course of September; perfect cure by the end of the year.

*Obs.* 7.—Lucie J—, æt. 17, of scrofulous habit, has had the anterior submaxillary glands congested and suppurating three times; for two years past menstruation has occurred every six weeks or two months.

Oct. 28th, 1869.—She had a goitre of the size of a hen's egg, which came on at the period of puberty. The two lobes are separate; the tumour soft and indolent. She remarks that at the time of menstruation she becomes stouter, especially if it is scanty. Then her respiration is impeded so that she has to sit upright several times in the night. *Calc. carb.* third trituration, 12 centigrammes to be taken every morning for twelve days. Three weeks after the courses became more abundant; the goitre had not increased and her breathing was unhindered.—*Repetatur.*

Dec. 24th.—Notable improvement of the goitre, which appears softer, less tense, and less prominent. The course came on at the end of four weeks. *Calcareo* 6, six drops in 200 grammes of water, 2 dessert spoonfuls every day.

At the end of January the tumour was still perceptible. *Calc. carb.* 30.

In the course of March, we still found a clammy patch very little raised above the surface. A superficial glance detects nothing at all. *Calc.* 200.

*Obs.* 8.—K——, æt. 19, median swelling of the thyroid gland, of some years standing.

The patient wants to be rid of it. Prescribed *Bromine 8*, one drop in a dessert spoonful, three times a day. No change after ten days.

*Calc.* third trituration morning and evening, to be taken on the point of a knife. In one week, visible diminution of the tumour, complete cure in three weeks. Dr. A. Starbe remarks that for a year this young person had been under allopathic treatment without the least effect, though she had tried iodine by olfaction, rubbing with the tincture, and the unguent of iodide of Potassium.

Let us close the series of these isolated facts by a final observation much to the credit of egg-shells. It proves that the preparation of Arnauld de Villeneuve still lives in the popular traditions. The observation is due to my friend Dr. Pröll, the physician of Gastein Spa. He published it in the *Allg. homœop. Zeitung*, November 23, 1874.

One of his patients came regularly for several years to take the water for attacks of gout. At the same time he had a considerable goitre. One year he came back entirely rid of the tumour. When questioned by Dr. Pröll he told him he owed his cure to powdered egg-shells. Every morning during the wane of the moon, *i.e.* during fourteen days each month, he had taken some of that powder on the point of a knife, letting it melt on the tongue. In three months the goitre had completely disappeared. As the doctor observes, it is probable that the interruption of the remedy was a help to the cure. What can we infer from all these facts but that lime positively cures goitre, and that in massive as well as infinitesimal doses? Hahnemann in his pathogenesis of *Calcareo* had mentioned goitre as one of the maladies relieved by it. All the Homœopathic Manuals indicate it as a remedy for goitre. Pliny then might well say, "*Calcæ strumis medetur.*"

Need we call to mind that calcareous waters have been traditionally considered as the cause of endemic goitres? Cartheuser noticed that homœopathic fact in 1752, in his *Materia Medica*, with reference to the employment of lime

water to cure them, "Notatu quidem dignum est aquam hanc etiam strumis recentioribus abigendis aptam censi, quum tamen in illis regionibus, ubi strumæ inter morbos endemos militant, potus aquarum partibus tophaceis et calcareis valide refertarum causa earum præcipua judicatur."

*Calcareæ* is prepared from powdered oyster-shells, and might be just as well from any other marine shell, even egg-shells or snail-shells. Galen employed indifferently various shells, as that of the oyster, whelk, or *purpura lapillus*. Oyster-shell is as old a remedy as egg-shell, having, as we have seen, the same traditions and the same employment. Juncker was right in saying that the shells of oysters, &c., suited the same maladies as those where egg-shells and crab's eyes were used; in his judgment pure lime was far inferior in efficacy to that of the shells. This is probably due to the fact that, in animalised products it is found in a very different, *i.e.* more complete state of division, and therefore becomes more easily assimilated. "The animal calcareous earths," said Desbois de Rochfort, "are preferable to the mineral, because in the former the matter is more attenuated, and less liable to form concretions in the stomach." Whatever be the reason, the fact must be maintained as one consecrated by long experience. Hahnemann did well to make his *Calcareæ* of oyster-shells in preference to common chalk. Since we are on the subject of goitre, I give, with some comments, the names of all the remedies for it that have been recommended. Iodine is the only cure, and sometimes even that fails; therefore the physician who has a mind not to be disarmed ought to know the other remedies *ad hoc*. It is Bönninghausen who gives the fullest list, to the number of twenty-one. Here they are, in the order of their respective values—*Iodine, Sponge, Ambergris, Natron, Calcareæ, Carbo animalis,\* Merc., Natrum mur., Platina, Ammonium, Bell.*

\* Animal charcoal has been indicated by the ancients in the treatment of ulcers and intertrigo. We find in Oribase, "Veterum coriorum cinis ulcera et intertrigines curat." This ash of old leather is no other than the homoeopathic *Carbo animalis*. Hahnemann has evidently copied antiquity even to the manner of preparation. Clinically speaking, it is a residue of the alkaline



*Causiticum, Conium, Digitalis, Kali, Lycopodium, Magnes. carb., Petroleum, Phosphorus, Silicea, Sulphur.* Just a word on each: we have already spoken of *Iodine* and *Sponge*, and also of *Calcareo*, which is here placed in the fifth rank. On my way I shall point out the agreements of the two medical schools.

*Natron* (or *carbonate of soda*) has been especially extolled by Peschier, who was followed by Hufeland, Gunther, Plieninger; and Klose-Dubois associated it with sponge. Mercury has never been administered in isolation by allopaths. Wylie associated it with sponge and other agents, internally and externally. *Natrum muriat.* figured formerly in strumal powders and in Morand's "collar" (an anti-goitrous scent-bag), as well as sponge and hydrochlorate of ammonia. Apropos of *Ammonia* or *Carb. ammon.*, Fodéré associated that salt in equal parts with camphor in a liniment.

Hemlock (*Conium maculatum*) had been proposed at the end of this century by Adunkler, a German physician, and then by two Americans, Sel and Gibson. The latter said, in 1820, he knew no better remedy for goitre than extract of *Conium*, well prepared. Osiander associated *Digitalis* with *Camphor*; since then it has been prescribed in exophthalmic goitre. *Kali* is *Carb. potass.* Vogt, in his *Materia Medica*, says he has seen goîtres cured by this remedy, which had resisted burnt sponge. Such are the concords of the two schools. As for the other remedies indicated by Bönninghausen, they are simply homœopathic prescriptions: they have been little, if at all, verified clinically. Clotar Müller, in his *Homœopathic Manual*, only indicates *Iodine, Spongia, Calcareo*, and *Silicea*. He adds *Hepar sulph.*, which is sulphuret of lime. Outside the homœopathic school other remedies have been announced in the treatment of goitre. *Sulph. acid* (Naylor), *Camphor*

salts, where are also found carbonate and phosphate of lime, mingled with some carbon, as the animal black (*ivory black*) prepared from bones. The "ashes of burnt animals," from all antiquity, were nothing but animal carbon. Now, even in our own day animal carbon has been employed for various tumours, rhachitis, and scrofula.

(Caplan), *Sulphate of potash* (Fodéré), *Verbascum lychnitis* (Coste and Willemet), *Roman alum* (Georg), preparations of Gold (Niel), *Bromine* (Pourché), *Chloride of lime* (Warneck), *Liquid chlorine* (Roulin), electricity (Burns), compression (Holbrook). And many surgeons have tried the seton.

At the beginning of this chapter I have given the parallel history of strumæ and goitres in a therapeutic point of view; but the strumæ which have been confounded with scrofula, only represent, fundamentally, the *glandular* affections of that constitutional malady. Scrofula has other manifestations, such as ophthalmia, otorrhœa, affections of the bones, ulcers, and the whole series of dermatoses known under the name of scrophulides. Now, in all these affections, the ancients often employed calcareous treatment: we may presume that they directed it to the scrofulous forms; and so much the more, because in their prescriptions we see the greater part of the preparations indicated for strumæ, such as the horns of beasts and their ashes, pure lime, cuttlefish bones, the halcyon, whelks, *purpura lapillus*, *album græcum*, millipedes, which one may verify by many passages from Dioscorides, Pliny and Galen. The therapeutic traditions of antiquity have lasted to our own day. Lange proclaims *album græcum* as an infallible remedy for scrofula. Juncker extolled millipedes in obstruction of the glands. Henniger, in a thesis on crustacea, celebrated their virtues in scrofula and parotid tumours. After the Rénaissance arose the acid pathogenesis which created the grand class of "absorbents," a repertory of all the calcareous preparations of lime indicated by the ancients, and considerably augmented under the influence of the doctrinal ideas of that epoch. That pathogenesis was naturally applied to scrofula, for which Hoffmann placed all his hopes in alkaline earths calcined, comprising also mercurial remedies. In the last century, Alston, Whytt, Macbride, Scheele, maintained that lime acted on the lymph and the lymphatic glands. Madder, which contains five per cent. of carbonate of lime, has been renowned for curing caries and rachitis. Then came the

demolishers ("smashers"), such as the citizen chemist Fourcroy, denying the action of the absorbents! He ought to have been satisfied with denying the proposed explanation of their action, and not their therapeutic effects. Lime water, said Vitet, still at the beginning of this century, has sometimes produced good effects in king's evil. At present, *Iodine* and *Cod liver oil* prevail in the treatment of scrofula. The homœopaths have had the good sense to keep aside, and on the same line, *Sulph.* and *Calcarea*, adding to the list *Silicea* for affections of the bones, *Ipec.* and *Apis* for ophthalmia, and other remedies besides. The allopaths have forgotten every tradition of calcareous preparations. Those proud despisers of the Hahnemannian reform, rather than listen to that conservative lesson, prefer receiving it from page 4 of the journals, where the specialist doctors loudly demand to sell them certain preparations, *based on lime*, under the form of syrup, semolina, and powder to cure lymphatism, scrofula, pthisis, and other maladies of the same class. Strange times these in which we live! It is the apothecaries, nowadays, who teach therapeutics to the *vulgus medicorum*, proclaiming with a flourish of trumpets, that they are "approved by the academies and the faculties!"

#### CHAP. II.—EPILEPSY.

IN studying the history of medicine from the most remote antiquity down to our own days, one is naturally struck with the great number of remedies that have been employed for epilepsy. In running over all that medical arsenal, I have been astonished to see the preponderance of calcareous preparations; and a host of compound substances which, though different at first sight, yet betray the presence of lime, in various proportions. Their history is both long and interesting. We must lay it before our readers, and then discuss the therapeutic value of all those remedies which agree in containing either phosphates or carbonates of lime.

Whilst Dioscorides recommends for epilepsy sulphate of lime, the ashes of a polecat, asses' hoofs, *lichenes equi*, swallow

stones, and stork's dung, Aretæus speaks of the ashes of a vulture, Galen recommends the ashes of a kite, and says he has seen this malady cured with human bones powdered. "Ossa combusta admodum diaphoreticam exsiccantemque vim obtinent, et id maximè, ut quidam asserunt, ossa humana. Novi autem nostratium quosdam ossa combusta potui exhibuisse haud scientibus quidnam bibissent, ne scilicet aversarentur; ac multorum tum epilepsiam tum arthritim curasse" ('De simplicium Medicamentorum Temperamentis et Facultatibus,' L. ix).

The physician of Pergamus is here only the echo of a traditional practice, as when he mentions, after Dioscorides, the dung of storks, in which he hardly believes himself. There is but a step from the human bones to the celebrated skull powder which has been employed from the earliest times in epilepsy, and which is still in use at this day.

Though Galen does not specify the skull, it is certain that this nobler portion of our skeleton was already employed by the faculty prior to Galen. Pliny relates that they used to make epileptic patients drink the blood as it flowed warm from the wounds of gladiators; and that, further, every part of the human body had been administered as a medicine, even to the entrails and the parings of the nails! Then he exclaims, "Who can have invented these horrible practices? No doubt, foreigners and barbarians. But how could the Greeks adopt these shocking customs? We read, in the commentaries of Democritus, that the skull bones of a malefactor are good for certain maladies. Artemon gave epileptic patients spring water which had stood all night in a human cranium. Antheus had compounded a beverage containing powdered skull for the bite of a mad dog." Whence we must conclude that the employment of that celebrated powder dates from the highest antiquity. Again we find in Pliny, that the atlas of the hyena was used to cure epilepsy (L. 18, c. 8.) The great naturalist speaks also of asses hoofs, *lichenes equi*, and crocodiles' fæces. As for the rest, all that was derived from the animal kingdom is long before the time of Dioscorides and Pliny; as a proof of which, we find Cælius

Aurelianus quoting the greater part of those remedies from the empirical school and from Serapion: he adds the *lichenes* of the ass and the mule; and only to speak of those of the horse, Diocles, a little later than Hippocrates and Asclepiades, who lived in the century preceding the Christian era, had both indicated that remedy for epilepsy. The rhetorician Pollux, in the 1st century of the Roman empire, relates in his *Onomasticon*, that the empirics extolled the marvels of that remedy which had revived in the middle of the 19th century. It is in Cælius Aurelianus that we see millipedes signalised for the first time under the head of antiepileptics. Quintus Severus, the physician of Caracalla, who put him to death, wrote a short treatise on therapeutics in verse. In the chapter *De Morbo Comitiali* we see the ashes of the polecat side by side with those of the swallow.

“Aptus mustelæ cinis est et hirundinis una.”

Already had Dioscorides celebrated the virtue of stones found in the stomach (gizzard?) of that bird. Even far beyond Galen's kite, the swallow has enjoyed a traditional reputation almost to our own day: it was especially in vogue at the epoch of the Renaissance; and in the majority of formulæ of the last century, we still find “compound water of swallows.”

Suetonius relates that Heliogabalus, to ward off attacks of epilepsy to which he was subject, used to feed on the *os calcis* of camels, the crests of hens, and the tongues of peacocks and nightingales.

Aetius, who has devoted a long chapter to epilepsy, mentions no calcareous preparation. Alexander of Tralles, in the same century, says he learnt in Spain an antiepileptic medicine, consisting of the powder of an ass reduced to ashes. This last remedy has had but little traditional renown, whilst the powder of human skull has gained credit from ancient times down to our own. I scarcely know any one but Forestus who has recommended and formulated the asinine dose since the Greek physician. This was as it should be: surely man ought to take precedence of the lower animal; “à tout seigneur tout honneur.” Paul of

*Ægina*, in the next century, merely repeats what Galen says concerning burnt bones.

To the various preparations bequeathed by antiquity, the Arabs add *pearls*, which will some day play a certain part in the *Materia Medica*.

In the 13th century, Arnold de Villeneuve in his prescriptions puts, side by side with rue and peony, human skull, pearls, corals, and earthworms, which are recommended afresh by Heurnius in the 17th century, with pigeon-dung and "écume de mer," or Alcyon (a sort of sponge). It is the former, to the best of my knowledge, who has spoken in favour of the ribs of a man who has been hanged or beheaded. Already they had, in the choice of the remedy, observed the difference of sex, giving the ribs of a male for epileptic men, and those of a female for women similarly affected. This law of sex was equally followed in regard of the skull, and even of the dung of peafowl, of which more anon.

One century later, Guainerius\* adds to the greater part of the medicines already cited, the Pierre de Judée (spines of the fossil *Echinus*). Alongside of the polecat of Dioscorides he puts the ashes of the lizard, mole, and cuckoo. Here, for the first time, we meet with *broiled mole*,† a remedy which has maintained its celebrity amongst the arcana of epilepsy to our own time. The physician of Pavia says he had read, in a book of Rhazès, that the cuckoo had great efficacy in epilepsy, because that bird falls into fits once a month; and, adds Guainerius, "just as rhubarb naturally attracts bile, so the cuckoo attracts the epileptic virus." All these explanations have a tendency to the homœopathic *ideas* which, with more or less of truth in them, were current since the days of Hippocrates.

Along with the pounded cranium of a mummy,‡ a series of remedies derived from the animal kingdom, in imitation

\* 'Antonii Guainerii opus præclarum ad praxim non mediocriter necessarium.' Lugduni, 1534.

† This is spoken of by Pliny, but only as a remedy for strumous affections.

‡ This "mummy" was no other than the Egyptian mummy brought from the catacombs of that country. It has long been received as a drug into the shops. The Persians still use it for various therapeutic purposes.

of the ancients, the blood, urine, cerebellum, heart, liver, and gall of various animals, then the ashes of a land-tortoise and the antler of a stag. Guainerius specially extols powdered swallows.

It is at the outset of the Renaissance, and especially of the Chemiatic school, that we see starting up on all sides calcareous preparations derived from the animal and mineral kingdoms. To the human skull and the ribs of executed criminals were added the *ossa wormiana* of the head (*os triquetrum*), also the spine of a man slain by a violent death; the *os triquetrum* of a pig, the ear-bones of a calf, the stone out of a snake's head (Schlangenkopfknochen), the vertebræ of the viper, the eel, the trout, and the eelpout, those of a lizard eaten by ants, the limb-bones of a toad, the nails of a hare, the calculus of a manatee, the semilunar bone and the jaws of a pike, the bones of a rabbit, the tusks of the elephant and the sea-unicorn, the fossil rhinoceros, crabs' eyes, and their analogues in the stony bones of the carp and perch. After the example of Galen's kite, they burn young magpies, green lizards, rats, and shrews. There was "magpie water" as well as "swallow water," besides raven powder, a grand secret which Reusner had learnt from Gesner. Add to these the bezoars of the east and west, the œgagropila, the calculus of the swine and the horse, the excrement of the peacock and of a red-haired man, and of a lion. They also prescribed *excretio alba gallinæ ova incubantis*.

The asses' hoof of the ancients has its counterpart in the ox's foot, and especially the famous elk's foot, just as the hart's horn is followed by that of the fallow-deer, the roe, and even the rhinoceros. They administered nail parings and the claws of the lynx, and even broach the horny tissue (chitine) of some insects, as the dung beetle and the stag beetle. Lastly, to form a sequel to the pearls and the corals\* they had recourse to jade, alabaster, chalk, corallina, the

\* *Corallium rubrum*, of which ten grains exhibited with mother's milk before any other food or drink, protects infants from epilepsy according to Villeneuve and Camillus Leonardus, confirmed by Boëtius and Hæferus ('Tozzi opera.' Venetiis, 1741).

powder of various marine shells and land-snails, and the eggs of various birds.\*

This is surely enough of the antiepileptic medicines which swarm during four centuries in a host of works on Pathology and Materia Medica, and certainly I have not entirely exhausted the arsenal. Many of them probably date from a period more ancient than that which I have been able to assign.

The majority of these substances belong to the great class of "absorbents" destined to neutralize the acids supposed to be morbidly developed in the system; a pathogenia sprung directly from the Chemiatic school, of which Van Helmont, Tachenius, Sylvius de le Boë, and Bontekoë were enthusiastic advocates. Frederic Hoffman makes in a few lines the following table, which is a summary of the numerous medicines above mentioned. "Primum alterantium genus complectitur absorbentia. Horum classem ducunt ex marinis mater perlarum, concharum, cochlearum, et ostraco-dermatum variæ species, corallia rubra et alba, necnon os sepïæ; ex animantibus desumpta cornua et ossa, dentes et ungu læ, testæ ovorum, chelæ et lapides cancerorum, mandibulæ piscium, item unicornu animale et fossile; ex subterraneis, lapis specularis (slickensides?) creta, crystallus præparata, osteocolla et omnes lapides calcinati et usti." Fr. Hoffm. Opera, t. 1, p. 428, 1748.

All these absorbents, derived from the organic or inorganic worlds, have always figured in the numerous antiepileptic prescriptions current since the days of Galen, and especially from the Renaissance to our time. We find in the old formularies published 300 years ago, a host of recipes under the head of Epilepsy; such as the powders of Marquis, of Guttète, of Crato, Bartholin, Ludovici, Michaelis, Stahl, Hoffmann, the pastor Franck, &c.; they are nearly copies of the same thing; always calcareous preparations

\* A certain number of other mineral productions were also employed against epilepsy; as Armenian stone, which was nothing else but a species of malachite (carbonate of copper): add to these rock crystal (*s. e.* silica), and the precious stones, emerald, topaz, &c., which are, in general, silicates of alumina. Those who are familiar with the various labours of the Hahnemannian reformation will not be surprised at the prescription of *Copper* and *Silica* for epilepsy.



where the human skull figures alongside of the elk's foot or animal ashes, and some plants, such as peony, rue, and sometimes valerian, with gold leaf.

And all this has gone on to our own day, down to the shipwreck of our therapeutic traditions inaugurated by Bichat, and consummated in the era of Broussais. Nevertheless, there still remain some stray members of it; witness the broiled mole\* still surviving.

The following is what we read on the subject in a recent treatise on epilepsy. "The powder of grilled mole is a remedy borrowed from the epoch when they used to give, in a great number of maladies, certain parts of most animals under a great variety of forms. It has become very popular at Geneva, and has been so for a century at Neufchatel, from whence M. Hentsch procured it. He is a banker at Geneva, who introduced and popularised this remedy in our regions with the most disinterested generosity. He advises giving it two hours before breakfast, in doses of a thimbleful in half a glass of water. Some of our colleagues have obtained *durable success* by this remedy; and M. Hentsch continues to felicitate himself on having thus kindly introduced it." [Herpin, *On the Prognosis and Curation of Epilepsy*, Paris, 1852.]

In our day, too, the "châtaignes de cheval," *lichenes equi*, have been revived. This is the oldest antiepileptic remedy from the animal kingdom, dating from Diocles. It is Mettauer who has proclaimed it, though it is a revival from the Greeks; this American, nevertheless, affirms that, until the present day, nothing was known of the virtue of that

\* The mole has been from time immemorial a popular remedy for epilepsy; we have in our travels collected a number of observations on the subject which are quite conclusive. It is, perhaps, a century since they have sold at Neufchatel the powder of a burnt mole as an emmenagogue and antiepileptic under the singular name of "Neufchatel powder." The dose is a thimbleful in one or two spoonfuls of water. We have long since begun trials of powdered mole, and have recognised the truth of the properties ascribed to it by the Neufchatelians. Our experiments with a new mode of preparation have taught us that the mole is a very important remedy in the treatment of many nervous affections, and especially in epilepsy and rabies.—(Laville de la Plaigne, *L'Epilepsie et la Rage chez l'Homme et les Animaux*, Bayonne, 1864.)

arcanum! It was formerly employed as an anthelmintic; his father first used it in epilepsy about 1782; he himself thought it was principally composed of urate of soda. It is given in powder or tincture. The author (*American Journal*, 1835) gives no further statistics or observations. Some years later, Thierfelder, a German physician, in one case tried Mettauer's treatment without success; and naturally expresses a wish that we should set about inquiring into the circumstances in which this remedy would succeed.

Some years ago the German *Industrie-blättern*, by Hager and Jacobsen, gave the recipes of a number of secret remedies. Along with Fröndhoff's remedy (crabs' eyes, corals, peony, and amber), there figures Count Duplessis Parseau's powder, which is nothing else than broiled mole; and Pastor Schlemüller's remedy, composed of burnt bones, pulverised.

We might add a host of arcana preserved in families and advertised by various charlatans. These remedies, which are daily given outside of practice and official instruction, are nothing more than repetitions of most of the formulæ current during the three or four last centuries. They abound in calcareous productions, including powdered human skull. This is a tradition as powerful as it is tenacious, and furnishes a serious argument in favour of calcareous preparations in case of epilepsy. The ancients, as well as the physicians of the Renaissance, thanks to their ignorance of chemistry, could not be aware that all these compounds had the calcareous element in common. What, for instance, could have induced them to proclaim as an antiepileptic, along with bones, ashes, excrements, shells, and various stones, earthworms, the elytra of beetles, and even *excretio alba gallinæ ova incubantis*—three remedies which contain positively some carbonate of lime? If they employed lime unawares, and affirmed the antiepileptic virtues of substances so dissimilar, they must needs have learnt from observation; and it is to the calcareous element that we must give the credit. What must we now think of all this, scientifically? Before we approach that question, let us see what all our predecessors have thought of it.

The affirmation of all antiquity in favour of calcareous

preparations is undoubtedly a grand fact. When I see Galen asserting that epilepsy has been cured by the powder of human bones, I hold his word in singular esteem, because the therapeutic facts transmitted by the ancients are generally remarkable for exactitude of observation ; a proposition which I could support by abundance of facts, if I were called upon for proof. And assuredly this is more than I could say for a host of modern therapeutic works.

Again, I am struck with finding the physicians of the Renaissance, and especially of the Chemiatic school, following so faithfully on the ground of antiepileptics, and also adding to the traditional list a great number of other preparations derived from the animal or mineral kingdom ; the bones of many vertebrata, the ashes and excrements of various animals, and many calcareous stones.

Observe that here we have to do with a malady known to every one, perfectly described by the ancients, and easily diagnosed in its common form ; a malady, too, whose cure is easily verified.

If it were only isolated physicians who had asserted such therapeutic facts, then (whatever respect may be due to minorities) one must hold them in suspicion till more ample proof were afforded ; but here it is nearly a totality of the Renaissance school that joins chorus with antiquity. The list is long, and the assertions are continuous, almost down to our own time.

See at once Paracelsus, a man of incalculable value, as evidenced by all the abuse bestowed on him by his contemporaries. He, who had burnt the books of Galen in the open square at Basle, and had scoffed at the doctrine of the four elements ; how came it to pass that he of all others adhered to the powder of human cranium, and submitted the said cranium to divers treatments of the Spagyric art to obtain the "calcined cranium," the "magisterium" and the "extract of cranium," which, as well as the "spirit of brain," is nothing but a product analogous to Dippel's "Animal Oil?" Tissot says that the powder of human cranium was one of the grand arçana of Paracelsus for curing epilepsy.

Forestus cites an instance of epilepsy cured, finally, by the powder of a broiled swallow taken every morning, *ad magnitudinem fabæ majusculæ* : besides, he often prescribes, at various consultations, the powder of human cranium.

In the 16th, and still more in the 17th, century, there arose a multitude of antiepileptic formulæ, many of which have been famous, such as those of Bartholin, of Guttète,\* of Marquis, of Dolæus, Weissman, Zwelfer, Daquin, &c., one would reckon more than fifty in running over the works of Manget and Triller, and the pharmacopœias of that date. Most of them abounded in calcareous preparations, ashes of burnt animals and shells; the celebrated powder of human cranium prevailing. In Bartholin's formula, we find the powder of human cranium and other bones associated with those of green lizards; then came mistletoe, peony, and prepared antimony, finishing with elk's foot and asses' hoof. The celebrated anatomists extolled this composition very highly, and declared it to be quite certain against epilepsy.

Sylvius de le Bœe, in his acid pathogenesis, recommended above anything, alkaline salts, *salia lixiviosa figentia*, amongst which is chalk.

The whole school of Stahl extolled calcareous remedies in epilepsy; one should read the long list of them in Juncker who even gives one of his master's formulæ; it was composed of the heart of a dried mole, earthworms, the heel of a hare, an elk's foot, the mistletoe of the oak, and cinnabar. Juncker is also anxious to recommend the secret remedy of Pastor Franck, which had just been divulged by the journals of 1711. There figured in this recipe, powder of human skull and elk's foot, feather-alum, the spine of a man killed by a violent death, the tongue of a dried partridge, a mole caught in March and broiled, and the root of peony; dose, one drachm.

In a chapter on the specific virtue of some remedies, Fr. Hoffman avows that there are many cures of epilepsy, but he knew none better or more certain than the powder of

\* Guttète is not a man's name. Gutteta, in the old language of Languedoc, was a synonym of epilepsy.

earthworms, of the afterbirth, the human cranium, cinnabar, elk's foot, and *corium humanum*. In the chapter on epilepsy, he gives the list of numerous antiepileptic medicines derived from vegetables and animals, takes notice that they are classed with "absorbents," extols the formulæ of Dolcæus and Weissman, and speaks of a powder of his own invention, which is very like that of the latter. We find him making use of it in several observations and consultations, and declaring that he has obtained remarkable results, *singulares effectus*. Besides, in his Prolegomena, he places earthworms for epilepsy in the same rank with *China* and *Merc.* for intermittent fever and syphilis. I have already said that the powder of earthworms is nothing more than *Carbonate of Lime*. In a chapter on antispasmodic specifics, Hoffman gives a formula for epilepsy (which is, perhaps, his very own prescription), containing the foot of an elk, the tusk of a hippopotamus and sea-unicorn, the human skull, powdered earthworms, musk and castoreum, with or without cinnabar. A propos of antispasmodics from the animal kingdom, he maintains that they are surer and better than vegetable medicines, because they more nearly approach our nature, and more readily enter the circulation.

Around the three chiefs of this school, Sylvius de le Boë, Stahl, and Hoffman, are ranged a phalanx of contemporary physicians who employed calcareous preparations for epilepsy, including the human skull. It will suffice to name Quercetan, Felix Plater, Crato, Sennert, Etmüller, Harris, Waldschmidt, Pitcairn, Valentini, Schulze, &c. Boerhaave himself recognises antispasmodic properties in fixed alkali salts. In the middle of the 18th century, those who continued the *Materia Medica* of Geoffroy did not hesitate to say they had found powdered cranium superior to any other remedy, in doses of twelve to forty-eight grains; and at the end of that century, Desbois, of Rochefort, uttered the opinion that the elk's foot had cured epilepsy proceeding from acids. But the reaction against calcareous preparations in such cases was advancing with rapid strides: we must give a rapid sketch of it.

Already, in the preceding century, Erastus had maintained that the powder of human cranium was only an invention of the devil! Walker wrote quite a treatise against "absorbents," *De terreis remediis*; and tries to demonstrate their futility in every line.

One should read Triller's *Dispensatorium pharmaceuticum*. He declares the human skull to be a detestable remedy, worthy of cannibals, and calls Bartholin's formula a sorry and barren Golgotha!

The commentator on Fuller's *Pharmacopœia* treats the human skull as a dry, inert bone, and insists on banishing that horrible remedy from every *Materia Medica*; and Baron, as editor, approves of this note as agreeable to the laws of physics and humanity. At Vienna, Van Swieten raises his voice against specifics in epilepsy; and in regard of the human blood and cranium, reproduces the celebrated passage of Pliny, cited above. Quarin is silent on these preparations. "Vidi duos epilepticos," says he, conscientiously, "quibus remedia omnia hic commendata incassum exhibui, pulvisculis ab agyrtâ propinatis integrè sanatos." It is very probable that these quack powders contained calcareous preparations, and even the "powder of a human skull."

Tissot puts in the list of useless specifics most of the calcareous preparations derived from the animal kingdom; earthworms, hare-heels, lizard's spines, &c., and "a great number of others all equally useless, equally disgusting and senseless, which, being destitute of power and virtue, serve to prove what trifles men will give in to where they let themselves be guided by systems, prejudices, and superstition."

Tissot, after this tirade, nevertheless cites the case of an epileptic who had seven attacks, and whom he believed he cured by administering *lime-water*. Most of the authors of *Materia Medica* in the second half of the last century join chorus in prescribing calcareous preparations for epilepsy.

I now come to our own century, and will make but one quotation from a celebrated physician "Will any one,"

cries Esquirol, "give the name of medicine to substances the employment of which would seem incredible to those who are not aware that there is no limit to the state of degradation whither a man may descend who is once delivered up to ignorance, and prejudice?"

"Can one believe that even respectable physicians have prescribed earthworms to be swallowed fasting, the foot of an elk, the heel of a hare, the after-birth of a first born child, the parings of a human skull and vertebræ, the brains of men and ravens, warm human blood, the ear bones of a calf, the spine of a lizard gnawed by ants, the heart and liver of a mole and a frog, and other substances more or less disgusting, more or less ridiculous?" At the same time the celebrated alienist condemns preparations of zinc, copper, and silver ('Dict. de Sciences Médicales;' art. Epilepsie, 1815).

M. Delasiauve, who published in 1854 a treatise on epilepsy, is astonished that Hoffmann should have introduced for that malady "divers excentric recipes already repudiated by the judicious criticism of the ancients," he instances the "powder of Guttete" (see above), whilst he suppresses the cranium. Bouchardat does the same; and declares it is an absurd recipe sometimes employed by gossips for convulsions in children. Are all these expressions accurate? Have these honourable gentlemen asked whether carb. and phosph. of lime could cure epilepsy, after the example of grilled mole which still cures it.

Let us now interrogate the homœopathic school. Hahnemann in the Prolegomena to the Pathogenesis of *Calcareæ* mentions, amongst the numerous applications of this medicine, *nocturnal fits of epilepsy*. One singular symptom figures in the pathogenesis of the chronic maladies under No. 1445. "Fits of epilepsy; he falls suddenly without consciousness, and on coming to himself, finds himself lying on the ground with his arms extended; heat follows, with a little perspiration" (at the end of nine days). This one symptom is not enough to determine the employment of *calcareæ* in such circumstances. Compare this isolated symptom with the physiological data furnished

by *Œnanthe*, *Plumbum*, *Cicuta* which are all antiepileptic. Just as their pathogenesies are rich in epileptic symptoms, so is that of *Calcarea* poor. I do not wish to conclude from this against its efficacy in epilepsy; I have great confidence in it. But from that fact I proceed to establish that, more than once, the law of similitude is nearly silent, and that it has its obscurities. Let clinical treatment remain; that is the true criterion; the experience and the opinions derived from such experiments have confirmed the words of our great master.

Bœnninghausen has reported twenty-eight cases of epilepsy cured, where *Calc.* 30 was the principal remedy, often alternated with *Sulph.* 30, and sometimes with *Cuprum*, *Bell.* and *Merc.* In Rückert we find two other notices of epilepsy cured by *Calc.* (Platz and Frank). Hartmann places *Calc.* at the head of all remedies for epilepsy. According to him it especially suits a venous hæmorrhoidal plethoric constitution, and also a scrophulous rachitic diathesis in meagre, ill-fed subjects. It is also of undoubted use in infants who are much disposed to anomalies of nutrition.

Lime is as decidedly indicated in females; it perfectly suits excitability and all the variety of menstrual ailments, especially when the discharge is excessive and premature; likewise those epilepsies which are caused by onanism and chilling in cold water. Bähr, in his *Therapie*, considers that *Calcarea* acts less directly in epilepsy than in the scrophulous diathesis which may accompany it.

Kafka recommends *Calc.* 6 alternately with *Nux vom.*, when epilepsy in children is determined by excess of study or taxing the memory, or fright; and also in epilepsies brought on by alcoholism, onanism, or venereal excess.

The late Milcent maintained that *Calc.* and *Plumbum* were, in his judgment, the best remedies (*Bulletin De la Société Hom.*, June 1st, 1873).

All the homœopathic manuals have indicated lime for nocturnal epilepsy. My own experience is but meagre in the matter. It is well known how difficult it is to follow up epileptic cases. I have been consulted for two cases of



nocturnal epilepsy, without seeing the patients; but on referring to my notes I believe the *calcareæ* suppressed the fits, at least for a time.

I conclude this litigated and difficult question by a quotation from one of the most distinguished English homœopaths.

“Epilepsy is one type of those *dormant* maladies whose paroxysms are provoked by peripheric irritations, whether external and accidental, or regular and dependent on natural periodicity. In the specific cure, the dormant malady is the real thing to deal with. The active malady being incapable of treatment, how can those remedies avail which produce epileptiform convulsions in their absolute action and in poisonous doses? Few of these convulsing drugs have been found useful; this our school knows by bitter experience. We find no cures by *Agaricus*, *Stramonium*, *Nux vom.*, *Arnica*, *Cicuta*, *Camphora*, &c.; the spasms which are everything to the patient are nothing comparatively in the eyes of physicians who seek a specific for the real malady, which is not the convulsions but an alteration of tissue that so changes the susceptibility of the part affected that peripheric irritation brings on the fits. Few remedies have yet been discovered corresponding with this morbid change. Clinical homœopathic experience boasts not of many cures of epilepsy, and most of these have been effected by antipsoric medicines such as *Sulph.*, *Calc.*, *Caut.*, *Bell.*, *Argent.*, *Zinc.*, *Artemisia* and others” (Drysdale, “On the Allopathic and Homœopathic Use of Specifics,” *Brit. Hom. Journal*, vol. xxvi, p. 290). What are we to conclude now from the long historical exhibition where all the schools figure? Allow me to lay before you my own conclusions.

In my opinion, as to the numerous antiepileptic preparations in question, we must hold in great esteem a tradition reaching from Galen to Hoffmann, and continuing in force to our own day without even any official instruction. A tradition so ancient, so universal, ought to have its *raison d’être* among positive cures.

At the bottom of all these remedies, mostly borrowed from the animal kingdom, the physician must be using nothing

but carbonates and phosphates of lime, or else animal charcoal, *i. e.*, carbon associated with those carbonates and phosphates. What signifies their repulsive origin? There is nothing in them, in fact, but carbon and calcareous salts.

The grand argument of the opponents of the last century was drawn from the inertness of those preparations. Who would venture, at the present stage of pharmacodynamics, to maintain that carbonates and phosphates of lime and carbon are inactive substances?

The burnt mole, which cures epilepsy to this very day, is the most eloquent reply to the declamations and negations which are advanced respecting that class of remedies; besides, the homœopathic school has sufficiently verified the efficacy of carbonate of lime in epilepsy. Jahr, in his manual, has indicated animal charcoal in the same malady, probably under the influence of the "mole," for I know of no notice of epilepsy cured by *Carbo animalis*.

It were worthy of modern science to submit to rigorous experiment some of these ancient remedies, as the powder of earth worms which represents almost exclusively carbonate of lime; or the power of burnt mole, which is animal charcoal; or that of human skull which is carb. and phosphate of lime. As for this last, as I strongly object to being accused of cannibalism, and also have a respect for man, redeemed and baptized, I propose to substitute for it the cranium of the rabbit, hare, or dog.

I regret that modern medicine has abandoned those remedies; I hope some physician will arise like a prophet, and breathe on these dry bones to exact from them life and health in favour of the poor epileptics. This cannot be the work of a single individual; it ought to be the work of all.

(To be continued.)

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## ON THE SIZE OF THE DOSE OF HOMŒOPATHIC MEDICINES.\*

By Dr. H. G. SCHNEIDER, of Magdeburg.

THE size of the dose of homœopathic medicines has ever been a subject of contention among homœopathic physicians. Hahnemann himself tried the homœopathic medicines from small undiluted doses, led by his theories of cure and of psora, up to the decillionth dilution in a few globules the size of a poppy seed, and stopped at the last-named dose, but he praised Korsakoff who went far beyond this dose.

Theory was gray, and judgment in medical practice is difficult. Hahnemann's followers, therefore, have no definite fixed views regarding the size of the doses of homœopathic medicines, and hence, according to their knowledge or I should rather say their belief, they are divided into macroposists, microposists, and a middle party who consider the doses of the macroposists too large, and those of the microposists too small, and an eclectic party who make use of the whole pathological scale from the crude drug to the 20,000th high potency.

On the other hand, our allopathic brethren are at peace on the subject of the doses.

If we inquire into the reason of this striking difference, we find that it is owing to this: that allopathic doctors know what their medicines ought to do when used for curative purposes, whereas homœopathic doctors do not.

The medicines of the allopaths ought to cure, according to the axiom *contraria contrariis*, by directly removing the ailments of their patients; they should warm, cool, excite, soothe, relieve pain, give appetite, improve digestion, remove catarrh, stop diarrhœa, open the bowels, increase the urinary secretion, restore the menses, check bleeding, supply the want of blood and iron in the system, soften

\* From *Allg. Hom. Ztg.*, xcii, 20.

indurations, disperse tumours, promote the absorption of exudations, they should act as antipyretics, antiphlogistics, antiseptics, antiscorbutics, antiarthritics, antisyphilitics, &c.

The well-recognised posological maxim of the allopaths runs as follows: *Give of the antipathic medicine as much as will suffice to do what is required.*

The remedies of the homœopaths should also, according to the *similia similibus*, restore health to patients by directly removing their ailments; indeed, they ought to be the sole means of restoring health. But how they ought to do so no one has attempted to show, because (as will presently be seen) the impossible cannot be established.

Practically homœopathic physicians know only from their practice that small doses of homœopathic medicines are able to make sick persons well. There is no evidence to enable them to decide how large or how small the doses of these medicines should be in order to cure their patients, whereas allopathic doctors can show every day that antipathic medicines act antipathically. Hence the splitting up of homœopathic practitioners into parties, and the unanimity of allopathic practitioners on the dose question.

Homœopathic physicians in common with the laity and allopathic doctors hold the error which arose thousands of years since with the art of medicine, and which to-day remains inseparably connected with it. The error we allude to is that, contrary to the law of causation, it is thought possible to bring a disease to a termination without the absolute separation of the morbid cause from its effect, by the absolute removal of the morbid cause from its effect, or by its annihilation, and the restoration to health of the patient by the destruction of the action of the cause of his disease, which can only be compassed by the destruction of its effect. An example will show clearly this error.

A bell lets its sound be heard as often as its clapper sets it vibrating. Its sound becomes dull, or even inaudible, in proportion as its clapper has its motive power overpowered by being covered up, or the vibrations of the bell obstructed by being covered up. But the bell's sound is again heard as before when, after removal of the deadening

coverings, the clapper can again strike it. It is only by removal of the clapper from the bell or by the cracking of the bell that an end can be put to its sounding on the action of the clapper.

Hence it follows that the theory of the allopaths, which considers their practical palliative treatment as a radical treatment, is false, and that homœopaths have no theory.

If by having a theory is understood a "scientific foundation," then the allopaths are quite right when they say allopathy has a scientific foundation and homœopathy has nothing of the sort, but they are wrong when they assert that their theory is a truth.

The cure of a patient is impossible without the absolute removal of the cause of his disease from its effect.

The suppression of the variability of the effect of the morbid cause by the same and direct removal of the symptoms can, like the diminution of the active power and the rendering of the morbid cause powerless, only be followed by apparent health as long as it lasts; and the annihilation of the action of the morbid cause is only capable of being compassed by the annihilation of its effect, which results not in cure, but in its opposite.

What is absolutely required in every case is the absolute removal of the morbid cause.

By medical art it is only mechanical morbid causes that can be *immediately* removed from the sphere of the organism, and in the organism only chemical morbid causes can be annihilated; these consist of known poisons for which chemical antidotes can be used. All other mechanical and chemical morbid causes removable from the sphere of the organism can only be removed from it by the appropriate negatively re-integrating activities of the organism.

With regard to these not directly removable chemical morbid causes there is nothing for the medical art to do but to bring into action or to assist the appropriate negatively re-integrating activities of the organism, in other words, to promote spontaneous cure.

If medicines are to bring about the spontaneous cure of diseases produced by toxical cause, the only way in which

they can and do effect this is by the calling forth or assisting the negatively re-integrating activities of the organism appropriate to the actual toxic morbid cause.

Homœopathic medicines effect cures of diseases from toxic cause. (I shall presently adduce a case of this sort which gives a striking proof of this.)

Consequently they do this by calling forth or assisting the negatively re-integrating activities of the organism appropriate to the actual toxic morbid cause.

If this is correct, then the law of the dose of the homœopathic medicines is discovered, and it is as follows:—*Give of the homœopathic medicine as much as will suffice to call forth or assist the negatively re-integrating activities of the organism which remove the toxic morbid cause in its blood out of its sphere.*

Larger doses of the homœopathic medicine render it, in place of a remedy, an obstacle to the cure, for in such doses it no longer opens the ways out of the organism for the toxic morbid cause, but as *simile* occupies these ways for itself.

In still larger doses the homœopathic medicine is not only an obstacle to the cure, but is itself a toxic morbid cause which complicates its injurious action with that of the toxic morbid cause already present.

Doses of the homœopathic medicine which are too small to render it a remedy, undoubtedly pass through the organism without doing anything.

But the limit of the too-little is widely separated from the limit of the too-much, and can only with certainty be ascertained in those rare diseases which from their nature cannot recover or take a long time to recover without the interference of the medical art. In other cases it cannot be ascertained, because in all diseases in which medicines are capable of being remedies the cure in the end is always spontaneous.

Hence, in these diseases it will be long before the question of high potencies can be satisfactorily answered.

The relation just described is observed in no disease more distinctly and decidedly than in syphilis.

Syphilis is undoubtedly and undeniably a disease the cause of which is an unknown poison in the blood not destructible by chemical antidotes.

The removal of the syphilitic poison out of the blood and out of the sphere of the organism by the negatively re-integrating activities of the latter is therefore indispensably requisite for the cure of syphilis.

Those allopathic physicians, however, are wrong who (contrary to v. Baerensprung) maintain that syphilis is not spontaneously curable, not curable by the negatively re-integrating activity of the organism, but that it can only be cured by antisymphilitics which alter the constitution of the patient.

Syphilis is always cured spontaneously, even though this happens not without the help of the medical art. Without the interference of the medical art it, with few exceptions, is cured spontaneously in the first periods of infection, when it appears under the form of soft chancre and painful bubo.

Hence the allopaths consider primary syphilis with soft chancre as quite another disease essentially different from syphilis.\* They even hold it to be a purely local contagious disease. But in this they are wrong, for primary syphilis coming on in this way is cured spontaneously without medical aid, because there is a normal reaction against the syphilitic virus, which not being interfered with removes the poison completely out of the blood and out of the sphere of the organism in three to four weeks, as a rule. This occurs in the case of the soft chancre and painful bubo.

Syphilis occurring with hard chancre is also cured without medical aid in the last period of infection of its natural course. When its course is uninterfered with, this syphilis is neither a fatal disease nor a disease that only terminates with life.

But syphilis is not cured without medical aid in the first period of infection, when it comes on with hard chancre

\* At the discussion on Syphilis at the Pathological Society of London this year, all the speakers rejected the former doctrine of a duality of syphilitic poisons.—(Eds.)

and indolent buboes and induration of the lymphatic glands; because, as its symptoms indicate, there is a deficient normal reaction against the syphilitic virus, and this is consequently not completely removed from the sphere of the organism, but not because primary syphilis with hard chancre is an essentially different disease from that with soft chancre.

Nor is syphilis cured without medical aid in the periods of infection between the first and the last, because the negatively redintegrating activity of the organism is incapable of removing completely from its sphere the mass of the syphilitic poison.

In both cases a new period of infection occurs as soon as the relations in the organism allow the portion of syphilitic contagion remaining in it to infect it anew.

Antisyphilitic treatment pursued with skill and moderation by allopaths do not confessedly alter this relation.

C. F. Kuntze says, in his *Text-book of Practical Medicine*, vol. ii, p. 242: *Syphilis is cured in successive shoves even in the best treatment and when the patient is in the most favourable circumstances.*

But allopathic mercurial treatments pursued without prudent moderation increase and aggravate the periods of infection, hence they lengthen the course of the disease and eventually endanger the patient's life. Some years ago I had a patient under my treatment who had been treated allopathically for twenty years, and was in danger of dying of laryngosyphilis.

So also homœopathic doses of mercury, too large to promote the curative activity of the organism, which some homœopathic practitioners consider necessary for the eradication of syphilis, do not contribute to the cure of syphilis that comes on with hard chancre and indolent buboes—*Exempla sunt odiosa.*

The unfortunate delusion that the extirpation of the disease is the curative indication is to blame for this.

The symptoms of syphilis are phenomena of the effects of the syphilitic poison localised from the blood, and are indubitably manifestations of the negatively redintegrating



activity of the organism ; they are consequently not really symptoms of disease but symptoms of cure, in so far as the removal of the syphilitic poison out of the sphere of the organism is connected therewith, as it is with all the symptoms in the first and second periods of infection.

The folly of making the annihilation of these curative symptoms of syphilis the object of treatment is, one would suppose, self-evident.

From the facts here adduced it is evident that the remedial medicine, *Mercury*, in doses beyond those sufficient to promote the curative activity of the organism, does not cure the syphilis, but becomes injurious in proportion to the excess of the doses.

That the doses of the homœopathic medicine are too small to render it a curative means in syphilis may be known with certainty from this circumstance when they allow the first period of infection and the periods of infection betwixt the first and the last to run a natural course, *i. e.*, uncured by the aid of art. I have had under treatment some syphilitics in the second period of infection who had been treated by homœopathic physicians with one or two small powders per week. A trial of high-potencies would be decisive as to their value.

Finally, that sufficient doses of the homœopathic medicine of *Mercurius solubilis* and *Acidum nitricum* really cure syphilis in the first period of infection and the periods of infection betwixt the first and last, I have since 1846, as my case-book shows, been able to convince myself conclusively, in more than a thousand cases in the first period of infection, and in more than three thousand cases of the periods of infection betwixt the first and last.

Of those treated by me in the first period of infection at most 2 per cent. have gone into the second period of infection, and these generally in the fourth and fifth week of the first period, and of those which remained under my treatment in the other periods of infection, none have gone into the further periods of infection.

From the 3rd decimal trituration of *Merc. sol.* procured by me upwards of forty years ago from Gruner in Dresden

I make a 4th dilution, and from this a 5th dilution, and with these I medicate globules, of which I give eight every night and morning. In like manner I gave every night and morning *Acid. nit.* in globules. Only exceptionally have I found it necessary to give *Merc. precip. rub.* 1st trituration in small doses in bad cases; for example, in deep chancres of the glans in the first period of infection.

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THE IMPORTANCE OF DEPARTMENTS OF PHARMACOLOGY AND PROVINGS IN HOMŒOPATHIC COLLEGES.

By Dr. E. M. HALE.\*

IF any thoughtful physician of the homœopathic school of medicine was asked the question, "Upon what depends the success of homœopathic practice?" what would be the answer? I venture to assert that, with but little hesitation, he would say: "The purity of our medicines, and our knowledge of their pathogenetic effects." I do not ignore or depreciate the importance of a knowledge of other departments of medical science. The physician should be thoroughly educated in anatomy, physiology, pathology, etiology, diagnosis, &c., but, after he has mastered all these branches, all these aids to medical science and the art of healing, of what do they avail if he does not possess pure medicines to prescribe, or know their pathogenetic effects?

I beg of you, members of the Homœopathic Medical Society of Illinois, to consider this subject with all the gravity which belongs to it. I do not write upon this subject simply for want of a better. I deeply feel the importance of calling your attention to the matter.

\* Read at the Annual Session of the Illinois State Homœopathic Medical Society, held at the City of Chicago, May 18, 19, 20, 1876.

*440 Pharmacology and Provings in Homœopathic Colleges,*

Let us look at the question in a practical light. Let me ask you, what is the one grand, distinguishing feature of our school?

Is it not the doctrine taught by our great founder, Hahnemann, and believed by every adherent of our system, that diseases are to be treated by medicines which are capable of causing similar diseases in healthy persons? Is it not the doctrine that a remedy must be capable of causing symptoms similar to those of the disease or disorder which has attacked our patient?

Granted that the great doctrine of homœopathy is the one just enunciated, does it not seem strange to you that at this day there is not a single homœopathic college in the world possessing a professor whose duty it is to teach the method of proving drugs upon the healthy?

It seems incredible, but it is a fact. I admit that in a few of our colleges the Professor of *Materia Medica* is supposed to have charge of this branch of the subject. But if he has, he never does but little more than to devote one or two lectures to the subject.

It is as easy to imagine the acting of the play of "Hamlet" with the character of Hamlet left out as to imagine a true homœopathic college with the Chair of Provings left out! I wonder that the shade of Hahnemann does not rise and rebuke the faculty of any college which does not provide for the establishment of such a chair.

It may be said that we have already an immense *materia medica*—a wealth of pathogenetic knowledge and a multiplicity of provings. But, I ask you, is there any limit to true science short of absolute perfection?

Shall the astronomer leave off searching the heavens because thousands of worlds and suns and stars have been discovered? Shall the chemist cease to labour in the laboratory because so many new metals and salts have been discovered? And shall we cease to make provings, to investigate the action of the drugs, because so many have already been studied? What do we know about the complete action of any of our polychrests? Have we exhausted

the pathogenetic capabilities of *Aconite*, *Belladonna*, *Bryonia*, and *Nux vomica*? I venture to say that we are very far from knowing half of their powers and virtues.

We have not a single old remedy which does not need reproving. We might reprove *Nux vomica*, or any other well-known drug again, and we would still get new and important symptoms. If this is the case with the old, what shall we say of the new remedies? We only stand upon the threshold of the temple of pathogenetic knowledge, especially in what pertains to the new remedies.

Do you realise how little we know of the pathogenetic and curative powers of *Æsculus*, *Collinsonia*, *Gelsemium*, *Baptisia*, *Podophyllum*, *Iris*, or that most wonderful medicine *Veratum viride*? I do not mean to exaggerate when I tell you that the next century will doubtless find in these medicines curative powers which we in our fancied knowledge do not even dream of!

Setting aside the many general symptoms of these medicines which have not been evolved, we have not discovered a tithe of the special or characteristic symptoms which belong to them.

Now, in view of all this, how sounds the repetition of my statement of the fact, that in no homœopathic college now in existence is there any chair or department specially devoted to provings? For many years I have urged the establishment of a chair of Provings and Pharmacology in Hahnemann Medical College of Chicago; and yet with the exception of one year during which I held that chair no such provision has been made.

How long shall we neglect and ignore a duty so important and evident? It is the duty of every college, of both schools of medicine, to establish such chairs. Would it not be a strange and unaccountable anomaly if the allopathic school should be the first to take this step? And yet I venture to predict that if we do not soon act in this matter we may be forestalled by our opponents.

Already we discern in the writings of allopathic authorities a strong tendency toward investigations of the action of drugs on the healthy. I have but to mention the

442 *Pharmacology and Provings in Homœopathic Colleges,*

experiments of Ringer, Harley, and others in England; of Traube and others in Germany and France; and Wood and Scudder in America. So important do these men consider such investigations, that they will soon feel obliged to establish special departments devoted to such investigations in all their colleges. Shall we, who have been taught by Hahnemann how to prove drugs in a manner so superior to theirs—shall we sit supinely and see them excel us in our own specialty? Shall we not rather unite with the old Hahnemannian method the later methods adopted by Wood and Ringer, in which are applied all the aids of modern physiological, chemical, and pathological research? Do not complain that this method would embarrass us with riches. No amount of pathogenetic riches will embarrass us if it is all gold, and not dross. No amount of wheat is too much if the chaff is winnowed out. It will be one of the duties of this department of provings to separate the dross and the chaff from the gold and the wheat. But, after such a department is established, and has done its work in the best possible manner, there will remain a great work to be done in another direction. The same department should take hold of homœopathic pharmacology, which is in the most imperfect and chaotic condition. In this department the Pharmaceutical Society of Great Britain is doing good service. When they have perfected their methods they will doubtless give us a trustworthy standard of official preparations, by which our pharmacologists can, if they will, prepare medicines upon which we can rely. As it now is, each homœopathic pharmacist is a law unto himself; and without impugning their honesty or conscientiousness, I assert that we have no infallible test of the purity of their preparations.

Thousands of ounces of *Aconite*, *Belladonna*, *Dioscorea*, *Cimicifuga*, *Gelsemium*, and *Veratrum viride* are sold yearly, in which resides not a particle of curative potency! What avails the most complete knowledge of materia medica if we cannot rely on the purity and power of the selected remedy?

We may select *Belladonna* in a case of meningitis; but if

the *Belladonna* we prescribe is inert, as it often is, of what value is our pathogenetic knowledge?

We select *Secale*, and administer it to a woman threatened with fatal uterine hemorrhage; but if the drug is inert, are we wholly clear of all responsibility for her death?

I contend that there should be in all our colleges a teacher who is perfectly competent to teach students not only how to prepare in a proper and trustworthy manner each and every one of our medicines, but to teach them how to ascertain if any given drug is properly prepared and possesses its peculiar medicinal qualities.

Physicians place too much confidence in pharmacutists. They too often blindly accept and prescribe medicines about whose purity they know absolutely nothing. In such cases not only the reputation of our school and their own reputation for skill, but the life and health of their patients depend upon a mere probability.

In conclusion, I urge upon you the duty, as representing the homœopathic school in this State, to manifest some interest in this subject. It is your province even to demand that the art of provings and pharmacology shall be taught in homœopathic medical colleges.

I am not sure but we ought to take another step out of the old and beaten paths of medical education, and abolish a portion of the chair of chemistry.

Chemistry as at present taught in medical colleges is of very little practical value to the physician. Teachers seem to think that it is their duty to teach chemistry as it is taught in universities and other scientific institutions not medical. There never was a greater blunder. Inorganic chemistry is taught to students who are not prepared by previous education to comprehend it. Instead of giving long lectures on heat, light, the atomic theory, &c., a very brief mention should be made of these agents, while the subject of chemical affinity, electricity, and the nature of the gases should receive more attention, while the greatest portion of the course was devoted to a consideration of the metallic elements and inorganic chemistry.

The chemistry taught in our colleges should be more exclusively medical chemistry. Our students should know more of the chemical constitution of the plants we use in practice. If this branch was taught as it should be we would not hear of recent graduates ordering *Tincture of Podophyllin*, *Hydrastin*, or *Quinine*, or triturations of *Iodide of Potassium*, *Kali carb.*, or *Iodine*. Indeed, I am not sure but it would be well to abolish altogether the chair of chemistry, or combine it with the chair of pharmacology and provings, and also to relegate the subject of electricity to a chair of galvano-therapeutics, which ought to have place in every medical college of any pretensions. This plan may be considered impracticable now, but I believe it will soon be adopted.

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#### THERAPEUTICS OF DISEASES OF THE EAR.

By Dr. H. GOULLON.\*

HOMŒOPATHIC treatment is much more likely to be successful in the treatment of ear diseases than the more or less planless, or at least very routine, and therefore empirical treatment of the old school. And since Weber-Liel has shown by his epoch-making researches that in cases where formerly catarrhal affections and their issues were diagnosed, often quite other pathological processes, *e. g.* lesions in the elastic tension system of the middle ear, depending on rheumatic or rheumatico-arthritis diathesis were to be found; since then a new field of otiatric treatment has been opened up for homœopathists, and many of the cures that have been effected are explicable on the principle of similarity from the stand-point of exact pathological anatomical diagnosis. In other cases we must still be content with those symptomatic cures by which we are frequently able to do something in cases in which the allo-

\* From *Internationale Hom. Presse.*

paths, from the impossibility of making a correct diagnosis, are forced to pronounce the patients incurable. The following observations accompanying each remedy furnish numerous instances of this, apart from the fact that many affections of the ear accompanied by palpable alterations are incurable on the old system, whilst the small but more specific doses of homœopathic medicines are well known to be successful, as they sometimes ameliorate and sometimes cure.

But for all that we are not exempt from the necessity, indeed we are imperatively required, before all things and under all circumstances, to investigate thoroughly the nature and cause of the aural diseases we have to treat. The rule to make an exact physical exploration before prescribing applies equally to homœopathic practice. Since v. Tröltzsch by the introduction of his ingenious speculum has rendered the exploration of the external meatus of the membrana tympani, and when this is absent of the deeper seated parts so easy; since Politzer, by the invention of the method called after him for catheterising the Eustachian tube, has rendered the difficult operation of catheterism with the silver catheter almost superfluous, to omit these methods of exploration would be both irrational and wrong.

I cannot conclude these few words of introduction to the therapeutics of aural diseases without alluding to several homœopathic colleagues, who have, in their time, endeavoured so to cultivate a knowledge of aural diseases as that our principle might be able to be employed for them with advantage. These authors could have had no other aim than that of the present writer.

First I may mention Dr. Alther, of St. Gallen, then Dr. Sommer, of Frankfort, next Dr. Rentsch, of Potsdam, who in the thirty-eighth volume of the *Allg. hom. Zeitung* published his still valuable "Contributions to the Knowledge and Treatment of some Diseases of the Ear." These contributions, which are distinguished by a profound knowledge of his subject and constant attention to the requirements of the practitioner, belong to the year 1849. If since that time there have been many valuable improvements in



the field of diagnosis, and many fresh pharmacodynamic observations, this does not detract from Dr. Rentsch's merits. In 1851 Dr. Rosenberg, of Vienna (also in the *Allg. hom. Zeitung*, vol. xli, No. 22, et. seq.) published a series of valuable essays entitled "Diseases of the Ear and their Homœopathic Treatment together with a Repertory of the Morbid Phenomena mentioned in this Monograph." And although Dr. Rosenberg's work has the same unavoidable defects as Dr. Rentsch's, and for the same reason, it is still our duty to refer to this treatise, as it contains much of an original character, and gives evidence of a profound and thorough study, as also of a long experience in the treatment of aural diseases. We cannot better honour the memory of the meritorious authors just named than by taking up their idea anew, and on the basis of the latest scientific stand-point of science, giving a fresh systematic arrangement of aural diseases and their homœopathic treatment. In the following clinical part we will give some general prefatory remarks illustrative of its otiatric properties to each medicine, and in the case of the more important remedies, the objective and subjective pathogenetic symptoms bearing on the ear, and afterwards the more interesting and instructive clinical observations recorded of it. But it would be a false move, and one not at all in accordance with Hahnemann's doctrines, to look only to the ear symptoms when we have to treat aural diseases. We have not only to consider the results of the provings in relation to the organs and sensory apparatus near the ear, such as the eyes, nose, mouth (vicinity of the Eustachian tube), &c., but we must also attend to more distant regions, apparatus, and systems, such as the portal system and the liver; we must also mark the pathogenetic effects on the mind and disposition, the general circulation and nervous life. In a word, the *simile* of the disease must be accurately, truly, and exhaustively reflected by the simile of the medicinal pathogenesis.

The following remedies seem to us to have a predominant interest for the objects of this treatise :

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|-----------------------------|-----------------------|
| 1. Aconitum.                | 18. Kali carbonicum.  |
| 2. Ambra.                   | 19. Lycopodium.       |
| 3. Arnica.                  | 20. Manganum.         |
| 4. Aurum.                   | 21. Mercurius.        |
| 5. Belladonna.              | 22. Mezereum.         |
| 6. Borax.                   | 23. Nitri acidum.     |
| 7. Calcareo carbonica.      | 24. Nux vomica.       |
| 8. Causticum.               | 25. Petroleum.        |
| 9. Chelidonium.             | 26. Phosphorus.       |
| 10. Coffea.                 | 27. Phosphori acidum. |
| 11. Crotonis oleum.         | 28. Pulsatilla.       |
| 12. Elaps.                  | 29. Rhododendron.     |
| 13. Ferrum. Ferrum iodatum. | 30. Sepia.            |
| 14. Gelseminum.             | 31. Silica.           |
| 15. Graphites.              | 32. Sulphur.          |
| 16. Hepar sulphuris.        | 33. Tellurium.        |
| 17. Iodium.                 | 34. Terebinthina.     |

#### ACONITUM.

##### *Generalities.*

Congestion of blood in the vessels of the internal ear is according to Lobethal one of the most frequent bases of ear diseases, and is diagnosed from the congested state of the eyelids, from increased heat of the head, increased heat of the ears (frequent redness of the ears), scanty secretion of ear wax, as also from the bad effects of spirituous liquors and violent exercise. Persons with blond hair and large heads and prominent cheek bones, especially males who drink much and have active minds, seem to be the most subject to this affection.

For those aural affections depending on congestion *Aconite* (or *Belladonna*) will be of only transient utility. How useful anti-congestive remedies are in such cases is shown by this, that copious water-drinking aids the cure, but the water-cure is not sufficient.

## AMBRA.

## A. Generalities.

*Coffea* is a medicine which from theoretical and practical reasons is indicated in so-called erethic-nervous hardness of hearing (see *Coffea*). *Ambra* is useful in an opposite condition. This might be imagined from the name given to *Ambra*, viz. "the remedy for the ailments of old age" which it shares along with *Baryta* and *Opium*. It is indicated for the tearing, squeezing, muscular, and articular pains along with numbness and "gone-asleep" feeling of the whole of the skin of the body, also impossibility of retaining the urine (with dull pains in renal regions), stiffness in sacrum after sitting, readily going to sleep of the arms, continued coldness of the hands, painful coldness of the legs, also swelling of the feet and great coldness in them. We might also reckon among indications for its use the pathogenetic symptoms, exhaustion from speaking, falling out of the hair, and feeling of loss of love of life. In brief, all unite to present a picture of the phenomena that accompany torpid nervous hardness of hearing.\*

The special auditory symptoms that belong to it are "roaring, noises and whistling in the ears, as also rush of blood to the head when listening to music."

## B. Clinical.

*Hardness of Hearing.*

(Dr. Schönfeld, jun., *A. H. Z.*, Bd. 55, No. 3.)

*Ambra* 2, one dose daily, cured in a short time hardness of hearing always increasing in a tall thin man, where a constant feeling of coldness in the left side of the abdomen led to the selection of this remedy.

## ARNICA.

## A. Generalities.

*Arnica* is a very important remedy in aural diseases, not

\* Hofstetter recommends *Ambra* in weakness of vision and hearing.

only when the latter frequently ensue from external violence, a shock, a blow, a fall, &c., in which cases *Arnica* has long been held in high estimation, but also because so many affections of the hearing, and indeed the worst and most obstinate cases can be referred to paralysis in which *Arnica* is of great use. Further, a chill or the rheumatic diathesis frequently plays a part, but *Arnica* has in such cases proved of much utility, and also in cases of deeply rooted rheumatic affections for which other vaunted remedies have long been tried in vain.

“We know that *Arnica* causes weakness in the capillary system (atony), and in the nerves (stupor), and is able to cure those states when produced by morbid causes. Extravasations of blood from paralysis or laceration of the small and smallest vessels in the organism, and hæmorrhages from paralysis and laceration of such vessels in organs that communicate with the exterior, bleeding from the nose, the gums, the mouth down to the stomach, as also bleeding from the anus, lungs, urethra, uterus, &c., with the character of atony belong more or less specifically to the domain of *Arnica*. In all these cases there is a general affinity to the system of capillary vessels.”

But in other cases *Arnica* has a relation to the blood itself whose pathological quality it is able to pervert. From those primary effects of *Arnica* may be explained most of its curative results in connection with aural affections.

But only those homœopathic practitioners will be able to appreciate *Arnica* in its full extent who do not fear to employ it in pretty concentrated doses. In the interesting clinical observations recorded in *A. H. Z.*, Bd. 28, No. 23, the infusion was always used in the ordinary doses. At the same time we should not say that certain circumstances, such as great individual susceptibility, &c., will not admit of much weaker doses being given with advantage, so that what is ordinarily called homœopathic dilution might more appropriately be termed “opening up” of the pharmacodynamic action.

*B. From the Pathogenesis.*

Aching in the ears, also in the region of the membrana tympani. Pain as from a blow or bruise on the left cartilage. Feeling of heat in one ear; heat and burning of the lobe. Stitches in the ears, through their interior, lasting a long time; also shooting behind the ears, followed by tearing in the ears. The hearing diminished or also more delicate. Roaring, ringing, and humming in the ears.

We see from this that specially rheumatic (less so scrofulous) aural affections come within the curative sphere of *Arnica*. But we also know that this remedy corresponds not only to recent cases of acute rheumatism, but also to the subacute and chronic forms; moreover to transitions to paralytic and paretic states, which powerfully affect the minute muscular apparatus of the ear, and prevent accurate hearing depending on it.

*c. Clinical.**I. Hardness of hearing.*

(*A. H. Z.*, Bd. 28, No. 23, Dr. Frank.)

A small active boy, aged 9, in the end of autumn, after being much heated by running, and chilled immediately afterwards, was suddenly affected with a high degree of hardness of hearing in both ears, which almost amounted to deafness. In other respects the patient was quite well, without the least trace of pain, and all his functions were in good order.

Local steam baths, blisters, tartar-emetic ointment rubbed in behind the ears, and on the nape; internally diaphoretics and elder tea as a constant drink, &c, all these remedies, as also the constant employment of galvanism from a battery of twenty-four pairs of plates, did nothing but bring on a painful sensation deep in the ear. At length the little patient, who had been deaf for five months,

regained his perfect hearing gradually, after three months' use of *Infusion of Arnica*.\*

## II. *Hardness of hearing.*

(Ibid.)

A hæmorrhoidal subject, of very excitable nervous system, was affected with hardness of hearing that increased from year to year. Ear trumpets, ear oils, carbonic acid gas douches, &c., did no good.

Dr. Bruck recommended the patient to employ *Arnica*, meaning its internal use. Instead of this the patient applied it externally in the form of strong infusion, then the ætherial oil mixed with oil, and this old-standing hardness of hearing improved in a striking manner after a two months' employment of *Arnica* in this way.

This affair excited a sensation in Hanover, where the patient lived, and afterwards Dr. Krause witnessed several cases of hardness of hearing where *Arnica* did as much good as in this case.

*Obs. 1.*—According to the alphabetical arrangement we have adopted *Asarum europæum* should come next to *Arnica*. This drug, which is in many respects comparable to *Ipecacuanha*, has no doubt been proved (R. A. M. L., II, p. 225), but has hitherto been too little used in general, and particularly in aural diseases, to allow us to devote a separate section to it. We may only remark that *Asarum* has important physiological relations to the vagus nerve, branches of which are concerned in the innervation of the organ of hearing; moreover, the affections cured by it have usually a periodical character (another resemblance to *Ipecacuanha*); lastly, some practitioners have employed *Asarum* with success in catarrh of the ear and hardness of hearing.

\* The author infused *Flor. arnica* 4·0 to 6·0 in about 180 grammes of boiling water; when it was cold it was carefully decanted without pouring out the residuum. Of this adults took one half on going to bed at night and the remainder before rising in the morning.

## AURUM.

*Generalities.*

We could not pass *Aurum* over in silence, even though we were unable to refer to any clinical observations made with it. From Hahnemann we have learnt the excellent curative relations of gold, not only to ozæna, syphilis, and caries of the nasal bones, but also to caries of the bony apparatus of the organ of hearing. Otitis interna, *i. e.* the affection beginning as periostitis of the middle ear, justly pronounced by Rau to be one of the most important and common of independent diseases of the ear, must direct the attention of therapeutists to *Aurum*. The further effects of this periostitis are destruction of the membrana tympani and of the ossicula, and an extremely chronic otorrhœa. In such cases many practitioners have derived great advantage from this remedy.

To Dr. Alther we are indebted for further indications which partly coincide with the above.

Discharge of fetid pus from both ears.

Caries of mastoid process.

Tonsils increased to twice their size, causing diminished hearing and difficult speech.

## BELLADONNA.

A. *Generalities.*

From the well-known mutual relations of hearing and sight, of eye and ear, and from the wealth of symptoms *Belladonna* can produce in the eye, we can readily understand that it has a similar wealth of symptoms in connection with the ear. But it requires a much more acute observing power to point out the ear than the eye symptoms. It is chiefly in the erysipelatous process from its beginning to its end that we can with advantage employ *Belladonna* for otiatric purposes, whether it be that the whole auricle is affected with erysipelas, or a limited extent of the disease has occurred in the interior of the ear, with red-

ness, swelling, heat, &c. It is especially useful in such inflammatory processes in women and full-blooded but hot-blooded children in whom there is a certain amount of irritability of the liver. This irritability is made known by intolerance of heat, which easily produces in such natures gastric affections (gastric or bilious fever).

Like *Aconite*, *Belladonna* is most frequently given in acute affections of the ear. We have just mentioned the pathological and therapeutical relations of *Belladonna* to the ear and the eye, but this analogy must be taken *cum grano salis*. We possess in *Pulsatilla* a remedy which stands in a much more specific relation to the organ of hearing than *Belladonna*. This may perhaps be owing to the circumstance that *Pulsatilla* is much more specific to the blenorrhagic processes, catarrhs and mucous discharges, to the mucous system generally than *Belladonna*, and where do such processes occur more frequently than in the minute crevices and corners of the auditory apparatus, and where do they produce greater effects on the functions of the organ? Be this as it may, *Belladonna* is far from being such an excellent ear remedy as *Pulsatilla*, as will be shown hereafter.

#### B. From the Pathogenesis.

Of *objective* symptoms we can only adduce the following:—Discharge of pus from the ear and swelling of the parotid gland, inflammatory and non-inflammatory. Of *subjective* symptoms which have also proved curative indications we find:—Tearing in and about the ear, stitches in the ear, ringing in the ears; roaring, whistling, also with vertigo and bellyache; buzzing and humming (worse when sitting); deafness.

To this may be added: distinct signs of earache, pricking and aching in the interior, also with blows; pressure as with the finger towards the interior and towards the exterior. Pains as if the ear were torn out; pain in temples and pressure inwards, alternating with similar pains in the orbits. Stitches in the ear when eructating with the taste of the food taken. Pressure on the mastoid processes.



Drawing from the ear to the nape. Pricking in the ears after hiccupping. Acute inflammations of the ear. Noise like trumpets and drums. Fluttering sensation in the ear on waking in the morning, and a feeling as if wind rushed out of the ear. Hardness of hearing from a chill after having the hair cut. Increased sensitiveness of hearing, with dislike to noises. Stitches in the parotid glands daily at the same hour.

I believe a peculiar value should be attached to the last-named symptoms of hyperæsthesia; because, as a rule, the chief (physiological) action of *Belladonna* (besides that on the brain) is on the sensitive nerves of the eye and ear.

c. *Clinical.*

1. *Deafness.*

(*A. H. Z.*, Bd. 44, No. 16.)

Dr. Schmidt, regimental surgeon in Königsberg, treated a cabinet-maker, 34 years old, with dark hair, well nourished, of short stature and healthy appearance. Whilst working hard on a hot summer's day he was exposed to a draught of air, and has been stone-deaf of the right ear in consequence for twelve years; the left ear also lost half its normal sharpness after taking several cold foot-baths in the summer of 1850. He had no pain. Nothing could be detected by the otoscope in the meatus auditorius, nor yet in the cavities of the mouth and nose. He could only hear the tuning-fork slightly with the left ear, and the tick of a watch when it was closely pressed upon the left ear. He has humming and ringing in the left ear, he has never heard any noises in the right ear. Dr. Schmidt inferred that the seat of the deafness was in the auditory nerves.

Aug. 31st, 1850.—A dose of a high dilution of *Belladonna*.

On the 8th September the patient returned and announced with much glee that he heard again with the right ear.

Sept. 21st.—His hearing became normal on both sides, after copious bleeding from the nose for several successive mornings. The nose-bleed frequently returned in autumn, and only ceased after a dose of a high dilution of *Mercury*. since then he has remained quite well.

## 2. *Hardness of Hearing.*

(*A. H. Z.*, Bd. 60, No. 26, Dr. Schreter.)

K. J—, 15 years old, had hooping-cough when two years old, for which strong doses of *Bellad.* were given. These were followed by roaring in ears, discharge from the left ear, on which he became very hard of hearing. The roaring and deafness continue uninterruptedly.

Sept. 9th.—*Bellad.* in a high potency, 1 glob. dry and 3 globs. dissolved in 9 spoonfuls of water, 3 spoonfuls daily.

13th.—The roaring had ceased and he appeared to hear better, but he felt a pressure round the ears.

19th.—Twice noises in ears, with aching pain in vertex.

24th.—Noises ceased.

30th.—Hears well.

Oct. 1st.—Completely cured, hears perfectly well, and for two months no change has occurred.

## BORAX.

### A. *Generalities.*

*Borax* resembles *Bellad.* very much in its properties as an ear remedy on account of the symptoms of hyperæsthesia observable both in its pathogenesis and in its cures. In both also the proving showed "purulent discharge from the ears," which symptom Altschul particularly mentions as one of the few characteristic actions of *Borax*.

### B. *From the Pathogenesis.*

Inflammation and swelling of both ears.

Purulent discharge.

Stitches in the ears, especially the left, in the morning.

Sore pain in the ear, with shoots in the side of the throat or in the head, or after previous itching in the occiput. Stopped-up feeling in the ears as if full of thick wax. Deafness. Roaring with dysecoia. Ringing and whistling, noises and roaring, rushing and drumming.

c. *Clinical.*

*Hyperæsthesia.*

Mr. Clifton found *Borax* of use in a child in whom the most prominent symptom was an extraordinary sensitiveness to loud noises. If any one blew his nose or if a door was slammed, or a note struck on the piano, the child fell into convulsions.

*Borax* 12 three times daily, for a few days, then only once a day for eight days, completely cured the little patient of its hyperæsthesia.

CALCAREA CARBONICA.

A. *Generalities.*

Dr. Kretschmar (*A. H. Z.*, Bd. ii, p. 61) first spoke of the favourable action of *Calc.* in polypi of the ear. He inferred its general utility in all morbid growths as it acts chiefly on the absorbent vessels, especially on the reproduction. On this account it cures glandular swellings, swollen, hard mesenteric glands in children, spots on the cornea and warts. Even its favourable influence in morbid obesity can be explained by the above therapeutic property. Its frequently astonishing efficacy in delayed powers of walking in children is well known, consequently its specific relation to the osseous system. Why should it not do good in the rhachitic-like alterations in the auditory ossicula and the defects of hearing thence resulting? In such cases *Calc. c.* would be appropriate, for it has (in the 2nd trit.), certainly when continued for months, effected splendid cures in scrofulous affections of the bones in other parts (the forearm, metatarsus, tibia).

Here may be mentioned the value of *Calc. c.* in affections of the skin and mucous membrane, so that eczematous affections and diseases like *crusta lactea* in the vicinity of the ear have been cured by it, and also and especially *otorrhœa purulenta scrofulosa*, which always precedes the formation of and usually attends a polypus in the ear.

Altschul recommends *Calc. c.* in hardness of hearing after suppressed intermittent fever. Lastly, we think we may safely advise *Calc. c.* in that frequent and easily diagnosed disease, thickening of the *membrana tympani*. The consequences of such a thickening are of great importance, for the elasticity of the membrane is lost and the tension system of the middle ear which effects the accommodation of the waves of sound is altered. In such cases *Calc. c.* should be given, as good results will be obtained from it in such cases as in cases of opacity of the cornea and *maculæ cornæ*, the well-known effects of *scrofulous ophthalmia*.

#### B. *From the Pathogenesis.*

1. *Objective* symptoms.—Swelling in the left ear; swelling of the right ear, but only internally, with swelling of the side of the face and secretion of much ear wax. Swelling of the bone behind the ear, that is, of the mastoid process with pain on touching it. A boil in front of the left ear, with sore pain on touching it. Swelling under the lobe (with tension in the maxillary joint when chewing). Round, soft swelling behind the ear.

Moist eruption on and behind the ears.

Ear polypus.

Purulent discharge from the ears.

Inflammatory swelling of the parotid gland (see also *Bell.*).

2. Among the *subjective* ear symptoms of *Calcarea* we find the well-known roaring and rushing; the following, which have been observed on healthy persons, are established curative indurations.

Shooting, pulsation and beating in both ears.

Frequently as if something fell before the hearing.

Hardness of hearing, with roaring in ears.

Pricking, crepitation and cracking, also, especially when swallowing, noises and humming.

Like *Bell.* and *Bor., Calc.* shows signs of increased sensibility. Hence the pathogenetic characteristic *sensitiveness to noise*, going even into the brain, and especially in bed at night. The ringing, singing, and other pathogenetic sounds in the ear point to the same thing.

### C. CLINICAL.

1. *Catarrh of the left external meatus with erethic hardness of hearing.*—1. Mr. O—, 27 years old; mother scrofulous. As a child of 3 years the patient got scrofulous ulceration of the glands and skin almost all over the body, under which he long suffered and for which many external and internal remedies were used. Before these maladies were quite cured there appeared a discharge of mucus from the left ear, with roaring and deafness. Afterwards he had scarlet fever, measles, ague and often toothache. For four years past he has felt quite well except for the malady mentioned above. If the discharge from the ear stops, then a lymphatic gland under the left ear swells and he feels quite ill.

For four weeks past, after the discharge had been stopped by a chill, the patient has suffered from violent tearing pains in the left ear, under that ear and on the left side of neck along the jawbone, worst in the evening and till midnight. When perspiration comes on the pain declines.

A lymphatic gland below the lobe of the left ear is swollen. The left external meatus is narrow and covered with dry skin and a whitish, fetid, slimy mucus; roaring noise; the watch is not heard when pressed on the left ear. The hearing of the right ear is quite normal. After clearing out the meatus the left membrana tympani appears healthy, the lining membrane of the external meatus is pale red, painful when touched with the probe, the middle ear is free.

The teeth are bluish-black at the roots, partially carious,

and some destroyed by caries. The patient looks pale and his face has a scrofulous look.

Blisters, leeches and Russian steam baths have been used without any good result.

*Prescription.*—*Calc. c.* 30 morning and evening until the pain is subdued, then once a week *Calc. c.* 30; frequent syringing of the ear with tepid water.

The patient returned after fourteen days. Immediately after the first dose the pain subsided and the discharge returned more profusely than before, but was again stopped by a fresh chill, whereupon the pains returned. A repetition of the medicine produced the same effect. The discharge gradually ceased and the hearing returned. Perspiration at night. The swelling of the gland under the lobe of the ear increased, and soon afterwards the lymphatic glands in the right axilla swelled.

Only slight traces of the mucous discharge are to be seen; the tuning-fork is heard distinctly by the right ear, imperfectly by the left; it sounds louder when the right ear is closed, not louder when the left ear is closed. The hearing distance of the left ear is three inches. The patient can for the first time hear the striking of the clock with his left ear, the roaring noise has gone. Prescription as before.

For weeks after this the patient reported that the discharge reappeared occasionally, but the hearing was improved. Examination showed that the walls of the meatus were here and there covered by a thin layer, which was removed with a little pain in the passage. The hearing distance had increased to eight inches; the tuning-fork was heard slightly with the left ear; the glandular swellings below the ear and in the axilla were diminished in size. The patient complained of nothing else. A dose of *Calc. c.* 30 every eight days.

After another fortnight the hearing distance had increased to a foot, no trace of discharge, the walls of the meatus dry, here and there covered with skin; the tuning-fork is more distinctly heard with the left ear. The patient considered himself well enough, and discontinued treatment. A subse-

quent examination showed that the condition was unchanged.

Dr. Rentsch, commenting on this instructive cure effected by *Calc. c.* alone, says: When we consider not only the anatomical connection of the accessory nerve of the ear, in this case particularly of the trigeminus (which was implicated by the u. meat. audit. extr. from the n. auricularis anterior of the third branch) with the auditory nerves, but especially the physiological law of reflex action, we shall find an explanation of the erethic dysecoia of the auditory nerves, which in this case depended on the disease of the external meatus. Since the trigeminus contains grey organic fibres, like those that chiefly occur in the sympathetic, the latter accompanying all the vessels and taking a chief part in nutrition and secretion, we can here attribute the disease to the sympathetic and explain the deafness by the reflex action of this nerve on the nerves of the senses. With the diminution of the disease of the external meatus the hearing returned, hence the tuning-fork, which was at first not heard well on the opposite side, became more distinctly audible as the case progressed. Alther by means of *Calc. c.* improved a case of hardness of hearing that had lasted twenty-six years. The deafness was accompanied by noises and singing, or with musical sounds in the ears.

#### CAUSTICUM.

##### A. Generalities.

*Causticum* has many indications in common with *Hepar*, *Calc. c.*, *Silicea* (witness its efficacy in whitlow), and also with *Graphites*. We are again reminded of its analogy with the last named when we read Clifton's recommendation of *Causticum*, according to which it is useful in the otorrhœa of children, attended with a dry eruption behind the ears and round the nose. On the other hand, constipation, nocturnal enuresis, dry unhealthy skin where every little wound suppurates, dryness in the rectum, &c., also ear affections of other kinds, point to *Causticum* and also to

*Graphites*. The pathogenesis of *Causticum* in reference to the ear is so very like that of *Calc. c.* that we need only refer to the latter.

B.—*Clinical.*

*Erethic dysecoia of left ear, with partial paralysis of left trigeminus and facialis.*

(A. H. Z., B. 88.)

1. Mr. B—, a miller, aged 25, had in his youth once suffered from convulsions; when 15 years old had paralysis of the left side of the face, which was soon cured. For the last six months the paralysis of the left side of the face returned without assignable cause. The forehead, eyelids, cheek, and ear of the left side are insensible, the forehead is smooth and cannot be wrinkled, the left eye cannot be shut, the left angle of the mouth cannot be drawn up, whilst the right is drawn up, and consequently the mouth is crooked, the vision of the left eye is weakened, there are spectra before it, and diplopia, the pupil is contracted, but acts normally when the right eye is open, roaring and ringing in the left ear and hardness of hearing. Meatus externus normal, a sufficiency of ear wax, membrana tympani healthy, Eustachian tube permeable, hearing distance of left ear much shorter than of right.

The patient had been treated without result with *Stramonium*, *Vin. Colch.*, and *Bichloride of Mercury* by an allopathic doctor.

After one dose of *Bell.* 80 he could again wrinkle the forehead; after *Bell.* 1400 he improved but slightly in four weeks, and he then got *Causticum* 30 night and morning, and in four weeks more he was quite cured. The only remaining symptom was a difficulty of closing the left eye, pointing to weakness of the branches of the facial nerve that supply the orbic. palpebrarum, and this remained after two years. The sensibility of the paralysed parts returned first.

2. Mrs. S—, aged 46, of good constitution. Deaf of both ears, the right worst. Ear wax dark brown, nearly dry. On turning the head cracking and snapping in the



ears; worst in the morning. Climaxis. Catamenia absent for a month, and thereupon aggravation: otherwise quite well. *Sulph.* and *Puls.* without result. Then *Causticum* in high potency. Three days thereafter she began to hear better, and this improvement gradually increased, until the hearing was completely restored.

#### CHELIDONIUM.

##### *Generalities.*

The trustworthiness of this medicine in aural disease may be inferred from this that, among others, Professor Rapp, at the meeting of our Central Union (August 10th, 1865), laid great stress, and rightly so, on the striking connection betwixt liver and ear. Thus an epidemic of liver disease observed by him was distinguished by the simultaneous occurrence of hardness of hearing. *Chelid.* acted well and was useful in the independent cases of deafness occurring about the same time. Bile and ear wax have doubtless other points of resemblance besides their bitter taste.

The provers of *Chelid.* experienced many striking symptoms in the auditory region: tearing in the internal, shootings in the external ear; feeling as if wind blew out of the ears, going off after introducing the finger. Bruised pain in the lobe of the left ear, followed by hot burning in the right. Ringing in the ears, especially when walking; whistling, roaring, thundering, &c.

#### COFFEA.

##### A. *Generalities.*

Under the heading "Pain-allaying power of burnt coffee" we find in the *Allg. hom. Zeit.*, vol. lxxxvi, an excellently described curative action of *Coffee* observed on himself by Dr. Salzer, Berlin. This case seems to us to give at the same time a true insight into those cases of aural affections in which *Coffee* would be indicated. According to it, to be brief, a state of hyperæsthesia must

be present. But the rheumatic pains from which Dr. Salzer was relieved were, "almost enough to drive him mad," and are described as being drawing, tearing, and dull aching. Aggravation at night and after eating. We formerly remarked that where erethic nervous dysecoia used to be spoken of, we now more frequently ascribe it to an affection of the muscles and muscular-nervous system, depending on a rheumatic diathesis. Thus a preparation of *Coffee* will be indicated all the more certainly the more distinctly pronounced is the excitation of the nerves and circulation (without fever) in addition to the rheumatism. Dependent on this is the previously alluded-to excessive sensitiveness to pain, as also the abnormally great painfulness of the affected parts in general. And it is especially the organs of the senses that are most readily subject to this over-sensitiveness and over-excitability, and in which such an exceptional state of the life of the whole nervous system is as it were localised.

### B. *Clinical.*

#### *Dysecoia.*

(*A. H. Z.*, Bd. 3, No. 19.)

After a severe chill during great mental application, Dr. S. was suddenly affected with humming in the left ear like a swarm of bees; this sometimes changed into a crack like the report of a musket, and at the same time there was a diminution of the formerly perfectly normal hearing. He could not hear any conversation in an ordinary tone, he could only hear his watch ticking with the left ear at a distance of two inches, when he lay on his right ear in bed at night he could scarcely hear the loudest noise, he had the above-described humming constantly, at first often combined with the cracking, afterwards without that noise; at the same time he felt periodically a violent itching deep in the ear, in which there was less secretion of wax than in the other. Although in general of weak physical constitution the patient had hitherto enjoyed unimpaired use

of his organs of sense, and he was much distressed by the loss of hearing, as he had often to ask his hoarse or weak-voiced patients to repeat what they had said.

The following points in the anamnesis are interesting, though their connection with the present aural complaint is not apparent.

In 1809 Dr. S. came in contact with itch patients in the Charité Hospital and caught the itch himself. The eruption could not be removed by the ordinary purifying means from the wrists and fingers, and was therefore treated with James's salve. A year later he was attacked by violent semilateral headache, which he had never previously suffered from. This pain lasted eight months, came on every morning about seven o'clock and ceased immediately after dinner, after having acquired such intensity as to press down the right eyelid. Pressure with the hand relieved but little. It finally disappeared after an attack of tertian ague, which probably was contracted from some epidemic influence. Nothing previously tried did any good to the headache.

Local steam baths and injections of *Infus. Chamomillæ*, *Inf. Scordii*, blisters behind the affected ear, wearing cotton wool impregnated with camphor and henbane oil in the meatus, solution of tartar emetic, and other favourite allopathic remedies did no good. Neither did the homœopathic remedies prescribed by Dr. Gross, of Jüterbogk, *Camphor*, *Pulsatilla*, *Sulphur*, *Silicea*, *Petroleum*, together with a suitable diet. Although under the use of the last-named remedies an old swelling on the right big toe that was a great hindrance to walking was nearly cured; and although the patient's susceptibility to every draught of air disappeared, the noises in the ear and the hearing continued unaltered.

In 1830 the patient was transferred from Glaz to Königsberg, where, owing to the frequent and sudden changes of temperature in the autumn of 1831, his loss of hearing amounted almost to complete deafness.

His residence was again changed to Straasburg in West Prussia.

In the beginning of 1833, in consequence of repeated chills and painful emotions he got several bodily and mental ailments; great ebullition of blood with weariness of the legs, weakness in the arms, with tearing in the fingers, stiffness in knees, violent tensive sacral pains, especially when sitting, dry round eruption on the arms, with burning itching at night, great chilliness with diarrhœic stools.

For these symptoms Dr. S. took *Sulph.* three times every eight days with good effect. Afterwards on account of the sacral pains, *Rhus*, which removed them. After *Rhus*, three doses of *Coffea* 3 every alternate day. The choice was directed to *Coffea* on account of a kind of sleeplessness with excitement.

After this sleep returned with remission of all the other symptoms, and on the sixth day after taking the *Coffea* the hearing returned perfectly, and the roaring in the left ear completely disappeared.

The history of this case requires some remarks. We may be allowed to doubt whether *Coffea*, which was certainly quite a right remedy on homœopathic principles, was the real agent in the cure. The cause of the cure may with equal plausibility be found in the fact that the patient gave up the use of coffee as a beverage. His own words are:

“That I, during the treatment, avoided roasted coffee as a daily drink at breakfast, must of course be understood; that I shall never again drink coffee by cupfuls gratitude commands. How far my defect of hearing may have been owing to an old coffee-dyscrasia (brought on by drinking coffee daily from my youth), which now found its quietus according to the principle ‘*æqualia æqualibus*,’ I am unable to say; further experience is required to make this clear. This I can safely assert, that in some cases of chronic disease where coffee has been used in excess, I have had no occasion to repent having commenced the treatment with *Coffea* 1.”

I have met with an instance in which abstinence from coffee removed a very tiresome roaring in the ears. It is possible that there may be an idiosyncrasy in the matter, and that certain constitutions are especially subject to the

physiological effect of coffee. Be this as it may, we consider the clinical observation just given well worth attention.

#### CROTONIS OLEUM.

##### *Generalities.*

Dr. Hirsch, of Prague, in his "Contributions to an Answer to the Posological Question" (vol. lxxiii of the A. H. Z.), speaks favourably of the external application of croton oil in obstinate blennorrhœas of the external meatus in children, as also in the hardness of hearing after catarrhal affections of the ear in consequence of swelling and relaxation of the mucous membrane. In such cases the cutaneous irritation effected in the neighbourhood of the affected ear must be considered as a powerful adjuvant to the cure. It cannot be denied that some specific property of the croton oil comes into play, for other sorts of counter-irritants (*e. g.* a perpetual blister behind the ear) had frequently been used without effect before the employment of the croton oil.

According to Romberg, *Croton tiglium* manifests its physiological action on the vagus, whose relations to the organs of hearing have been already alluded to. Günther has a high opinion of croton internally in rheumatic otalgia.

That the disease designated by Dr. Hirsch blennorrhœa of the external meatus should be considered as an affection of deeper seated parts may I think be taken for granted, because for that disease known by the name otitis catarrhalis externa (chronica), remedies like *Calc. c.*, *Merc.*, *Silica*, *Hepar sulph.*, and *Pulsatilla*, will never fail to effect a cure. Therefore we are disposed to consider Hirsch's case as one of otitis catarrhalis interna (catarrh of the middle ear) or of periostitis auris mediæ.

#### ELAPS.

##### *A. Generalities.*

The poison of *Elaps corallinus* is prepared by trituration.

According to Decran's observations, this remedy has a special relation to the right side of the body. It appears to be especially curative in paralysis of the nerves of the organs of the senses, with accompanying hyperæsthesia of the trigeminus (chronic headache), which must be of great importance in the innumerable cases of nervous dysecoia dependent on paralytic states of the auditory nerves. A man who was amaurotic in the left eye for three years, and now got blind in the right eye also (everything appeared to him white, even at night; he could scarcely distinguish between light and dark); he likewise complained of violent headache, with drawing, sometimes shooting, pains from forehead to occiput. He was completely cured of his headache by *Elaps*, and of the amaurosis, so far as to be able to resume his work. A rheumatic diathesis was evidently present in this case and in many others cured by *Elaps*.

On other occasions *Elaps* cured a right-sided hemiplegia (with numbness of the whole of the right side of the body, great weakness and coldness in it), difficulty of swallowing saliva, blackness before eyes and vertigo, and shooting pains, increased by movement and the heat of the bed. As regards aural diseases curable by *Elaps*, we find them frequently along with or after otorrhœa, and the discharge, when it is present, is seen to disappear with the other symptoms. Moreover, these auditory affections are usually accompanied by troublesome subjective noises. *Elaps* would thus correspond to the progressive dysecoia described by Weber-Liel, which, to be sure, is preceded by a state of irritation of the acoustic nerve. But we find that *Elaps*, besides being useful in predominant paralytic nervous affections, is also curative in painful morbid states. We have already alluded to the kind of headache in which it is curative. We may further mention a neuralgic affection of the eye with tearing, boring pain, "as if a cut was made right round the eye." Great sensitiveness to candle-light, eyes swollen in the morning. Pain in forehead and occiput preceded the more recent eye pains. *Crotalus*  $\frac{1}{2}$  removed the neuralgia in a few days. A woman who, in

consequence of much sewing of white articles, combined with sorrow, suffered from amblyopia and obscured vision, was affected with cutting pain round the eye (at the same time flying spots and flames ascending and descending day and night). Within a week *Elaps*  $\frac{1}{3}$  caused considerable improvement, and on repeating the medicine ( $\frac{1}{18}$ ) she was completely cured in a fortnight.

The curative results obtained on the eye should direct our attention to its virtues in ear diseases, and we trust that the following observations may lead practitioners of our school to bear this drug in mind.

The pathogenesis shows that in addition to unusual redness and swelling beneath the eyes, there occasionally seemed a diminution of the hearing faculty; on swallowing, crackling in the ears that lasted two hours.

#### B. *Clinical.*

(*A. H. Z.*, Bd. 40, No. 24.)

1. A young man had from his second year—when he had otorrhœa—suffered from hardness of hearing, especially in the right ear; he hears a ticking of a watch with that ear not further off than one inch, whilst with the left he hears it at fifteen inches. No pain, but roaring in the ears. He still has some discharge from both ears, that causes a greenish stain on the pillow.

*Elaps*  $\frac{1}{3}$ ,  $\frac{1}{18}$ ,  $\frac{1}{15}$ , given at short intervals, greatly improved the hearing and discharge, the malady was completely cured by the same remedy ( $\frac{1}{18}$  and  $\frac{1}{15}$ ) at intervals of three weeks.

2. A woman, aged 44, who had suffered for eight years from violent shooting headache in the forehead and heaviness of the head, with intermissions of from eight to ten days, had been hard of hearing in the left ear for two years, and complained of thundering noises in both ears. For five weeks there had been lachrymation of the eyes, with moderate pain and redness.

*Elaps*  $\frac{1}{3}$ , and after three weeks  $\frac{1}{18}$  removed all these symptoms, and also the headache.

3. A woman, æt. 28, had for ten years been hard of hearing in both ears, with otalgia in the right ear; she hears the ticking of a watch at five inches with the right and at ten inches with the left ear. No catamenia for three months. Pains in abdomen, sacrum, and head. A few doses of *Pulsatilla* removed these symptoms and restored the menses, but the ear affection remained unchanged.

*Elaps*  $\frac{2}{3}$ ,  $\frac{2}{10}$ ,  $\frac{2}{15}$ , at intervals of four weeks, seemed to do no good, and even caused an aggravation of the dysecoia for some time, but when, after a pause of a month, *Elaps*  $\frac{6}{10}$  was given, improvement came on so rapidly that after about a month she was completely cured.

4. A girl, æt. 18, in consequence of otorrhœa, which still continues on the left side, has been hard of hearing from her fifth year, especially on the left side. She was nearly cured of both affections by a dose of *Elaps*  $\frac{2}{3}$ . *Elaps*  $\frac{2}{10}$  completed the cure.

5. A man, æt. 61, otherwise in good health, three weeks ago was suddenly attacked at night, without pain, with great hardness of hearing and constant roaring, and sometimes cracking in the ears. With the right ear he hears the watch at one and a half inch, with the left at fourteen inches.

*Elaps*  $\frac{2}{3}$  made no change in fourteen days. *Elaps*  $\frac{2}{10}$  and  $\frac{2}{15}$  at intervals of twenty days cured.

6. A man, æt. 25, five months previously, after a severe chill suddenly lost his hearing in the right ear, so that he can hardly hear the ticking of a watch applied closely to the ear. On the left side he hears the watch at a distance of two mètres. Ear wax copious, but dry. No pain nor noises. *Elaps* 12, four doses, one per diem. Improvement immediately after the first dose. Cured in fourteen days, he hears the watch at one mètre, at the same time he has an itching in the affected ear, which secretes much more wax than the healthy one. After three more doses of *Elaps* there is scarcely any difference between the hearing distance of both ears (*Escallier, Journ. de la Soc. Gull.*, vol. vi, No. 7).



7. *Chronic otorrhœa with fever.*—A girl, æt. 14, has for three years had fetid, purulent discharge from the right ear, with deafness and noises in that ear; membrana tympani red. Complexion yellowish. Constant rigor, much thirst. Pulse 120, skin hot, dry. Formerly eruption on the face and round the nostrils, afterwards epistaxis. Liquids are retained in the œsophagus as if from its spasmodic contraction, after which they fall down like a heavy body.

*Sulph., Calc., Silic., Phos., Puls.,* in high and low potencies, without benefit. *Elaps 6,* twice a day, caused rapid amelioration, and cured in two months (Clifton, *Brit. Journ. of Hom.,* No. 176, p. 657).

*(To be continued.)*

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## ON THE HOMŒOPATHIC TREATMENT OF INSANITY.

By J. C. BURNETT, M.B.

THE therapeutic treatment of the insane is not a complicated matter in our asylums, very few medical men having any faith whatever in the effects of medicines for the insane, excepting always sedatives, hypnotics, and tonics. In this country there is, I believe, no means of treating the mentally unsound homœopathically, as we have no asylum superintended by a homœopath, and the law considers it unsafe for the sane that the insane should be at large. Hence it is almost impossible for the professional minority practising homœopathically to get any practical experience in the medicinal treatment of the insane.

Having had a few months' practical experience as the assistant medical officer in an asylum, I was led to give a little attention to the treatment of the insane while there.

When I subsequently investigated the Hahnemannian principle and became convinced of its soundness and prac-

tical utility, I resolved to apply it to the treatment of such cases of insanity as I might meet with in practical life.

I have met with two such cases, and notes of these I here offer to my *confrères*, trusting that others of them will in turn give us the benefit of their experience on the same subject.

CASE 1. *Acute Mania*.—Mrs. X—, a lady of good social position, æt. 70, or thereabouts (her precise age I could never ascertain), suddenly became maniacal in the fall of 1873. About three years previously she had had apoplexy with hemiplegia of the left side. She made a good recovery, but the left arm is even now weak. For very many years she had been suffering from neuralgia of the outer half of the left orbit; this continues to the present day in spite of all treatment. In my hands *Juglans Regia* has relieved it at times, but not permanently; *Juglans Regia* produces pain in this region.

She has also suffered for many years from gravel, passing numerous small calculi every few weeks; *Pulsatilla* and *Hydrangea arborescens* have frequently rendered good service for this.

Just before becoming maniacal she had been ailing, and complained greatly of the neuralgia, the gravel, and insomnia.

When I saw her she had a full, hard pulse, which was likewise frequent; she was very suspicious of her relations and servants; declared the house full of robbers; charged the servants with stealing her jewels; maintained she had fallen into abject poverty; accused her lady companion of wishing to poison her in order to take her place as Mrs. X—; wandered hither and thither; frequently endeavoured to commit suicide in various ways; on one occasion she tied her garters together and tried to hang herself, and on another secreted knives, &c. At times she became very violent, and force had to be used to keep her from performing acts of violence; at one time she would rave, at another become sullen, and generally had a wild stare about her bloodshot eyes.

It was proposed by her relations to send her to an asylum, and I was requested to take the necessary steps. I succeeded, however, in persuading them to let me try the effect of homœopathically chosen remedies. The principal medicines used were *Aconite*, *Veratrum viride*, *Belladonna*, *Stramonium*, and *Hyos.*, and these were given according to the symptoms. Under this treatment the maniacal symptoms yielded, *propter hoc*, as the relations, attendants, and I believe.

In about two weeks patient was quite tractable and fairly reasonable, but very depressed and weak. At this stage a consultation was held, and it was decided to give *Digitalis* in teaspoonful doses of the fresh infusion.

I formally assented to this treatment, which was followed for a few days, but as matters were not mending, I was requested to go on with my own treatment. The consulting physician was of opinion that it was a case of cerebral anæmia; I thought the symptoms arose from active changes going on in the old apoplectic *foyer*.

In another week there was a state of profound adynamia, so that at last patient could take no solid food whatever, but she could manage to swallow liquids. Here it occurred to me that I had read, in *Burt's Characteristics of the Materia Medica*, the following remark: "If you ever have a patient who can swallow nothing but fluids, give him *Baptisia*." The head and throat symptoms of my patient are many of them in the pathogenesis of *Baptisia*. Thus "*uneasy, gloomy, cast-down, unhappy, mind seems weak; head feels very heavy.*" This heaviness of the head was very noticeable. Then "*vertigo, eyes unusually glistening, eyes bloodshot,*" and especially the "*constrictive feeling in the throat, with frequent desire to swallow.*"

But these symptoms I afterwards compared, and my prescribing *Baptisia* was due to the above remark from Burt.

"*Guter Rath ist theuer*" when one's patient can swallow nothing but liquids. *Baptisia* was therefore prescribed in small material doses very frequently (about half-drop doses of the tincture). Next day patient could

swallow a little bread soaked in her tea ; on the second day she ate a little thin bread and butter, and within a week she could swallow fairly well. The convalescence was slow and tedious, patient became at times a little unruly and slightly maniacal, but in a few weeks I discontinued my attendance, she having regained her usual state of health. It is now more than two years since this occurred, and patient has ever since fulfilled and still continues to fulfil her social duties as the mistress of a large establishment. Her health since this attack is not good, but it is tolerable, and no worse than it was previously. I had to go thirty miles to see this patient throughout the treatment, and hence my notes of the case are very scanty.

The lady companion of this patient was very much prejudiced against homœopathy, and at the commencement of my treatment of the case she took no pains to hide her contempt for the system and its professors. In fact, her position appeared to me so antagonistic that I kept a strict watch upon her lest she should fail to administer the medicines. She is a lady of unusual intelligence, and soon began to see the effects of the medicines given to a maniacal patient by herself. She soon began to inquire whether I really thought Mrs. X. would regain her reason, and when finally this was a *fait accompli*, she took me into her confidence and said, "Doctor, I have a sister in a private place of restraint, and I have been thinking I should like to get papa and mamma to put her under homœopathic treatment." And this sister is my

**CASE 2. *Acute Mania, &c., &c.***—My notes of this case are very full indeed, but I will omit as much as possible. The way in which this case came under homœopathic treatment is only one of the many examples of our bed-side victories, viz. the success in Case 1.

Miss N. N., æt. 22, came under my charge about the middle of August, 1874. Before consenting to undertake to treat her, I stipulated that she should be brought to Chester (my then place of abode) and there kept under my treatment for at least six months. I was anxious to have

fair play, and not to be hurried, or have the fruit of treatment once begun brought to nought by the anxious feelings of friends or the insinuations of enemies in the other camp. The patient's sister, who had been lady companion to Case 1, had begged her parents in vain to have Miss N. N. brought to Chester to be put under homœopathic treatment. Their family medical man was consulted, and he said "that homœopath (myself) is nothing but a deceiver, and knows perfectly well that he cannot do her any good." Then the physician in charge of the quasi-private asylum was consulted by the parents on the same point. He expressed himself to the same effect, but in less offensive terms. Be it understood I made no promise of cure whatever, neither did I profess to have any special knowledge of lunacy. I merely promised to undertake the conscientious homœopathic treatment of the case; therefore the insulting language of several other medical men, both before and during the progress of the case, was quite uncalled for. I am referring to some Manchester medical men, for Miss N. N. hails from Cottonopolis. It was finally settled that patient should *not* be placed under homœopathic treatment, but as she had become a little quieter and frightfully emaciated, she should leave the asylum and go to a country house in a neighbouring county on a visit to some friends. This visit was, however, deferred, and she was taken instead to Southport; here she stayed awhile, getting a little better, but still losing flesh, and decidedly insane, though as a rule tractable and fairly quiet. Then she was removed to said country house, the residence of friends. This was at the beginning of August, 1874. After being a few days here she became maniacal and desperately violent, so that four persons were requisite to preserve her from acts of violence. At this stage it became necessary to do something, and the parents were very naturally advised to send her back to the asylum, over whose portals they, however, read "all those who enter here abandon hope." So they finally resolved to bring her to my neighbourhood. A through carriage was engaged, and Miss N. N. in charge of four persons was brought to Chester. With much

difficulty we procured lodgings for our patient, promising to have her securely tended and to pay for all damage done.

*History.*—Patient washed her head with cold water two years ago while she was menstruating and her menses suddenly stopped, and she became insane; since that time she has continued amenorrhœic and insane; at times maniacal, at other times quiet and silly, and now and then nymphomaniacal. Has been under many medical men, several of eminence, and six months in an asylum. Had lived for years in a damp house.

I began the treatment with *Nux vomica* and *Sulphur*, then *Lachesis*, and then *Belladonna*; these were given while I watched the patient and studied her case.

August 24th 1874. — *Status præsens.*—Miss N. N— has light hair, is of fair complexion, extremely emaciated, but not cachectic; she is very violent, will not keep her boots and stockings on, jumps and dances about in the room; as she moves about she constantly touches objects near her; this morning she smashed the doors of a side-board in the room, and the three persons in charge of her are unable to keep her from all kinds of violence; she is utterly shameless and is continually denuding her person; she sees dew-drops, emeralds, blue-devils, honey-dew, the aurora; speaks bits of German. I speak German to her and she takes me for her German master; she seizes hold of every near object and throws it about; says her mother will be presently covered with pins and needles; talks much of gold, a golden crown; she continually spits about her on the walls, on the furniture, and at her attendants; puts her fingers into her mouth, twists her somewhat viscid saliva upon them and throws it about; her nares appear to be occluded; pupils normal; she attitudinises continually, placing herself in strange positions frequently like dancing ballet girls on the stage; appears to think herself very elegant and graceful, and sneers and spits at imaginary persons or things; in attitudinising and jumping about she is careful *not* to knock herself against hard objects; she speaks of doomsday-book; pulse very weak; sees various imaginary insects on the walls and floor (ceased seeing

insects while taking *Belladonna*) ; sleepless ; is very taciturn and will not answer any questions ; noise rouses her, especially the military band, which excites her very much ; all music excites her ; she says bits of poetry and rhymes ; is constipated ; has not menstruated these two years ; has frequent flushes ; seems specially to hate her mother, whose presence invariably makes her violent ; appetite has been bad but is getting better ; when she goes to stool she screams very much ; the cause of this is found to be in the enormous size of the cylindrical mass of feces which apparently tears the anus.

In mania one naturally thinks of *Belladonna* : we find under this drug as pathogenetic symptoms :

“ Uneasiness, she changes from one place to another.”

“ Unceasing movements of the body.”

“ She tries to compose songs.”

“ She constantly touches the things around her.”

“ Every noise is offensive to her.”

“ She constantly spits at those around her.”

“ Sleeplessness.”

“ Constipation.”

Similar symptoms appeared in the patient and therefore *Belladonna* (3) was prescribed.

27th.—She no longer sees insects ; slept five hours last night, but otherwise no change except that she is even more violent than ever. Her father, who is opposed to her being placed under homœopathic treatment, but like many another paterfamilias was outvoted, arrives with solemn protests from their former medical adviser and insists upon taking patient away. Solemn family council ; father is again outvoted and patient remains.

I was called up last night to help tame the violent patient ; she has begun to fear me and remains comparatively quiet during my presence. She uses very bad language, talks slang and swears and curses.

From the fact that damp played a part in the history of the case I resolve to give *Dulcamara* (3), but as *Dulcamara* does not cover the urgent symptoms I seek for another to give in alternation with it. Finally decide on *Cuprum* ;

she seemed afraid, tried to escape and had attacks of craziness and *spat in our faces and laughed at it*. So she gets *Dulcamara* 8 and *Cop. acet.* 3, of each a drachm, each in about eighty ounces of water, a dessertspoonful every two hours in alternation.

29th.—She is very violent and breaks the windows. The landlady declines to put up with patient any longer and gives notice to go. Pergat.

30th.—Does not spit so much, but continues to be very violent; sleeps better. Pergat.

September 1st.—Has almost entirely ceased to spit at us; the past two days has only spat a few times in the morning. She is very wild and shamelessly denudes her person. I study her case, but cannot decide whether to give *Stramonium* or *Hyoscyamus*, so I cut the gordian knot and give both in alternation. I am worried continually by the patient's relations, who begin to grumble at the state of things, especially at the violence.

2nd.—Latterly she wakes at about 3 a.m. The transverse diameter of the fæcal mass is very great. Last spring she used to complain of cold, and sat constantly by the fire. She now at times complains of cold, and of pain in the left side of body, particularly of the trunk. Worse near rivers and during damp weather. It seems demonstrated that wet weather affects her for the worst; I cannot help noticing that the nights in which I have been called up to see her because of her great violence were rainy. This seems a case of *Grawvogel's Hydrogenoid Constitution*.

There is a symptom which I have observed in the hydrogenoid constitution, viz. *the great size of the fæcal mass*. I first noticed it in a very typical example of this constitution, and have subsequently verified it in many cases. This distressing symptom I unfailingly relieved with *Natrum sulphuricum*.

As the condition of the organism which has been called the hydrogenoid constitution requires a long-continued action of the modifying agent to rectify it, I thought it good treatment to put patient on a course of *Nat. sulph.* From the 2nd September, on, therefore, patient had three or



four pinches of *Nat. sulph.* 6 daily throughout the treatment, in addition to the ordinary homœopathic treatment.

4th.—Patient was very noisy and boisterous yesterday ; to-day she shakes hands with me, shows her tongue, answers some questions, and does not laugh so much ; she makes rhymes, such as

“ I am the Lady Geniève,  
And don't know how to behave.”

To continue *Stram.* and *Hyoscyamus.*

6th.—Yesterday she was comparatively rational the whole day, but in the morning she suddenly complained of great pain in the head, seized her head between her hands, and appeared to be in violent pain for a quarter of an hour or more. When asked to describe the kind of pain, she replied “ It is like the veil of the temple rent in twain.” In the evening she went to bed at 11, and fell asleep, but soon awoke, jumped out of bed and was in great dread of something which seemed to pursue her ; she turned her head round over her shoulder and looked continually behind her, exclaiming “ you had better be gone, or you'll get it.” She soon calmed down, got into bed again, fell asleep, and did not wake till 7 this morning. At 11 a.m. she is quiet, in good spirits, and good tempered. She laughs a good deal at some blue marks, from bruises, on the arms of one of the attendants. Her friends are getting satisfied with her progress. Her pulse is gaining in volume and strength. A slight souffle can be heard behind right clavicle. Heart-sounds normal. Breathing regular, puerile.

7th.—Very boisterous and rough ; has pain in her left side ; keeps her eyelids half-closed like a short-sighted person trying to see more distinctly in the distance. She rhymes. Will not answer when spoken to.

“ Fearless frenzy.”

“ She makes verses.”

“ Narrowing of the interval between the eyelids for several days.”

“ Disinclined to answer when asked questions.”

But especially the condition of the eyelids seems charac-

teristic of fly agaric. Therefore *Agaricus muscarius* 3 is prescribed: one drachm in eight ounces of water, a dessert-spoonful every four hours.

10th.—Have not called on patient these two days, but am now sent for. She is very unruly, has frightened her attendants, who tied her down; this I at once forbid. The things in the room are in great disorder, the sideboard and chairs broken. With some gentle firmness I soon calm her. *It is very wet to-day.* Yesterday afternoon the weather was very fine and patient much better; or, in her sister's words, "I really thought she was going to get well all at once."

She is gaining flesh, and looks better. Continue the *Agaricus*.

11th.—The diameter of the fæcal mass is *less*. Great appetite. Continue the *Agaricus*.

12th.—She has ceased rhyming. The left eye is injected, she closes it and rubs it continually. She again spits about very badly; and as this symptom promptly yielded to *Cuprum* before, I prescribe *Cuprum Aceticum* as before.

Same day, 11 p.m.—Am sent for to see patient, who is unruly, and will not be quiet to go to sleep. *It is a very wet night.* I remain till she falls asleep. To continue *Cuprum*.

13th.—Has had a good night; *spits much less*. The upper lid of left eye is œdematous in its external half. The internal canthus of right eye is injected. She laughs very much. Continue *Cuprum*.

17th.—Spits now only while being washed in the morning. Eats, drinks, and sleeps well. The stool is again getting larger. Bowels regular. Her eyes are no longer red; she is very fond of drawing her lids together as if she were short-sighted; she behaves very well with the paid attendant, but as soon as her mother comes into her room the patient gets into a great rage, kicks her, and puts her out of the room. No longer sees imaginary objects. She rubs her eyes a good deal. Has very good spirits and great energy. Throws things about, and jumps and laughs

immoderately. Face a little flushed, cold feet. For some days now we have other lodgings; but as patient breaks the windows, and throws things down into the street, we get the windows secured and wire work put across them.

“Extraordinarily good spirits and energy.”

“Dimness of sight, had to rub the eyes frequently.”

“Flushing of the face.”

And other of patient's symptoms I find in the pathogenesis of *Cotyledon*, and hence prescribe it in half-drop doses of the mother tincture, four times a day.

21st.—Quieter, is beginning to knit, notices a little what is said, whole body uniformly warm, no longer rubs her eyes, alvine and renal functions normal, the stools no longer large; is less pale and less anæmic by a good deal; the pulse is getting decidedly fuller and firmer. Continue the *Cotyledon umbilicus*, and take *Pulsatilla* twice a day.

25th.—Throws things about; hates red and scarlet and bright things; likes blue; is afraid of cutting instruments. *Glonoin* 8 and continue the *Pulsatilla*.

28th.—Her objection to red, scarlet, &c., is very pronounced, and seems the one prominent symptom. R *Stram.* 8.

Oct. 5th.—After commencing the last prescription her idea about colour entirely changed; to-day I find her with her paint-box and brushes occupying herself with painting everything red and scarlet; she has a scarlet ribbon in her hair and has made herself a scarlet bow for the ribbon round her neck, so that she now prefers these colours. R *Thuja* 8.

9th.—Steadily improving, fond of bright colours, rather excited. Continue *Thuja*.

12th.—Still improving in every respect, but she has not commenced to menstruate. Continue *Thuja*.

15th.—Began to menstruate this morning. Yesterday she seemed nearly well; to-day also, but she is rather amorous. To take no medicine.

19th.—The menses lasted three days, and were rather watery. Repeat *Thuja*.

25th.—Seems nearly well, but still there is a vacancy of expression in her face; she is now timid and ashamed and wishes to be forgiven for previous naughtiness.

Nov. 5th.—She is well of herself, but there has appeared an eczematous eruption on the right cheek and on the left side of neck and on left shoulder. R *Graphites* 3.

10th.—The eczema is gone with the exception of one partially dried-up vesicle just under the right ear-lap, and a few little portions of scabs. R *Thuja* 6.

23rd.—Has again menstruated; and appears in good health both physically and mentally. She has been about three months under treatment.

Dec. 26th.—Continues well. Has again menstruated.

Jan. 24th, 1875.—Is quite well and regular. She goes alone on a visit to friends in Wales.

April 10th.—Continues in good health, but a little dyspeptic. She gets *Nux*.

June 28th.—Visits me in Birkenhead. Quite well except a little vertigo. She gets *Digitaline* 3<sup>r</sup> (Keith's).

Nov. 8th.—Has spent the summer in the Isle of Man and mixed in society like any one else. She is quite well and in excellent condition.

June 3rd, 1876.—Met her sister accidentally at a railway station, and learn that Miss N. N. continues in excellent health.

*Remarks.*—These two cases of mental aberration have decidedly some points of interest, sufficient to call for their publication. No doubt my treatment is defective and will not serve as a model for others, but I tried to select the medicines according to the symptoms, and the success is encouraging.

I was frequently driven to alternate by my anxiety to push the cases to a successful issue and thus demonstrate the truth of the homœopathic principle. Miss N. N.'s mother called on some of the medical men under whose treatment (allopathic) the patient had been before. The asylum physician who had had her for six months in confinement had always given a favourable prognosis, but sneered

very much at the proposed homœopathic treatment. During her six months' stay in the asylum patient drank great quantities of gin by the physician's orders, to bring on the menses, and left the asylum decidedly worse than she entered it. On learning the result of the homœopathic treatment from the mother this asylum physician said: "Oh well, if your daughter can get well under no medicine at all, so much the better." "Then why did she not get well under you, doctor?" was the mother's last word—and is mine.

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CLINICAL LECTURES.—No. 1.

By ROBERT T. COOPER, M.D. (Dubl.).

GENTLEMEN,—I propose to bring some clinical experience before you in the form of lectures; these lectures will be put together in as simple a manner as possible, being intended to convey the expression of an individual experience gathered from a daily record of the results that follow the prescription of our remedies.

Aiming, therefore, at nothing very elaborate, we considered it best to adopt as far as possible a free and simple conversational style, as we are persuaded that in this way a great deal may be learned from the ordinary everyday practice of a medical man, and this too without any very laboured addition to his own or his readers' already arduous daily duties. We may have, as we proceed, to direct attention to the doses given; but our chief aim will be, avoiding controversy, to confine our remarks as much as possible to what in our opinion is legitimate comment upon each case brought forward.

It will therefore be readily understood that we do not proceed upon any systematic arrangement; we merely intend to take up any cases of disease occurring in our practice that possess interest sufficient for the purposes in hand.

Opening a consulting case-book I find the following case of œdematous wrists, which illustrates the curative properties of that increasingly favourite remedy, *Cactus Grandiflorus*.

A woman, of more than usual dimensions, of flabby habit, and between forty and fifty years of age, suffered for some four years from weak wrists; the synovial membrane protruded, and the wrists assumed an œdematous appearance. There was absence of cardiac complication. In the treatment of this case—for there were other symptoms present—several remedies were required; at one time both wrists and both ankles had been involved, and at that time *Euphorbium* acted very satisfactorily, causing the swellings in both the ankles and the wrists to subside, and so far as the ankles went the good result was permanent. But after six months' interval she came back with the wrists again swollen, and this time *Euphorbium* did no good to the now swollen wrists; they became gradually weaker, and extraordinarily œdematous; in fact, much worse than they had been on the previous occasion. Tested for albumen, and found it present. Prescribed *Apis*, *Bryonia alba*, and *Prunus spinosus* at different times, but without effect; next gave *Cactus Grandiflorus*, third decimal dilution, seven drops to three ounces of water, and "a teaspoonful to be taken three times a day," and from this relief came at once. Next week when I saw the patient the œdema had subsided, leaving the ganglion-like appearance at the backs of both wrists; and as the *Cactus* seemed to induce "a distressing sinking and gnawing at the chest, with pains under the shoulders (the diaphragm?), coming on at different times, especially after eating, with a sense of fulness in the abdomen," I discontinued it. For the two succeeding weeks the swollen condition and strength of the wrists continued to improve; the ganglion-like swelling, however, though diminished in size, remained. In this state she discontinued coming.

Upon this patient the effect of *Cactus* was perfectly obvious, and it is both pleasing and profitable to be able to confirm a symptom which, as Lippe observes, is a very

weighty one. Lippe says of *Cactus*, that the effect of it upon the heart is "in many respects similar to that of *Crotalus*, *Lachesis*, *Spigelia*, and *Kalmia*," and then he goes on to say "the œdema of the hands in chronic carditis, especially that of the left hand, is under no other remedy, and is a very weighty symptom."

In our case it occurred as a nephritic rather than as a cardiac symptom, and it would have been still more interesting were we able to say in what way the *Cactus* affected the secretion of albumen; a question of this kind can be best ascertained, for obvious reasons, in the wards of an hospital.

The case shows too the accuracy with which we can prescribe in obedience to the law of similars; given a case of nephritic irritation with œdematous condition of the wrists (the *hands* are particularised in the proving), and you have a set of symptoms that can be prescribed for successfully only by taking advantage of the homœopathic law. Tried by the searching test of practical utility, this law is found to answer our expectations. We may *guess* at remedies in other ways; thus, knowing that *Euphorbium* acted upon the kidneys, and trusting to this, we relieved the patient very decidedly in the first instance, but our prescription of *Euphorbium* compared with that of *Cactus* must be admitted to be inferior in point of scientific accuracy. In the one instance we may be said to have been guided by the inaccurate and insufficient theory of *local action*, in the other by the very accurate and comprehensive one of similars.

Prescribe for a pathological condition by itself and you *may be* successful; prescribe for the same, taking cognisance of its associations, and you are much more likely to be successful.

We must not leave *Cactus* without asking you to remember the painful menstruation you will see among its symptoms. Only the other day I profited by this in prescribing for a case of ante-version of the uterus, attended with extreme aching in the lower part of the abdomen and round the loins, a continuous pain, aggravated at the menstrual periods, and accompanied by a sick feeling.

The *Cactus* in the third decimal potency acted most promptly in subduing this pain.

We will now leave *Cactus* and pass on to consider a case of gastric ulcer that responded to *Nitrate of Silver*.

Elizabeth L—, a domestic servant, æt. 28, inclined to anæmia, complained for two weeks of a dead pain in the lower part of the chest upon the left side, coming on after eating; during the pain the stomach becomes swollen. This pain begins soon after taking food, and continues so long as the food remains down; vomiting, which occurs about an hour after taking food, results. She is unable to sleep upon her right side from its bringing on palpitation of the heart, and this palpitation obliges her for relief to press her hand hard against her side. The pain extends from the pit of the sternum to round along under the heart, in fact, corresponding to the situation of the stomach. Always feels faint towards evening. Bowels are regular, stools are occasionally black-looking; appetite, as we might expect, is dulled by the pain. Monthly period is regular, but attended with a great deal of pain; this pain comes a day before each period, and makes her feel horribly faint, fainted three times at her last catamenial period. Her monthly period lasts one day only, the dysmenorrhœa ceasing with the free discharge. Complains very much of pain at the lower back coming on after breakfast, sometimes remaining all day, sometimes going away soon after breakfast, but generally much increased during the monthly illness.

Here we deal with a clear case of incipient ulceration of the pyloric extremity of the stomach; we have it, as is almost always the case in this form of gastric ulcer, in association with *anæmia*, and an insufficient and painful menstrual flow. Amenorrhœa is usual with the anæmia ulcers of girls; here the menstrual irregularity took the form of dysmenorrhœa, the one-day monthly period being normal. This affection is seldom met with without some form of menstrual irregularity, showing, as it appears to me, an intimate connection between it and an inactive state of the ovario-uterine spheres. And when we re-



member how often a left side pain, a subcardiac stitch exists along with menstrual irregularity, the conclusion is a natural one that the nerves supplying the coats of the stomach are particularly liable to sympathise with those of the ovaries, and that this inorganic and palpable stitch is, in its origin, intimately allied to this very apparent and tangible ulcer of the stomach. And you will find too that the great majority of patients who suffer from this submammary stitch are of ages varying from fourteen to thirty-five, pretty nearly the time of life at which this particular form of gastric ulceration occurs.

The heart sympathises with the gastric mischief; for when lying on her right side, and thus causing the contents of the stomach to shift over to the seat of the ulcer, palpitation is induced; vomiting, too, is occasioned by the food acting as an excitant when in the stomach; it is a really painful, a true vomit, in contradistinction to a gulping up of food, which would characterise a simple gastric irritability, and would be met by a preparation of iron; and the black appearance of the stools show that, in all probability, bleeding has begun from the abraded mucous membrane of the stomach.

The remedy selected was *Argentum Nitricum*, in the third decimal potency, ten drops to three ounces of water, a teaspoonful three times a day in water.

After taking the *Argentum* for a week the gastric symptoms—a sufficient interval had not elapsed to observe as to the dysmenorrhœa—were much improved; the pain in the side and sickness had left, and the pain had ceased in her back until, during the latter end of the week, she began to lift heavy weights, and then it returned.

The medicine was continued; and I am pleased to say that, on meeting her father the other day—for she came to the dispensary but twice—he told me she had got quite well; this, be it remembered, was after a fortnight's treatment.

The prevailing condition of system in association with this gastric ulcer is one of anæmia; and we may take it that the pre-existing condition of the walls of the stomach is one

due to local mal-nutrition, leading to enfeeblement of digestive power and a tendency to ulceration in, as is usually observed, the posterior wall and pyloric extremity of the stomach. But there is found along with and preceding its occurrence ovario-uterine as well as gastric weakness. It will therefore be opportune to ask ourselves, what is the pathological condition of the uterus most likely to be met with in anæmic unmarried girls, at a period of life at which this form of ulceration of the stomach is most usually found? In *Notes on Uterine Pathology*, Graily Hewitt, in the *Lancet* of June 8, 1876, says, in discussing the subject of "softness of the uterus, that the cases in which this peculiar softness of the uterus presents itself in its typical form are those of young women who present other obvious indications of weakness, want of power, debility, and general feebleness."

Again, "it becomes sufficiently evident that these are really cases of imperfect nutrition—starvation—of the uterus. The organ is imperfectly nourished, very frequently in common with other organs of the body; the natural result is that the tissues are soft, spongy, and non-resistant. The cases in which this mal-nutrition at large gives rise to local mal-nutrition of the uterus" (might we not say of the stomach as well?) "are by no means rare. The age of puberty is one of great growth and development. Much nutritive material is required for the additional bulk the body attains; and, amongst other things, to provide for the increase in the size of the uterus incidental at that age. The patients who present this softness and atonic condition of the uterus are almost invariably, according to my experience, to be convicted of the non-observance of the laws of supply and demand. They are found to have either taken too little nourishing food, or to have largely and profusely expended their vital forces at this critical age, or to have erred in both particulars. From fourteen to sixteen or seventeen years of age is the period during which, for the most part, mischief is done in this way, and it is fortunate if errors of this kind do not leave their mark on the individual for the remainder of life."

Gentlemen, it is by the discussion of pathological problems side by side with the pathogenetic action of our remedies that we learn facts which tend to facilitate the practical adaptation of the homœopathic law; and so long as we look upon this action of a remedy as limited to the organs affected, and disregard its effect upon the condition or system present, so long do we render obscure and unsatisfactory what ought to be a system of simple and successful medication. We all are conversant with the flabby, pallid, and bloodless tongue of an anæmic girl; can we doubt but that the stomach is in the same state; and then, when we find that along with this there is more or less painful menstruation in association with amenorrhœa, are we not justified in supposing that the womb is in an anæmic condition as well? The stomach, the womb, the whole system, in fact, is in a condition of anæmia; but it is an anæmia that plainly indicates *Nitrate of Silver*. For there is no better established fact than that the *Nitrate of Silver* exerts a specific influence upon gastric ulceration.

Some time ago I met a lady who had had for many years terrific spasms across the lower part of the chest and in the stomach, which were said to be due to ulceration in the mucous membrane of the stomach and the duodenum; she described them as having come on at about nine o'clock p.m., and as lasting all through the night; all manner of advice was sought. Some one suggested *Nitrate of Silver*; her attendant, a homœopath, hesitated about giving it. At length he complied; it eased the pain very soon; and it proved, after all sorts of treatment had failed, completely remedial.

You may raise objections to the view we take as to the pathology of the gastric ulcer of young girls; you may say, and very justly, that the accompanying anæmic condition of system comes from an insufficient supply of nutritive material consequent upon the state of the stomach. Certainly you will necessarily have anæmia resulting from, or if pre-existing, increased by, an inability to retain food.

But you must also bear in mind, and it is sufficiently corroborative of our views, that this form of ulcer is generally

found amongst girls who have overtaxed their strength—among servant-girls, for example. We have suggested an anæmic condition of the coats of the stomach as a predisposing, not as an exciting cause of this round or perforating ulcer of the stomach; the exciting cause may or may not be the exclusion of an artery causing the death of a circumscribed portion of mucous membrane; it matters not a whit so far as our views are concerned.

We must also remind you that the preceding remarks are intended to be confined in their application to the ulcer that is “especially found in maid-servants between the ages of eighteen and twenty-five.”

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SOME CASES ILLUSTRATING THE CHIEF CURATIVE SPHERE OF HEPAR SULPHURIS.

By WILLIAM BRYCE, M.D.

(Read before the British Homœopathic Society.)

Of the many boons which Hahnemann has conferred upon the world, one, and that not the least, is the gift of *Hepar*, which he has recommended as a dynamic antidote to the effects of *Mercury*. The correctness of that opinion is borne out by what experience has taught us as to the minuteness of the curative dose, and by the fact that its curative action is more quickly and more decidedly manifested when the cachexy has lasted for a considerable time.

When this paper was originally promised for the meeting of the Society in May, it was intended to enter into some comparison of the resemblances that exist between *Mercury* and *Hepar*; for if true that it is a dynamic antidote there must be many points of contact. However, as I have been asked at short notice to supply an unexpected vacancy that has occurred for the present meeting, I can deal only very generally with the subject. I hope, therefore, the Society will overlook its many shortcomings and

imperfections. I shall be satisfied if I have given as much as will excite discussion on this, a favourite remedy with me, or bring it into more favour with some who do not seem to value it as I think it deserves.

It is quite unnecessary for me to introduce the subject with any account of the pathogenetic effects of *Mercury*, as we are all familiar with the excellent classification of these effects from the able pen of Dr. Hughes. My present purpose is solely with the mercurial cachexy as most frequently met with in practice, and with its antidote, not claiming for *Hepar* the power of completely eradicating the diseased state, but of so far removing it as to give renewed health to the patient such as he had not enjoyed for years before. The cachexy remains to some extent through life, but the antidote will always benefit, whenever other exciting causes bring the deep-rooted mischief afresh to the surface. I do not claim for it any power over those cases of poisoning with large doses of the soluble salts of *Mercury*. These, of course, require chemical antidotes to be immediately applied. I do not even allude to Sir Robert Christison's third variety of poisoning by *Mercury*, which exhibits its primary or excitant action, and in which "the preliminary stage of irritation in the alimentary canal is wanting, and the symptoms are from the beginning to the end those of mercurial erethism in one or another of its multifarious forms." Here it may or may not be useful in considerable doses; but I have had no opportunity of putting it to the test, mercurial salivation being so rare in our day. My purpose at present is with the chronic effects of the drug, it may be ten, twenty, or more years after the system has felt its potent sway. I fear it is too often forgotten that the chronic and permanently injurious effects of *Mercury* may be produced by the intermittent excitant action of the so-called moderate or alterative dosing as well as when that action is kept up continuously till salivation takes place. In whatever way the constitution has become affected, whether by salivation or alterative overdosing, *Hepar* will relieve the patient to some extent from the chronic effects of the drug in whatever part of the body

they may shew themselves. Medical men of the old school have been so long blinded to the after evil effects by the temporary benefit derived from its primary action that the importance of an antidote cannot be over-estimated at the present day, when so many cases are constantly turning up in practice, in which the patients are suffering from this condition.

Whether we accept or not the opinion that *Mercury* forms an insoluble compound with the albumen of the tissues, one thing is certain—that its poisonous effects may crop up almost anywhere, according as constitutional peculiarities may determine. Though this may be the case as to the dire results of overdosing, it is upon the liver that its irritant action primarily falls, so interfering with its normal functions as to diminish and alter the character of the biliary secretion. The size of the liver, its elevated temperature,—which is four degrees higher than that of the body,—and the great functional activity necessary for the due performance of its important duties in decomposing the noxious materials in the blood which passes through it in constant stream, and in eliminating a healthy secretion destined for the important purpose, among others, of preserving in healthy action the alimentary glands, make it extremely sensitive and very amenable to serious reaction from any cause which over-exalts its great functional activity, such as the action of *Mercury* (in improper doses) of which we have been speaking. In some constitutions a short, in others a more protracted, period of such over-stimulation leads, in this vital organ, to engorgement, jaundice, or even more serious mischief. It is to the engorgement and other affections of this organ that are brought about by *Mercury*, and to them alone, that *Hepar* is homœopathic and curative.

The great vital laboratory deranged, the healthy function of the alimentary glands is destroyed, and the nutrient fluid, in which is the life, is sent round for the repair of the tissues in such an impure state that unhealthy action must go on in other parts. The mineral carried round by the life-stream produces its poisonous effects where circum-

stances may determine. *Hepar* will strike not only at the root of all this, the deranged liver, but will follow the mineral to its utmost journey; as Hahnemann has said, it is a dynamic antidote for such states.—It will be seen from the title of this paper that it is not meant to confine the action of *Hepar* to cases in which there has been mercurial overdosing, as I speak of this only as its *principal curative sphere*. Any other curative power it may possess does not fall within the scope of this communication.

I could cite many instances of the cure of such mercurial diseases as I have very briefly alluded to, but I do not mean to weary you with them. I shall content myself with relating as shortly as I can two or three illustrative cases, but before I do so I wish to say one word as to the preparation of the medicine.

The Pharmacopœia directs that *Hepar* should be triturated up to No. 3, and that from this No. upwards the dilutions be made with spirits. I feel sure that this is a mistake, not only in the case of *Hepar*, but of some others. As I did not feel satisfied with the sixth dilution, Mr. Pottage, at my request, was good enough to take the extra trouble and labour of running it, *Kali Bichromicum*, and a few more, up to the sixth trituration, and I think the after-history of one of my cases will shew that this, in the case of *Hepar* at any rate, is a much more reliable preparation than that which the Pharmacopœia directs. When I speak of *Hepar* 6 I allude solely to this trituration. As far as I am concerned, the experiments made in three of the cases with 3<sup>r</sup> and 3 satisfactorily settle the question as to the proper dose of *Hepar* in such cases, and that the history of these cases is decidedly against the opinion that with the dilutions 3<sup>r</sup> or 3 we can effect all the good to our patients that homœopathy can supply.

My experience leads me to conclude that 3<sup>r</sup> or even 3 will produce medicinal aggravation when mercurial poisoning is so well made out, as I considered it to be in cases 2, 3, and 6; as will also an overdose of any other remedy, when it is truly homœopathic.

CASE 1. May 30th.—A. B—, member of a learned profession, and in the prime of life. Has not felt well for a month or two, complains of lassitude, inability for work, want of appetite and obstinate constipation, which has afflicted him for twenty years. Everything, even cold water, has a bitter taste. Skin and sclerotic yellowish; urine dark; stools tending to *white*. There is enlargement of the left lobe of the liver. As to his history he states that as a child he usually got two or three grains of *Calomel* when he required a laxative; that in adult age he had frequently been ordered to take *Blue pill* and pills containing two grains of *Calomel* when his liver was out of order. Had never been salivated. Never had syphilis. For many years has suffered from frequent bilious attacks, particularly in spring and autumn. Has often been partially jaundiced, and has often suffered from engorgement of the liver, for which the *Blue pill* or *Calomel* was repeated. He has, of course, gradually become subject to more frequent attacks of the above description. States that over-fatigue or a chill in damp weather sometimes brought on attacks of white frothy diarrhoea. Exposure to the direct rays of a July sun has, on one or two occasions, brought on within a few hours intense colic, followed and relieved by a copious and perfectly *white* stool.

Stated that a great source of grief to himself consisted in the accession, when suffering from one of his liver attacks, of paroxysms of ungovernable *irritability*. His wife stated that he was an exceedingly amiable, good-tempered man. Prior to this had been under homœopathic treatment for some years, and had frequent courses of *Nux*, *Bryonia*, and other medicines in different dilutions, but never got free of his attacks of partial jaundice. Nothing told upon his liver, in fact, except *Podophyllin*, which he had tried a short time before this. It did some good at the time, but the good effects soon wore off and did not prevent his periodic liver attacks, which were often accompanied, particularly in autumn, with great sexual weakness. Stated also that he has long been excessively sensitive to a change of weather to rain, and



had often predicted the near approach of rain before the barometer began to fall. Has been most sensitive to damp winds.

Was ordered to take three grains of *Hepar 6*, night and morning every time any of his old ailments threatened to return, and to continue it till the stools lost the white look and became natural.

For ten or twelve years he has had no return of his old ailments, and though now 55 enjoys better and more continuous good health than he did from the age of twenty and upwards. The irritability quite left him, and this is on the authority of his wife. Has not since suffered from engorgement of the liver, which, however, for some years became inactive, now and again, with whitish stools, but the *Hepar* always set it right. The lessons derived from this case have enabled me permanently to relieve many with a similar history; also cases of hæmorrhoids connected with an engorged liver from the abuse of *Mercury*.

CASE 2.—Mrs. F— stated that she had been salivated many years ago. Had been salivated again (a year before I saw her) for *mammary abscess*. There is obstinate constipation; congestion of liver and constant ill-health. I gave grain doses of *Hepar 3<sup>r</sup>* in half wineglassful of water night and morning. Next morning I was sent for in haste; found her suffering from an attack of very violent diarrhœa, which lasted four days. *Kali bichromicum* given on the third day improved it after a few doses. A few days after the diarrhœa was arrested I put her on *Hepar 6*, which did not bring on diarrhœa. Had to leave for home before I had her long enough under treatment, but told her to continue the *Hepar 6* for some time. Was decidedly improved before she left. I give the case that it may stand beside others that follow, and that it and they may help us in looking at these experiments as to the proper dose of this remedy in such cases.

CASE 3. Oct. 4th.—Mr. R— states that for some years he has suffered much from violent pain in the bony part of the nose, with a thick discharge, which is muco-purulent,

from *one nostril*. In dry weather he suffers comparatively little from either the pain or the discharge; but on the *near approach* of rain is unable to leave the house from the violence of the pain, to the serious injury of his business. During weather with very frequent changes is often obliged to stay at home for a week at a time. The history of mercurial overdosing was well marked in this case, but it is too long to detail. I tried grain doses of *Hepar 3<sup>x</sup>* twice a day.

5th.—Smart attack of diarrhœa set in some hours after taking first dose.

12th.—Diarrhœa quite gone for some days. Ordered the third of a grain of *Hepar 3<sup>x</sup>*.

13th.—Has had diarrhœa all day; very angry with me; said I was giving him far too powerful medicine.

15th.—Better to-day; told me had his little child not swallowed one of the powders two days ago without producing on it an effect similar to that on himself, he never would have believed my word as to the strength of the dose I gave him. Told him to take no medicine for two weeks. At the end of that time I ordered him 3 grain doses of *Hepar 6* twice a day in half a wineglassful of water, and to take that for some time.

Dec. 20th.—Had no diarrhœa since; is now much better; has much less pain and discharge on the advent of wet weather.

I saw him again in the spring of the following year, when he told me that his disease was gone, that he could now go out in all kinds of weather, and that he had never been confined to the house since I gave him the last medicine.

CASE 4.—C. D.— Tonsils enlarged, red; throat and pharynx raw, and studded over with enlarged reddish follicles.

With the view of giving the Case at this time I asked how long the throat had been affected. I cannot do better than give the case in the patient's own words: "Before I had the good fortune to try homœopathy for my throat my life had been one long and weary struggle for fully

twenty-five years, and that under the best advice I could get in this country. I did not dare to venture out in the slightest damp without being in fear of inflammation of the throat, that at last produced a nervous sort of terror of being choked. I was constantly prevented keeping my engagements, however important. I was obliged to give up my profession of sculptor for years, the damp from the clay affecting me with hoarseness and irritability of the chest. You at once said I had been suffering from mercurial poisoning before I mentioned to you that I had been put through *that horrible* treatment. . . . Now I can enjoy life without the constant fear of being laid up, and the old disagreeable and painful symptoms are all gone. I do not think I mentioned to you that my medical advisers in Edinburgh wished to cut out my tonsils, but I could not think of that though I was often half suffocated. "I might have stated this all much more strongly if it was of any use."

I ordered 3 grain doses of *Hepar 6* to be taken night and morning for some weeks; to rest for a week or two, and then another course.

The enlarged follicles have long since entirely disappeared; working with the clay does no harm now, and the patient can go freely out in all kinds of weather.

CASE 5.—Miss H.— In every way similar to Case 4, with this difference, that she had not had very much dosing with mercurials, but was of that constitution which is very sensitive to the action of *Mercury*. *Hepar 6* very speedily removed her throat attacks and also the enlarged follicles.

CASE 6.—Mrs. — soon after marriage went to India. Has a family of four daughters, but latterly has aborted. Is very desponding, as there seems to be now at her age, forty-four, no prospect of an heir to the large property of her husband. Told me she has no faith in homœopathy, had always laughed at it, but as every other treatment had failed she would give it a trial. For many years has not known what it was to feel well. Almost every kind of food disagrees.

On examination the liver was found to be enlarged and extending to two or three inches beyond the ribs. Very obstinate constipation for many years. Skin tinged dirty yellow, or more like the hue of malignant disease. The uterus also enlarged and anteverted. Congestion of ovaries from the condition of the uterus. As this latter condition rendered coitus intolerable, and as an ovum could not then, from the condition of the uterus, be retained, I ordered separation from her husband for some months, and gave her a variety of treatment for two months, but without effecting any perceptible good. I gave *Nux, Bry.*, and *Podophyllin* and other medicines in a variety of dilutions, but they all failed. Feeling I had not yet found out the cause of her complicated ailments, I asked her very particularly as to the illnesses she had had in India. From her history of these I found that, besides large quantities of *Quinine* for frequent attacks of jungle fever, she had often been the subject of mercurial overdosing. As the specific for *Quinine*—engorgement of the liver had had a fair trial—I considered I had neither a climatic nor a quinine but a mercurial liver to deal with. I therefore decided to prescribe *Hepar*.

In this case also I applied the test as to the dose, as in Cases 2 and 3, and ordered one grain dose of *Hepar* 3<sup>x</sup> night and morning in half wine-glassful of water. On my next visit, a few days afterwards, I found that the medicine had been acting as violently on the bowels as if she had taken two or three colocynth pills. Gave her no medicine for a few days, and then ordered 2 grain doses of *Hepar* 3. This had the same effect as 3<sup>x</sup>, acting violently on the bowels. After a short rest I gave the 6th trituration in 3 grain doses. Improvement soon followed and went steadily on. After a few weeks I had the satisfaction of finding the liver reduced to its normal limit, but not yet to its normal condition. A steady perseverance with the medicine brought the alvine evacuations to their natural condition, the congested eyes and the skin assumed the condition and appearance of health, and the patient felt as if she had been renewed. The congestion and enlargement of the uterus entirely disappeared, and the organ rectified

itself as to position, for no local or mechanical means had been used.

Instead of getting the decree nisi which I had pronounced made absolute, the case, without waiting for my sanction, was taken out of court before the expiry of the legal six months, and in her forty-sixth year she embraced the long-hoped-for son and heir. I mention the above interesting fact to show the completeness of the cure, and how by striking at the root in the liver, on which, I have ventured to say, the injurious action of *Mercury primarily* falls, the whole pathological fabric had tumbled down. During this final pregnancy there was not even a threatening of abortion, so completely had the uterus returned to its healthy condition. The child has been the most robust of the family, and now gives fair promise of living to inherit the paternal acres.

A few months after this patient left me she felt some of her old symptoms returning, and took *Hepar 6* in tincture for a good many weeks, but it had no effect. She then sent to Edinburgh for the same *Hepar* as I had prescribed for her. This at once took effect and soon removed her old symptoms. She has had frequent recourse to it for some years, finding that it never fails in relieving her.

I mention these particulars to suggest the probability that the sixth in trituration is superior to the sixth in tincture; and draw attention to the case in order that the matter may be tested, because, if the sixth trituration of *Hepar* is more reliable than the sixth in tincture, we may not be deriving the full medicinal power possessed by other medicines, such as *Kali bichromicum*, *Silica*, the metals and a few others.

CASE 7.—Mr. G— consulted me in 1870 for prolapsus of the rectum, which protruded at every stool to about two inches, always with *slight oozing of blood*. The bowel is very difficult to return. There are no distinct piles, but some of the veins are gorged. In 1870 and 1871 tried a great many remedies without effect. In 1872 more minute

inquiries elicited a well-marked mercurial history. I then gave *Hepar 6* in the usual way, and told him to take it for a year. As he lives in a northern county I saw little more of him till I met him accidentally in August last. He then told me that the prolapus began to improve after he had taken the *Hepar* for a few months, and that he is now quite well, not having had any return of it for the last two years.

CASE 8.—F. S—, æt. 67. This was a case of hepatogenous jaundice in a gentleman with a well-marked history of mercurial overdosing at many different and distant periods of life, the greater part of which was spent in foreign stations. He was never salivated. The case yielded to *Hepar 6*, and never again shewed the slightest symptom of returning. This patient died eight months after the jaundice was removed of a disease that had existed previous to the advent of the icterus. It would extend this paper to too great a length were I to give the history of this last illness, but as the case is a very interesting one I reserve this part of it for a separate paper which I hope to give at an early meeting of the Society. I give this very brief notice of it now in order to connect it with the subject of the present communication.

*Discussion on Dr. Bryce's paper.*

Dr. YELDHAM said he had listened with great pleasure to the author's instructive and suggestive paper. He would make only one or two observations. It was generally admitted that when once the system was saturated with *Mercury* its effects were apt, in many cases, to be felt for many years afterwards, or even for the remainder of life. It was also generally admitted by homœopathy that *Hepar* was one of the best antidotes to mercurial sequelæ, especially when they were recent and patent, for it was not every person who took *Mercury* freely who was affected permanently by it. Some persons were insusceptible to

its effects. He could not help thinking that the author had pushed the doctrine of mercurialisation a little too far—further, at all events, than the cases adduced seemed to warrant. In some of them the evidence of the effects of *Mercury* was so slight as scarcely to amount to more than an assumption. He could not help suspecting that effects were attributed to the antidotal properties of *Hepar*, which belonged, in reality, to its homœopathicity to the disease. Then, as to the purgative action of the third decimal trituration of *Hepar*, he could not but regard this as a curious coincidence in Dr. Bryce's cases. He was led to the conclusion by his own experience, which was very considerable, and the results of which were totally opposed to those of the author of the paper. He had for a long time been in the constant habit of prescribing *Hepar*, in five grain doses, of the third trituration, both to children and adults, and did not recollect ever having seen the slightest aperient effect produced. The point was an interesting one, and he would observe it more closely and report the results if his future experience did not bear out the past, and he hoped the author of the paper would do the same. They could not be too careful about the soundness of the data from which they drew their conclusions.

Dr. WOLSTON remarked that he did not see any necessary connection between the supposed effects of *Mercury* and the action of *Hepar*. In many of the cases given it was more than doubtful if *Mercury* had anything to do with producing the morbid conditions for which the *Hepar* was prescribed. Many of the organs and tissues of the body specially affected by *Mercury* are identical with those acted upon by *Hepar*, and, therefore, without the introduction of the theory of mercurialisation, the curative effects of *Hepar* in the cases given was sufficiently accounted for. With reference to the cases of pharyngitis, he observed that in all low forms of throat disease, especially follicular pharyngitis, he found the 1<sup>st</sup> trituration of *Hepar* of the greatest service, the cure being greatly hastened by a gargle of *Hepar* in the proportion of a drachm to a pint of water. He could corroborate the statement made by Dr. Bryce as to *Hepar* in a low trituration producing diarrhœa. He had himself recently had an old lady under his care, suffering from bronchitis, in whom the action of the second decimal trituration of *Hepar*, in producing free movement of the bowels, was most marked, the effect of the medicine being in marked contrast with the previous experience of homœopathy which before, to use her own mode of expressing herself, "had always constipated her."

Dr. BAYES.—Dr. Bryce's very careful observations as to the effect of *Hepar* upon patients suffering from diseases which may or may not have been the result of previous mercurialisation appear to him (Dr. Bayes) to leave the question undecided as to whether *Hepar*, in curing these conditions, does so by chemi-

cally antidoting the *Mercury*, or by dynamically antidoting it. He (Dr. Bayes) assumes that by the *Hepar* acting upon and stimulating the same tissues as are locally affected by *Mercury*, the tissues which have been depressed by mercurial action have been again elevated up to health point by the *Hepar*. As to the question of the superior efficacy of trituration of inorganic substances over tinctures prepared from them, Dr. Bryce's experience is most important, and to a great extent tends to corroborate certain experiments of his (Dr. Bayes') own, and also the assertion of Dr. Schüssler as to the superiority of this method of preparation. Still, one of the best cures of hæmorrhoids which he (Dr. Bayes) had ever effected, and which, after fourteen years, remained a permanent cure, had been made with *Hepar sulph.*, 6th dilution in pilules. As to the question of dilution, again Dr. Bryce's observations coincided with his (Dr. Bayes') own. In removing exudations threatening to run into the suppurating process, in the cure of large pimples and small boils, as well as in inducing the rapid suppuration of abscesses where it was impossible to produce their absorption, the 6th and the 12th dilutions act better than the lower. The action of weak lotions of lime-water or of chloride of lime in controlling excessive suppuration, and in cleansing ulcerating surfaces, is also well marked as an external application.

Dr. VERNON BELL said he regretted Dr. Bryce's absence, for he should have liked to ask him several questions. He could not concur in Dr. Bryce's hypothetical view as to *Hepar sulphuris* "ferretting out *Mercury*" in the system. He did not believe that *Mercury* remained long in the system, for there is no histological or other proof of its presence beyond a very limited period after its administration. It was not difficult to recognise the effects of *Mercury*, and especially in by-past times more than now. These effects are usually prolonged and persistent, as might be expected from the destructive action of mercurial salts on the red portion of the blood. But the supposed action of *Hepar sulphuris* on *Mercury* itself, and its acknowledged power over the effects of that metal, are two different things. In scrofulosis *Hepar sulphuris* acted beneficially by renovating the more solid part of the blood, and he believed the same operation occurred in the cachexy caused by the improper use of *Mercury*.

Mr. KINGDON said, in reply to Dr. V. Bell's statement that *Mercury* did not remain in the system, he had given to a girl who had been mercurialised, and in whom the sensible effects of *Mercury* had disappeared, *Hepar sulph.* in the 5th dilution, and it produced salivation and enlarged glands, which subsided, thus, as it were, stirring up the latent *Mercury* and then neutralising it.

Dr. DRURY personally felt very grateful to Dr. Bryce for the



paper he had supplied to the Society, as in the emergency, owing to the non-arrival of an expected paper from America, this paper had been got ready two months before the proper time of reading it, and the author had to prepare it under very great difficulties. The cases collected together were of considerable interest, and the author had kept in view the object laid before him, to show that *Hepar* acted powerfully in counteracting symptoms arising from the effects of overdosing with *Mercury*. Dr. Bryce had, on more than one occasion, thought that *Hepar* 3<sup>x</sup> had acted as a purgative; this was merely a coincidence, it was impossible but that Dr. Yeldham, who spoke decidedly on this point, would have had many opportunities for noticing this effect; were it at all of common occurrence others also would have noticed it. There was no doubt that if it could be proved to be a correct observation the run on *Hepar* 3<sup>x</sup> would be considerable; indeed, it would be very apt to be thought to be indicated in many cases where it was in no way homœopathic to the complaint. Dr. Bryce recommended *Hepar* in trituration as high as number six. There was no doubt far too strong a desire on the part of some to give tinctures at a lower strength than was justifiable; it was much desired that homœopathic practitioners and chemists would adhere to the directions in the *Pharmacopœia*, which certainly allowed tinctures to be made as low as they ought to be, but he was not disposed to agree with Dr. Bryce's conclusion, for as he and many others had largely used *Hepar* in higher dilutions with marked success, and as these had been prepared from No. 4 dilute tincture, and so upwards as directed by the *Pharmacopœia*, it was a complete answer to Dr. Bryce, showing that the tincture preparations were perfectly reliable; still there was no objection to a No. 6 trituration if any one wished to use it. He himself when suffering from diphtheria had been given *Hepar* 200 for some days, and had been profusely salivated with it for some hours. *Kali bichromicum*, which Dr. Bryce has alluded to, could be raised by solution to higher potencies, and there were no complaints of its inefficiency. He (Dr. Drury) believed *Hepar* had a far wider range of action than was usually looked for. He considered it a valuable remedy in certain hæmorrhages, in some forms of uterine hæmorrhage, and in hæmoptysis he believed it to be of use. It possibly would be found useful in hæmorrhages generally. An objection had been raised to the paper, from a belief that the author intended to convey some idea that *Hepar* followed up the *Mercury* in the system, and produced some chemical action. Perhaps some hurriedly written expression may have justified the criticism, but the author should have had the opportunity of correcting misapprehension on this point. The fact was that *Mercury* and *Hepar* had a very allied action; therefore, where the peculiar effect of *Mercury* was produced and the symptoms present, the results of this action were fairly

attributable to *Mercury*. If *Hepar* was found to produce similar symptoms, it became the true antidote, and conquered the mercurial symptoms by its power of inducing similar ones; in this way it was curative and not chemically. This, probably, was the author's real meaning.

Dr. HALE thought that Dr. Bryce in the paper on *Hep. s.* had fixed his attention on the antidotal properties of the drug, and also on its action upon the liver. Until comparatively recent times the idea that the chief function of the liver was the secretion of bile was that prevalent amongst physiologists, but it is now known that of the forty ounces daily secreted, only about two ounces are employed in chylefaction, the remainder being absorbed into the circulation and employed in the process of sanguification. This knowledge must enlarge our conception of the important function performed by the largest secreting organ of the body. Dr. Hale was therefore led to believe after the reading of Dr. Bryce's cases that *Hepar s.* possessed a specific action upon the liver, apart from its power of antidoting the effects of *Mercury* in the system, and this led him to express his astonishment at hearing Dr. V. Bell's statement that *Mercury* is never retained or deposited in the tissues of the human body. Dr. Hale contended that no fact was more generally admitted than that *Mercury* is so retained, and may be dormant in the tissues for years, and he has over and over again seen distinct symptoms of ptyalism produced during the administration of *Mercury* in fractional and infinitesimal doses, in cases where it was impossible to believe that ptyalism could have been the effect of such minute doses; the phenomenon was, he conceived, to be explained by supposing that the minute doses acting dynamically had set in motion the *Mercury*, which had lain dormant in the tissues, thus causing it to produce its characteristic pathogenetic effect.

Mr. ENGALL considered that they were under great obligation to Dr. Bryce for having furnished them with such an able paper and one which had given rise to such an interesting discussion. After what had been said by previous speakers, the subject was well nigh exhausted, and therefore there was little he could add. He thought there could be no doubt of the benefit which *Hepar* conferred in cases of mercurialisation. This was more apparent thirty years ago than now, in consequence of the then prevalence of the practice of giving mercurial preparations; this, he thought, might account for the difference of opinion as to the presence of *Mercury* in the system, as the use of the larger doses had been for years discontinued by the modern allopathists. He concurred in the view that *Hepar* had two actions; in the lowest triturations it acted as an absorbent; in the higher, he thought it promoted the bringing of matter to the surface. Another thing of importance was the mode of using it. He preferred giving it dry on the tongue, as, when mixed with water, the

sulphuretted hydrogen escaped. He also had found that the best way, when he used it for the resolution of tumours, was to apply the lowest trituration moistened with a very little water, just sufficient to cause it to adhere. By this means he had removed tumours from the cartilages of the eyelids and one from the nose. He believed that it was best to rub the powder on the part until it became inflamed, and then to allow the absorbents to act. He had also removed the enlargement from tonsils by giving the trituration dry on the tongue. In a case where repeated salivation has produced a constant feeling of coldness a visit to Harrogate's sulphuretted hydrogen spring restored a feeling of warmth which had been absent for years.

Dr. DUDGEON thought some of the speakers had been rather hard on Dr. Bryce. He had confined his observations on *Hepar sulphuris* to its supposed power to antidote the pernicious effects of *Mercury*, and he had adduced some very striking facts in corroboration of this power, which had been attributed to it by Hahnemann. The circumstance of a patient subsequently dying was no proof that the previous treatment had been a failure, for patients will ultimately all die, and we often have the pleasure of relieving them before the final event. Dr. V. Bell will be contented with nothing short of a histological proof of the antidotal power of *Hepar sulph.* against *Mercury*, but if the antidotal action is as it is said to be dynamical, he feared the microscope, in its present condition, would be unable to demonstrate this action. There was a good deal of evidence to show that *Mercury* remained in the system for a considerable time, and at the commencement of the hydropathic movement we were often told that the compresses were stained with mercurial exudations. We heard little about these phenomena now, but perhaps that was owing to the more moderate use of mercurials by the adherents of old physic of the present day. He, as well as several of his colleagues, had seen mercurial symptoms, such as sore gums and salivation, excited by the 6th or 12th dilutions of *Mercury*. The cases so affected were invariably those of persons who had formerly been subjected to mercurial overdosing, and perhaps the minute dose acted by a well-known chemical process on the *Mercury* lying quiescent in the body of such patients, and caused it to act in this violent manner.

Dr. W. BRYCE, in reply, said,—From the remarks of several of those who have taken part in this discussion, I perceive that the scope of my paper has been somewhat overlooked. I may remind them that it was confined to the illustration of Hahnemann's recommendation of *Hepar* as a dynamic antidote to the effects of *Mercury*, with the further purpose of directing attention to the chronic and *non-patent* effects of the drug—a subject which I have studied so long and so carefully as to enable me to say that I do not think I have pushed the theory of mercurialisation too far. In the first place I may say that I was aware of

the fact that homœopaths (and old-school physicians also for years past) have admitted the permanent nature of the evil effects of saturating the system with *Mercury*. I knew also that homœopaths have long recognised in *Hepar* an antidote to Mercurial sequelæ when these were "recent and patent," but I am not aware that any one has considered or investigated the non-patent effects of the drug. It is to this condition I consider *Hepar* to be so specially homœopathic, and it is in this one particular line of observation I wish to add to the view of the master. I readily grant, with Dr. Yeldham, that it is not every-one who takes *Mercury* "freely" who is salivated, but I am not so ready to allow that there are any entirely insusceptible to the injurious action of this powerful drug, any more than I am inclined to admit that any one can be found on whom, say, *Arsenic* or any other such poison has no power, though there are different degrees of susceptibility. It will be seen from what I have said in the paper, that I do not go upon the ground of previous salivation, but on the contrary, include *with it* frequently repeated or so-called alterative courses, at one time so fashionable, which never have exhibited the patent effects of mercurial saturation. The paper dealt solely with the chronic effects, whether produced by saturation or the more silent action of alterative overdosing. The evidence I act upon is such as I have given in Cases 1 and 6, and that evidence is this. In these cases I have described a condition of ill health, of which in this country I have seen many examples and which I have attributed to the irritant or over-stimulant action of alterative doses, frequently repeated, from which reaction has ensued. In treating such cases a certain course of events has so frequently presented itself that I was forced to connect these events with each other. Many of these cases I have treated for a long time, as I did Cases 1 and 6, with a variety of medicines as seemed indicated, but without producing any benefit. In them there was always a mercurial history as the probable cause of the patients' complaints. As soon as *Hepar* was given improvement began, went on, and was permanent. Again, I have given *Hepar* for similar states when there was no marked mercurial history, but without curing the case till I had recourse to *Nux*, *Sulphur*, or some other remedy, as might be indicated. Another link in the chain of evidence that always had weight with me was the fact that, in such cases as I alluded to, *Mercurius* either did no good or decidedly aggravated. The observation of circumstances such as these, occurring in a good many cases naturally leads one to consider the place *Hepar* occupies in their treatment. It is only by the careful observation and connection of such occurrences that reliable evidence can be obtained, and the occurrences noted appear to me to form fair evidence for such an induction as I have given. With me the evidence amounts to more than "assumption," as to the non-patent effects of *Mercury* in all the

cases, though in some, to avoid repeating minute details, I noticed only the parts, such as the throat, rectum, &c., in which the irritant action of the drug was more patent. I recognise the homœopathicity of *Hepar* to the *whole* condition, whether the effects are patent or non-patent, because of the strong resemblances which exist between the pathogenetic effects of the two drugs. The term antidote is applicable because we were speaking of the destruction of the effects of a poison, and because this chronic condition of hepatic and general derangement, which I have called the non-patent effects of *Mercury*, finds in *Hepar* alone above all others the specific restorative remedy. As to the effect of the third decimal trituration. In two of the cases the aperient effect ceased on stopping the remedy, did not come back during the interval when no medicine was given, but returned as soon as the third decimal or even the third was resumed. There certainly seems to be more than a coincidence here, though the connection is as difficult to explain as it is to tell why the third decimal of *Podophyllin* will purge the liver of one person, while the mother tincture appears to be quite inoperative in another. Salivation could be made out only in Case 2, and it was in that case that the most violent diarrhoea occurred. However, I am quite satisfied with No. 6 in these cases, but shall act on Dr. Yeldham's request and test the stronger when suitable cases occur. The question has often presented itself to me in the form in which it has been put by Dr. Bayes. However I have come to look upon *Hepar* in relation to the mercurial cachexy much as we do upon *Ailanthus* in scarlet fever: for whatever may be their other uses, the true homœopathic sphere of their action is only developed by a general poisoned condition, though from the different nature of the poisons the one is a chronic and the other an acute disease. Dr. Vernon Bell has misapprehended the meaning of the sentence to which he objects as Dr. Drury kindly explained at the time. I shall alter it, however, so that my meaning may be clear to any that may read it. I mentioned at the outset that the cases were meant to illustrate the chief curative sphere of *Hepar*, stating that I spoke of it as a *dynamic* antidote to the *effects* of *Mercury*, and not as a *chemical* antidote to the *drug* itself but possibly Dr. Bell was not present when that part of the paper was read. I did not once suppose that *Hepar* acted on *Mercury*, but more than once stated my belief in the dynamic nature of its action. I am sorry I was not present during the discussion, as I should have liked to have called Dr. Bell's attention to one or two parallel cases. Take for example the syphilitic cachexy, and the effects of alcohol. The existence of a syphilitic virus is universally acknowledged. Long after the first infection of the system by this poison, we speak of a periostitis as syphilitic, but not because the presence of the virus in the tissues has been histologically demonstrated; and after the lapse of years we trace to

the same source some cases of amyloid degeneration of the kidneys, though the microscope has failed to reveal to us any trace of the syphilitic poison in the kidney or any other part of the body. Or take the case of the dram drinker, which in some respects is more to the point. He has probably never been in a state of intoxication all his life, but the small quantities frequently taken gradually lead to disorganisation of the liver and cirrhosis; the whole system becomes diseased, and the man sinks into an untimely grave; but even Rindfleisch himself would fail to discover by the microscope any trace of alcohol in the tissues. The connection between syphilis, or alcohol, and these diseases can only be established by that same inductive reasoning to which I have already alluded, and without which medicine would be a failure. Dr. Drury in his remarks has explained fully and clearly the meaning I meant to convey in the sentence objected to with this very slight reservation, that I think the *Hepar subdues* the mercurial symptoms in the way Dr. Drury has stated, wherever they may occur, but does not entirely *conquer* them, as I believe the effects remain more or less through life. Dr. Henderson saw twelve years ago a patient of mine who had been very much overdosed in childhood and youth, and told him he was suffering from an eruption that was undoubtedly brought on by taking half-grain doses of *Mercurius vivus* 1 for a week. He never suffered from this eruption again till three weeks ago, after taking *Mercurius solubilis* 6 for two or three days for catarrh. I easily recognised the eruption again, as it was peculiar. This patient was aged 40, when Dr. Henderson saw him twelve years ago, and it is now twenty years since he took a blue pill. If the salvation in Dr. Drury's own case was not a "coincidence," we ought to speak of the low dilutions as the weak, and the very high as the strong—in other words, that the power of our medicines increases in the direct ratio of the dilution. Though I have used *Hepar* so very largely, I have never seen any effect of that kind. However, since reading Dr. Drury's remarks, I have resolved to take 200 the first time the effects of the calomel of childhood trouble me, for I was *excessively* overdosed in childhood and youth, and the oftener I was given it the more frequently I was thought to require it. I have derived incalculable benefit from *Hepar* 2, but I shall try 200 in the hope that I may obtain a more permanent effect from it than from 6 which I have hitherto used. Dr. Dudgeon's observations—that even the medium dilutions produce mercurial symptoms in persons previously overdosed—quite agree with my own frequent experience, and as I have already mentioned, this fact has been used in some of my cases as a proof of the existence of that overdosing, and as an indication for the employment of the curative power of *Hepar*. It shews also how easily the physiological action is rekindled, and favours the idea that the drug either remains long in the system, or else that its non-patent are easily changed into

its patent effects. I have a preference for the administration in water, not only of this but of all triturations, except those perfectly insoluble in that fluid, but there can be no objection to giving it dry on the tongue as Mr. Engall does. From his point of view this can only be necessary with the low triturations, which though insoluble or nearly so in spirit, mix so readily in water that it can be swallowed before any appreciable quantity of the *Sulphuretted Hydrogen* can escape. I have generally great difficulty in inducing my patients to take the triturations, 3 and 3<sup>x</sup>, the taste and smell are so very strong. They imagine they are back to old-school physic.

## THE VALUE OF ARSENIC IN SCALY SKIN-ERUPTIONS.

By J. GALLEY BLACKLEY, M.B., Lond.

(Read before the British Homœopathic Society.)

MR. PRESIDENT and GENTLEMEN,—The paper I purpose laying before you this evening might perhaps have been called, with more propriety, *A Study of the Action of Arsenic*; but seeing that the thoughts contained in it were suggested to me in studying *Arsenic* in its relations more especially to skin diseases of the scaly class, I have ventured to name it as above, in the hope of giving a more practical turn to any discussion which may arise.

In no department of our medical literature is there, I venture to assert, such a paucity of really reliable material, as in the lists of symptoms, subjective and objective, produced upon the skin recorded in our drug provings; and, worse than all, in the scanty materials we do possess, the descriptions of skin eruptions are either so lax as to be comparatively valueless, or so antiquated as to be hardly recognisable by the student of to-day. To this cause, and another which I shall presently mention, we must, I think, attribute in a great measure the unsatisfactory condition of cutaneous medicine; for I think none here will contradict

me when I say, that many and often humiliating failures must have occurred to most of us in our treatment of even the commonest forms of skin disease. The other cause to which I alluded is, perhaps, a more potent one still: I refer to the temptation we all have in treating cutaneous affections, to look upon these in the light of diseases *per se*, and not, as they are in the majority of cases, merely symptoms of grave systemic disturbance, or of disease in important organs.

The list of scaly appearances proper produced by *Arsenic* is a short one. Rückert\* mentions only one, whilst Black† in his admirable monograph on *Arsenic*, published by the Hahnemann Publishing Society, gives but three.

By far the most important contribution of late years to our knowledge of the action of *Arsenic* upon the skin is the exhaustive monograph of Dr. Imbert-Gourbeyre,‡ in which we find recorded fourteen distinct varieties of rash, all of which may be classed under the designation "squamæ." As these, with the addition of a few others, closely approaching the true squamæ, give us a tolerably complete picture of the kind of influence exerted by *Arsenic* upon the epidermic covering of the skin, you will perhaps bear with me for a moment whilst I read them over to you:—

"Desquamation."

"Miliary papules and vesicles (eczema arsenicalis), these disappear and are replaced by a thin crust."

"Erysipelas followed by desquamation."

"Erysipelas covered with numerous vesicles filled with yellowish serosity, followed by desquamation, drying and scabbing, and anæsthesia of extremities."

"Papules followed by scales."

"Skin comes off in large patches, about a centimètre square, the desquamating surface (surrounded by a white border) is generally round or irregular like certain forms of pityriasis."

\* *Traitement Homœopathique des Maladies de la Peau*. Paris, 1838. P. 149.

† *Hahnemann's Materia Medica*. Part I, Arsenic. Arranged by Francis Black, M.D. P. 23.

‡ *De l'Action de l'Arsenic sur la Peau*. Par le Dr. Imbert-Gourbeyre. Paris, 1872.



"Palms peeled as after blisters from manual labour."

"Small papules the size of a pin-head uniting to form spots the size of a lentil, and disappearing with furfuraceous desquamation. Often come during the treatment of psoriasis with small doses."

"Miliary eruption, renewed several times in fifteen days, and fading at last, leaving the body covered with farinaceous scales."

"Desquamation of scrotum, leaving a swollen sanguinolent surface."

"Eczema rubrum of scrotum."

"Desquamation of lips, followed by pustular eruption over the whole body."

"Skin becomes first white, then yellow and scaly (Bayes)."

"Skin rugous and grey with furfuraceous scaling."

"Desquamation and loss of hair and nails, with desquamation of tongue."

"Desquamation as after scarlatina."

"Alopecia with crusts and ulcers on the bare spots."

Finally, Allen\* gives fifteen squamous and quasi-squamous appearances as characteristic of *Arsenic*.†

\* *Encyclopadia of Pure Materia Medica*, vol. i, p. 540.

† List of scaly appearances given in Allen:

(2511). Excessive whiteness of skin as in infants, which, as the arsenical influence increased, became yellow and scaly, producing in J. E. and the baby the most irritating eruption all over the body.

(2520). Dry, cracked state of skin. Skin dry and scaly, cracked all over and very sore, with a strong and peculiar smell from it. The skin from the head to the feet comes off. The skin of the whole body peels off in large scales. The thickened epidermis comes off. The skin of the whole body except the head comes off. Desquamation of a large portion of skin, especially of the forearm, and return of a just-cured herpes on chin. Exfoliation of mucous membrane of tongue.

(2530). The thick skin of the soles of the feet came off.

(2540). Rash over the whole body falling off in scales.

(2557). A pimple covered with scurf on the left side of the scalp, obliging him to scratch, and painful when rubbed.

(2578). Scabby eruption on occiput.

(2580). Eruption on face dried into scabs; nose and lids scale.

(2600). The skin of the soles of the feet becomes insensible, as thick as cork and breaks.

(2628). Unpleasant itching and eruption of small itch-like pustules, which soon desquamate.

On reading over the above lists of symptoms, putting aside the fact that many of the so-called scales are manifestly only the dried products of serous exudation, we cannot fail to be struck by the fact, that in nearly every instance the desquamation is preceded by previous inflammatory conditions, and that very rarely does it occur alone and uncomplicated, as in pityriasis and the later stages of psoriasis. This naturally suggests the idea that scaling is, in the majority of cases, only the later stage of a previous inflammatory state of the skin, the first step towards recovery, the result not of increased formation of epidermic cells, such as is present in true "squamæ," but of a suspension, during the previously existing condition, of the natural and almost imperceptible disintegration of the epidermic covering, giving rise, when recuperation begins, to the shedding of patches of dead epidermis of varying size, such as one sees every day after erysipelas, eczema, frost-bite, burns, œdematous swellings, &c.

Nor is this view of the case weakened by a more careful study of the remaining effects of *Arsenic* upon the skin, and of its influence upon the system generally. Foremost amongst these we find, erythema, erysipelas, papular, vesicular, and pustular eruptions, petechiæ, and ecchymoses, purpura, general hæmorrhagic condition, and gangrene, in short, all the symptoms of blood poisoning in its various degrees.

A goodly list you will say, no doubt, and one which, were mere symptoms to be trusted, ought to render *Arsenic* the appropriate remedy in almost every known form of skin disease. That this is far from being the case, however, all who have had any experience in the treatment of skin diseases will readily admit. As long ago as 1844 Wurmb\* wrote :—"Although it is certain that *Arsenic* is indicated in many kinds of urticaria chronica, psoriasis inveterata (particularly psoriasis scrotalis), I must admit that we have no *decided particular indications* for its use in those diseases, and we must, therefore, rest our choice upon general indications."

Let us see if it be possible, by tracing the action of

\* *Est. Zeitschr. für Hom.*, vol. i, pt. 3, p. 119.

*Arsenic* upon the system ab initio, to differentiate, with a view to treatment, the cases which are likely to be benefited by the drug.

It has hitherto been accepted as a fact, upon the authority of Orfila\* and several subsequent observers, that in cases of poisoning by *Arsenic* the drug has a powerful elective affinity for the liver and muscles, and as a consequence is found after death in greatest quantity in those organs, being otherwise distributed tolerably equally throughout the various tissues of the body. Within the last few months, however, Dr. Sculusoboff,† of Moscow, by means of a series of experiments performed in the laboratory of Professor Gautier has shown that *Arsenic*, so far from being found in the largest quantity in the liver and muscles, is specially localised in the nervous tissues and only subsequently invades the liver and muscular structures.‡

More recently still Thudichum's§ researches render it extremely probable that *Arsenic*, when introduced into the system, forms with the chemical basis of nerve tissue a number of definite compounds, substitution products apparently in which the *Phosphorus* naturally present is replaced by *Arsenic*.

With the help of these two facts it is easy to understand

\* *Traité de Toxicologie*, i, 308.

† "Sur la localisation de l'arsenic dans les divers tissus des animaux empoisonnés." *Bulletin de la Société Chimique de Paris*, xxiv, 8, p. 124.

‡ The following table gives the quantities of metallic arsenic obtained by means of Marsh's apparatus from 100 grms. of different organs of animals which had been submitted to the continued action of arsenite of soda :

|                 | Bulldog having taken during 34 days increasing doses from 0·005 grms. to 0·150 grms. daily. Still apparently healthy. | Rabbit weighing 1700 grms., which took for 15 days increasing doses from 0·005 grms. to 0·05 grms. Died on the 15th day. | Terrier having taken during 32 days increasing doses from 0·005 grms. to 0·06 grms. Killed by bleeding to death. |
|-----------------|---|--|--|
| Muscle . . .    | 0·00025   | Very feeble ring   | 0·00210  |
| Liver . . .     | 0·00271   | Feeble ring  | Imperceptible  |
| Brain . . .     | 0·00885   | 0·00594  | 0·00422  |
| Spinal marrow . | 0·00933   | Enormous ring  | Thick ring   |

§ "Researches on the Chemical Constitution of the Brain." *Privy Council Reports*, 1874, Appendix, p. 113.

the production by *Arsenic* of such a variety of nervous symptoms and its great value also in the treatment of the various neuroses, including those of the skin. In a recent number of the *Practitioner*\* Dr. Allbutt relates several interesting cases of skin disease treated by *Arsenic*, in which he attributes his success simply to the fact, that the cases were carefully selected as being neurotic in their origin. More important still, however, is the explanation it affords of the powerful influence exerted by *Arsenic* upon the functions of nutrition and tissue metamorphosis, functions which are so clearly under the direct control of the nervous system. The effects of *Arsenic* upon the Styrian peasants and the Vienna horses are too well-known to need repetition here, but I will direct your attention for a few moments to its effects upon the production of urea and its elimination from the system, a point which I think we shall find to have an important bearing upon the question of the value of *Arsenic* as a therapeutic agent.

Quaglio† found that after the prolonged administration of *Arsenic*, the quantities of urea, uric acid and chloride of sodium excreted all fell considerably below the normal standard, and that true Bright's disease was finally produced. Schmidt and Stürzwage‡ have shown that the decrease in the quantity of urea and carbonic acid eliminated under the influence of *Arsenic* amounted to from 20 to 40 per. cent.

Lolliot§ found the temperature and the quantity of urea eliminated always diminished under the influence of *Arsenic*. In men this diminution amounted to from 5 to 8 grms. in the 1000 of urine, after the daily administration of 1 egrm. of *Arsenic*. He also confirms Quaglio's observations as to the power of *Arsenic* to produce true Bright's disease after prolonged administration. The following experiment, one of a number given in Lolliot's monograph, shows this effect in a marked manner:—

\* "Influence of the Nervous System and of *Arsenic* upon the Nutrition of the Skin." *Practitioner*, Nov., 1875, p. 321.

† *Allg. Hom. Zeit.*, liii, p. 85.

‡ Moleschott's *Unters.*, vi, 3, p. 259.

§ *Étude Physiologique de l'Arsenic*. Paris, 1868. P. 31.

"Exp. XI (p. 39).—To a medium-sized terrier, gradually increasing doses of *Arsenic* were administered, commencing with one milligramme daily, and amounting at the end of ten days to 20 cgrms., at which dose he was kept till the expiration of two months, when he was killed.

On the seventh day after the commencement of the experiment, albumen was found in the urine, and erythematous eruptions appeared on the skin, especially on the external aspect of the joints; on the surface of these spots the hairs had fallen leaving a bright red surface covered with scales.

Post-mortem examination at the end of two months showed complete fatty degeneration of the kidneys, the tubes, glomerules, and connective tissue being infiltrated with fatty granules. The cells lining the tubuli had in many cases completely broken down, leaving only an opaque detritus mixed with an infinity of fatty drops, whilst in those tubes where the epithelial lining still remained, the latter was extensively infiltrated with fatty granulations.\*

More recently, Fokker,† by a series of carefully conducted experiments shows conclusively that the administration of *Arsenic* causes decrease in the quantity of urea excreted, and increase in weight of the body, these effects being due, in his opinion, to diminution of tissue degradation.‡

\* See also Exp. XII, p. 44, and Exp. XIII, p. 48, loc. cit.

† *Nederl. Tijdschr.*, Sept., 1872, and *Schmidl's Jahrb.*, clviii, p. 16.

‡ Fokker gave 1 cgrm. of *Arsenic* to a dog on five out of eleven days, the dog receiving meanwhile the same quantity and kind of food. The results are seen in the following table:

| Date.    | Flesh.    | Arsenic.  | Urine.   | Urea. |
|----------|-----------|-----------|----------|-------|
| March 20 | 225 grms. | —         | 163 c.c. | 17.98 |
| " 21     | "         | —         | 158 "    | 17.28 |
| " 22     | "         | —         | 152 "    | 17.02 |
| " 24     | "         | 0.01 grm. | 147 "    | 17.05 |
| " 25     | "         | 0.01 "    | 150 "    | 18.60 |
| " 26     | "         | —         | 140 "    | 17.64 |
| " 28     | "         | —         | 143 "    | 18.87 |
| " 29     | "         | 0.01 "    | 150 "    | 18.80 |
| " 30     | "         | 0.01 "    | 154 "    | 18.24 |
| " 31     | "         | 0.01 "    | 150 "    | 17.70 |
| April 1  | "         | —         | 154 "    | 18.13 |

Having placed then this function of poisonous doses of the drug beyond all question we are, I think, in a position to obtain a much more satisfactory idea of the general *modus operandi* of *Arsenic* upon the system, and a portion of its scope in the treatment of skin diseases.

Its action is apparently twofold, neurotic and hæmatic. Its affinity for the tissues composing the large nerve centres affords an adequate explanation of the various neurotic symptoms produced by it, and as I have said before, will account for its beneficial effects in the treatment of what are apparently purely neurotic skin affections, as for instance, pityriasis with violent itching.\*

To the profound changes induced by *Arsenic* in the circulating fluids, we must, however, ascribe the majority of its well known effects. Starting with the imprisonment in the system of urea, its antecedents and its derivatives, all of which are excrementitious and cannot be retained with impunity, and knowing the intimate connection which exists between the function of the skin and that of the kidneys, we are fully prepared for the train of symptoms induced in the skin for these, coupled with its effects upon the system generally, all suggest blood poisoning, the natural result of the presence of effete matter in the circulating fluids. In several recorded cases of death from arsenical poisoning, the end was ushered in by convulsions and coma precisely similar to those seen in uræmic poisoning from true morbus Brightii.

It has been found by several observers that the quantity of urea eliminated varies considerably in different skin affections. In acute eczema, for instance, the quantity is above the normal. In many chronic forms, however, it sinks below the natural standard. Why the urea should be in excess in the former class of cases is not very easy to explain, unless it be that in health the skin is the natural outlet for a certain quantity of the effete nitrogenous matter contained in the system, and that any sudden closure of this mode of egress reacts upon the kidneys. In the other class of cases, however, the reason is obvious.

\* Albatt, loc. cit.

These cases are usually the result, not of external conditions, but of profound systemic disturbance, the natural function of the kidney being imperfectly exercised, the products of the degradation of the nitrogenous constituents of the body are retained in the system, and produce their characteristic effect upon the only other great channel of egress, the skin. It is a significant fact, moreover, that urea has been repeatedly found in the serous contents of the vesicles of eczema.

The inference from these facts is obvious. In the examination of the urine and the estimation of the urea contained in it, we have the key to the fitness of *Arsenic* as the appropriate remedy. If, in cases whose symptoms otherwise correspond to the recorded symptoms of *Arsenic*, we find on examining the urine, the urea persistently below the normal, we have, I am persuaded, in *Arsenic*, the true remedy. I think it probable, moreover, that the so-called purely neurotic skin affections, when submitted to this test will give evidence of a similar mode of production. Whether we shall find on further experiment that small doses of *Arsenic* given in health increase the elimination of urea, I know not, but all experience leads us to expect this result when administered in morbid states. The point is one well worth clearing up.

I have already trespassed so long upon your time that I cannot do more than direct your attention to such scanty information as we possess, of those cases of scaly skin disease where *Arsenic* has proved beneficial. Here, again, however, our clinical records are lamentably deficient in well-authenticated cases. I would, however, refer you to records by Wurmb,\* Yeldham,† Marston,‡ and Lilienthal.§ In pityriasis and the squamous forms of eczema, *Arsenic* is undoubtedly curative. M. M. Duchesne-Duparc and Millet have used it with the greatest success in pityriasis, and Lolliot, speaking of eczema, says:—"After the more

\* "Uses of Arsenic." *Brit. Jour. of Hom.*, iv, p. 354.

† *Brit. Jour. of Hom.*, xxviii, p. 756.

‡ *Monthly Hom. Rev.*, x, p. 364.

§ *Hahnemannian Monthly*, ix, Nos. 1 and 2.

acute inflammatory symptoms have been reduced by means of cataplasms, emollients, &c., *Arsenic* is decidedly the remedy for the subsequent squamous condition.\*

In ichthyosis and pityriasis rubra, on the other hand, *Arsenic* has signally failed. Opinion is still divided as to the value of *Arsenic* in the treatment of psoriasis. On reading carefully the records of treatment, the balance of evidence appears to be in favour of *Arsenic*, but I am more than inclined to doubt the homœopathicity of its action, notwithstanding Hale's strong recommendation of the *Iodide of Arsenic* in psoriasis. It appears to me to act simply as a common irritant, more especially as its good effects are obtained equally well by external application of the drug.

I hope, however, to be able to lay before you, at an early date, some cases bearing upon the subject, and by that time, the value of ureometry as a key to the remedy will, I hope, have stood the test of experience.

Of the methods at present existing for the quantitative estimation of the urea in urine, the simpler ones are only so far accurate as to give approximate results, whilst the more exact methods are far too complex and tedious to be of practical value to the physician. The method of Hüfnert of estimating the urea by means of a solution of hypobromite of soda is, on the whole, the best, and the modification of it proposed by Messrs. Russell and West† is certainly the simplest for clinical purposes, but even this leaves much to be desired on the score of accuracy.

With the view of simplifying the process of ureometry to the greatest extent consistent with the requisite degree of accuracy, I have devised the apparatus represented in the accompanying woodcut. It consists of two graduated tubes, a large one, A, of about 100 c.c. capacity, and a smaller one, B, of about 15 c.c. capacity, both tubes are fitted with perforated india-rubber corks, through which pass the wide tube, C, provided with a glass stopcock, and drawn to a fine point at its lower extremity, and the

\* Loc. cit., p. 84.

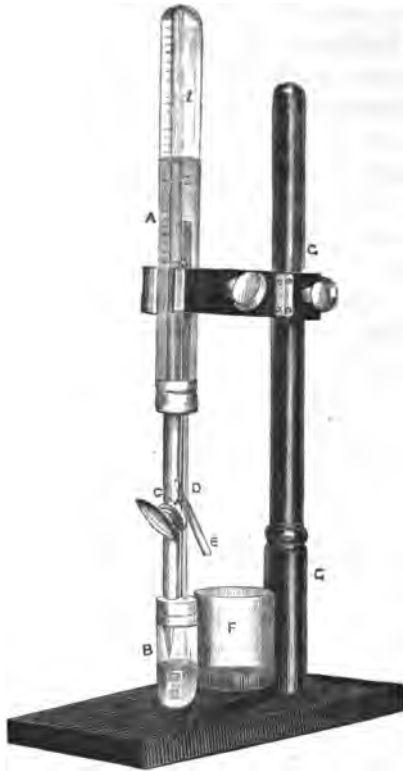
† *Journal f. Prakt. Chemie*, N. F., iii, p. 1.

‡ *Journal of Chemical Society*, N. S., xii, p.



518 *Value of Arsenic in Scaly Skin Eruptions,*

narrow tube, *D*, which ascends about half way into the graduated tube, *A*. *E* is a short, open tube communicating with it, and allowing the superfluous contents of *A* to flow out into the beaker, *F*. The whole apparatus is supported by the wooden stand, *GG*.



In using the apparatus 5 c.c. of the urine to be tested are put into the tube *B*, and *A* is filled with a solution of hypobromite of soda; on opening the stopcock the contents of *A* descend and give rise to a brisk effervescence in *B*. The gases evolved rise through the tube *D*, and are collected in *A*. The superfluous hypobromite solution flows into the beaker, *F*, and may be used again. When effervescence has nearly ceased the operation is completed

by placing the finger over the end of the tube, *x*, removing the apparatus from the stand, *g*, and agitating for a few moments. After time has been allowed for the froth to subside, the quantity of gas in the tube, *a*, is read off. After allowing for the small quantity of air contained in *b* at the commencement of the operation, the nitrogen remaining in *a* gives, by means of a simple calculation, the quantity of urea contained in the urine. In order to simplify the operation still further, however, the tube is graduated so as to give, without calculation, the actual number of parts per cent. of urea contained in the urine.

Where the urine is supposed to be very rich in urea, it is diluted with an equal bulk of water, and 5 c.c. of the mixture are used; the numbers obtained are multiplied by two.

#### *Discussion on Dr. J. G. Blackley's paper.*

Dr. EDWARD BLAKE, in remarking on Dr. Blackley's paper, said that much as he was pleased by the evidence of painstaking thought therein displayed, much as he might admire the ingenuity of the urea theory, he considered a better solution to be afforded by the modern pathological view so ably supported by Drs. Tilbury Fox and Rindfleisch, that many eruptions are analogous to catarrhal inflammations of the mucous membranes—that they constitute, in fact, true catarrh of the dermis. And it is because of the powerful influence that *Arsenic* exerts over catarrhal inflammations generally that we find it successful in those diseases of the skin bearing the eczematous characters of infiltration, exudation, scabbing, and burning heat or itching. These have rejoiced, according to their degree, in the various titles of erythema, impetigo, lichen, eczema impetiginodes, &c., but are now gathered together by the recent dermatologists under the generic title of eczema. He did not deny that *Arsenic* might cure by dint of its neurotic action, as the symmetry of many eczematata pointed to a neurotic origin; and they knew from hay-fever that mucous catarrhs might in their turn be also neurotic. It is interesting to trace out that the preceding piece of pathology is supported by homœopathic clinical experience. The remedies for catarrh, *Arsenic*, *Dulcamara*, *Mercury*, *Kali bich.* and *Hydriod.*, and *Sulphur*, are indeed essentially the remedies for these cutaneous affections. If the disease commence in the glandular dermic structures, one of the four latter remedies will be probably indicated, if in the interglandular papillary spaces, then one of the two earlier medicines.

Dr. BAYES, said that he was much interested in Dr. Blackley's views as to the relation of an excess of urea in the urine of patients suffering from eczema. He (Dr. Bayes) once had a patient who lived in the west of England, and who, whenever she was at home got eczema in the hands especially, but who got well as soon as she went to Malvern or to Weymouth. A local cause was thus clearly shown, and this was found in the drinking water, which was excessively hard. This patient's urine always became loaded when she was at her own house. By using none but rain water, she became cured under a course of medicine. *Cantharis* 3 was always of great service to her, and as the urine became more natural, the excessive burning irritation of the eruption ceased. Dr. Bayes did not believe in *Arsenic* as a specific in skin disease, but provided the other pathogenetic symptoms of *Arsenic* were present, especially where the tongue was dry and very red, showing great irritation of the mucous membrane, *Arsenicum* 6, or higher, would do good. When intense burning is present he (Dr. Bayes) has found *Rhus Venenata* 3 or 3<sup>x</sup> of the greatest use. Other remedies, such as the *Sulphate of Potash* 6, are also very useful, as also is the *Bichromate of Potash* 3, but the selection of the remedy must be made in exact accordance with the symptoms. In addition to medicines, soothing applications should be made to the skin. His (Dr. Bayes's) favourite application is a bath containing a decoction of linseed. He related a case in which an old gentleman, over eighty years of age, had been wholly cured of a gouty eczema covering him from head to foot, by a treatment based on the above indications.

Dr. YELDHAM, in rising to thank the author for his very interesting paper, said he would reserve any remarks he might have to make on the therapeutic virtues of *Arsenic* in skin diseases until Dr. Blackley read his promised paper on that subject. He would, however, add that he could not agree with the author in what he said about the frequent and lamentable failures of homœopathy in the treatment of skin diseases. On the contrary, he (Dr. Yeldham) had found that when the right remedy was given in the right dose, most of these diseases were very amenable to treatment. *Belladonna*, for example, was an admirable medicine in some cases of acute eczema, when given in from three to five drop doses of the mother tincture, three times a-day, whilst, in the dilutions it had but little effect, or failed altogether. He related a striking instance of the curative action of large doses of *Belladonna* in a chronic and most aggravated case of eczema of the hands and wrists that had resisted much previous treatment both allopathic and homœopathic.

Dr. WOLSTON said, though his question was rather aside from the interesting and suggestive paper of Dr. Blackley upon *Arsenic* in scaly skin diseases, that he should like to ask Dr. Yeldham upon what principle he conceived the somewhat mas-

sive doses of *Belladonna* that he had found so useful in eczema acted. Was it as a vaso-stimulant, and thus improving the nutrition of the skin, or was it a sedative allaying irritation and causing sleep and thus improving the general health? His special reason for asking this question was that he had lately read a paper by Dr. Clifford Albutt, of Leeds, strongly advocating the use of sedatives in irritable skin diseases. Many of the cures given were most striking, and the theory of cure was that sedatives by simply removing sleeplessness take away the cause of much constitutional depression, and prevent scratching, by means of which the general health is improved, and a natural cure, so to speak, is induced. He (Dr. Wolston) himself had certainly found *Hydrate of Chloral* of great service in the treatment of eczema. He remarked that, apart from its sedative action on the nervous system, *Chloral* had a very marked action on the skin itself of a decidedly urticarious kind, and thus was truly homœopathic to urticaria. He had also found that one of the best topical applications in eczema was *Chloral* dissolved in *Glycerine*.

Dr. YELDHAM intimated that he had no theory to explain the curative effect of *Belladonna* beyond that of its well-known action on the skin. He did not think it acted as a sedative.

Dr. COOPER regretted not being in time to hear Dr. Blackley's paper. He was surprised to find the previous speakers expressing themselves so strongly in favour of the use of *Arsenic* in the moist eruptions; for himself, he had found it of greatest service in dry, scaly varieties of skin affections. In moist eruptions, and also in the treatment of obstinate ulcers of the leg, he had found a lotion of common whiting and water of great use; *Castor oil*, too, laid on upon cloths possesses decided soothing properties, and is invaluable in the treatment of the intertrigo of infants. *Belladonna* seems to possess a controlling power over the glands of the skin; Dr. Sydney Ringer has given some extremely decisive experiments, in his last edition, showing its powers of lessening, and even preventing all discharge from eczematous surfaces, and as confirmatory of this, Dr. Yeldham's case is very positive.

Dr. JAMES JONES said he had taken *Arsenicum* 3 drop doses for six weeks four times a day; the result of which was, that he lost flesh, had some acidity and heat at stomach, thirst, and two patches of squamous eruption, over the external malleolus; which eruption he now has (the proving took place about ten years since), the skin is darker than that of the other part of the body, and occasionally itches. Dr. Jones also related a case of acute eczema, which covered the whole body, except the face and hands, in a lady, who had been under many homœopathic practitioners, amongst others Wilson, of Brook Street, and Dr. J. Kidd. She did not get a bit better, she then went to Startin who gave her a mixture of *Mag. carb.*, *Mag. sulph.*, and *Tart. emetic*, the

patient was cured in six weeks. Dr. Jones believes that *Tart. emetic* is not sufficiently used in eczema.

Dr. BLACKLEY, in reply, after thanking the members present for the very kind manner in which they had received his paper, regretted that want of time had prevented his doing more than barely allude to the more practical aspects of the question. Under the circumstances, therefore, instead of replying seriatim to the very interesting remarks which had fallen from the lips of those who had spoken, and more especially as the hour was so far advanced he willingly took up the gauntlet thrown down by Dr. Carfrae, and had much pleasure in promising them a paper in continuance of the same subject for the next session.

### LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management, in presenting the Twenty-sixth Annual Report of the London Homœopathic Hospital to its Governors and Subscribers, cannot but congratulate them on the generally improved state of the Hospital, and of the internal arrangements. Some alterations are still in progress, and are being executed from the plans of Mr. Pite the architect, our colleague, whose services are now, as formerly, entirely gratuitous. When completed there will be little left to desire in a sanatory point of view.

The number of In-Patients treated during 1874 was 428; in the last year 395. In 1874 the Out-patients numbered 7129; in 1875, 6696,—a diminution of Out-patients of 433. The attendances of Out-patients are limited solely by the staff prepared to treat them, and the long illness of Dr. Wardale last year seriously affected the numbers attending on the days of the week when he should have been on duty.

The Balance at the Bankers on the first of January, 1875, was £461 10s. 10d., and when the Balance Sheet is before you, you will see that the total expenditure of the Hospital during the past year on account of Income was £3108 0s. 7d., against £3209 5s. 8d. in 1874. Of this amount £170 13s. 9d. was expended in repairs. As, however, £400 had to be deducted from the expenditure of 1874 for repairs and alterations, it follows that the real expenses, irrespective of repairs, were in excess of 1874 by £130, a sum almost entirely disbursed on provisions.

Turning to Income, it appears that the sum of £91 8s. 6d. has been further received on account of the Bazaar of 1874, making the total amount of Bazaar receipts to the end of 1875, £2010 17s. 7d.; excluding from the receipts of Income both in 1874 and 1875 the amounts received on account of the Bazaar, it would appear that the Income of 1875 reached £2612 1s. 7d.

against £2116 12s. 7d. in 1874; the difference, £495 9s. 0d.; was thus made up:—increased donation from the Hospital Sunday Fund of £180, the receipt of 1874 being only £117 4s. 8d., whereas that of 1875 was £247 18s. 4d.: then the donations from the Hospital Saturday Fund comprised the distributions of two years, amounting to £96 12s. 7d.; from the Nursing Fund we had an increase of £20, being £180 during 1875, against £160 in the previous year. The Donations show an increase of £265, being £487 in 1875, against £222 in 1874. The Subscriptions and Registration Fees alone show a diminution in 1875 as compared with those of 1874, the former being £8 less, the latter (the Registration Fees) £20, variations which from time to time will occur. Of the Donations £100 has been invested in Consols, and £181 in furniture.

It will thus be seen that the Income of the Hospital has not been during 1875 equal to the Expenditure by £504 11s. 6d., being—Income £2708 10s. 1d., Expenditure £3108 0s. 7d., and £100 invested, and consequently a Balance was due to our Treasurer and Bankers on the 31st December of £228 5s. 0d. Although a matter of satisfaction that the Subscriptions have so nearly maintained the amount of preceding years, it will be clear to all that but for the increased Donations the deficit would have been more serious, and the Board take occasion to press earnestly on the Governors, and Subscribers to the Hospital to obtain fresh aid from their friends. The Hospital can hardly be in a safe condition until the subscription list be doubled.

|                                    |                          |
|------------------------------------|--------------------------|
| £4327 : 13 : 4 Consols             | at cost of £4007 : 9 : 0 |
| 4757 : 17 : 10 New Three Per Cents | " 4352 : 12 : 11         |
| £9085 : 11 : 2                     | £8360 : 1 : 11           |

The Board have conveyed, on the part of the Governors and Subscribers, their sincere thanks to the various donors for their continued kindness during the past year. Amongst these donations were those of Mr. and Mrs. Jones Gibb of £50; the Misses Smith, £50; W. H., per T. F. M. Ingall, Esq., £50; Friends of Mrs. Cockburn (our respected Hospital Dispenser), £52 10s. 0d.; The Duchess of Grafton, £21; and others whose names are too numerous to be mentioned in a brief report. The Board have intentionally used the word "continued," as many of these donors have before given largely to the Hospital, and the donations have been spontaneous. The Board desire here also to thank most cordially the thoughtful contributors in kind to the needs of the Hospital:—Old linen (always needed) from Lady Dunmore, the Rev. Mr. Brown, Miss Loring, Miss Florence Knox, and Mrs. Rutherford Russell; from Lady Ebury and Lady Dunmore, evergreens; from Mrs. Ripley, flowers, and a weekly supply of the same from the Honourable Mrs. Holland;

from Mrs. Drury, a perambulator; from Mr. Justice Kinderaley, a bed rest, water and air pillows, etc.; from Miss Pope, of Sloane Street, an air pillow and dressing gown; a handsome screen from Mrs. Challis; another from Miss Barton, from whom also we had sralet blankets for all the beds in the Hospital, a wheel chair, easy chairs, and tables for all the wards: whilst Miss Isabella Barton contributed toys, etc., for the children. The Board cannot here enumerate the various gifts of other friends, but they desire to express their deep gratitude for this considerate succour.

The Board have spoken of the Bazaar of 1874 as yielding, to the close of 1875, £2010 17s. 7d. About £30 or £40 will still have to be added to this.

In the last report the Board mentioned the recent appointment of a Lady Superintendent in lieu of Miss Bendall. This lady, Miss Brew, has most worthily replaced the late Superintendent, and the Board have the testimony from without, in addition to their own constant watchfulness, of the devotion of Miss Brew to her work, of her unremitting care of the patients, and of her thorough knowledge of the arduous duties of her post.

It is still judged expedient by the Medical Council to limit the number of the Internal Medical Staff, and the Board therefore again seek the authority of the Governors and Subscribers to permit them not to fill up at present the vacancy caused by the retirement of Dr. Madden.

There have been several changes in the Medical Staff during the past year. Dr. Wardale, who had been only recently appointed as a Medical Officer in charge of Out-patients, was obliged by illness to desist from his duties for a long period, and finally found it necessary to vacate the appointment. Dr. Ryan, who for several years had filled a similar post with great credit to himself (his unremitting attention to his patients being most marked), found it also necessary from ill health to retire. Dr. Wheeler vacated his position as Medical Officer in charge of Out-patients from increasing demands on his attention from his private practice. To fill these several vacancies the Board of Management have nominated Dr. Buck, Dr. Allshorn, and Dr. Blackley, which latter gentleman had only resigned his position at the Hospital to fill a temporary engagement abroad. These appointments, sanctioned by the Medical Council, will need the confirmation of the Governors and Subscribers this day.

Two changes have occurred in the Internal Staff of the Hospital,—namely, that of Dr. Vaughan Hughes, the late Surgeon, who retired after many years of service, and whose place is filled by Dr. James Jones, many years since House Surgeon to the Hospital, and the confirmation of whose appointment, sanctioned by the Medical Council, will also be sought

from you. The Board have conveyed to Dr. Hughes, on the part of the Governors and Subscribers, their grateful thanks for his constant attention during the period that he held the post of Surgeon.

Finally, Dr. Matheson, who was appointed at the last annual meeting to the post of Physician in charge of the Diseases of Women, resigned that position, and the Board have appointed Dr. Carfrae in his place. An explanation of the latter appointment is necessary. It will be remembered that the Board at the last Annual Meeting referred to some difficulties which had arisen between them and Dr. Quin. The Board at an election, on 4th August, 1874, of a Physician in Charge of the Diseases of Women, when Drs. Burwood and Carfrae contended for the post, had declined to receive the votes of anonymous donors, friends of Dr. Quin, in favour of Dr. Carfrae, believing such votes tendered on behalf of anonymous donors to be, according to the Laws of the Hospital, not valid. The Board were confirmed in this view by the opinion of counsel. But on the representation to them that these votes had been formerly recorded by the Board, and further, on consideration that without the gifts of these anonymous donors the Hospital would hardly have been in existence, it became a question whether a Court of Equity would not have ordered votes so tendered to have been recorded. The Board deemed it right to lay this further view before counsel, whose opinion was that, though the Board had acted in accordance with the strict letter of the laws of the Hospital, Equity would decide in favour of Dr. Quin's view. The Board, therefore, took occasion to notify to Dr. Quin the opinion of counsel, expressing their regret at the unintentional error into which they had been led, and they would have at once placed Dr. Carfrae in the position he would have attained had the votes tendered on behalf of anonymous donors been counted but for a difficulty to which they are about to advert, namely, that, Dr. Matheson who, it will be remembered, was elected at the last Annual Meeting had, according to counsel's opinion, legally received the appointment. This difficulty was fortunately removed by the spontaneous generosity of Dr. Matheson, who, in order to dispense any remains of unpleasantness, resigned the post. It therefore remained only for the Board to install Dr. Carfrae into the post of Physician in Charge of the Diseases of Women. Dr. Carfrae has accepted the post, and is now in office. The Board subjoin the resolution in which they thanked Dr. Matheson for his goodness in pursuing the course he had taken. The resolution, as the Governors and Subscribers will perceive, speaks for itself, and fully records the views of the Board.

"That Dr. Matheson having voluntarily offered to resign his present post as Physician to Diseases of Women at the London Homœopathic Hospital in order to enable the Board to induct



Dr. Carfrae into the office, from which he had been excluded by the rejection of Dr. Quin's votes on the 4th of August, 1874, the Board accept with sincere thanks Dr. Matheson's generous offer, which enables them to perform an act of justice to Dr. Carfrae.

"In accepting the voluntary resignation of his present post, the Board desire to express their sense of the good feeling shown by Dr. Matheson in thus sacrificing his position in furtherance of the interests of the Hospital. The Board further desire to testify their entire satisfaction with the kind attention and skilful care with which Dr. Matheson has treated the patients in his department during the period through which he has so ably filled the post of Physician to Diseases of Women at the Hospital, which they hope he will kindly continue to fill till Dr. Carfrae is prepared to commence his duties. They further hope that Dr. Matheson will not long be severed from his connection with the Hospital."

Whilst regretting deeply, as the Board always have done, that any differences should have arisen, they have pleasure in congratulating the Governors on (they trust) a termination of them, a termination which it is fully hoped will open the door to a return of the good understanding which has existed for so many years between the Board and Dr. Quin, Dr. Hamilton and Mr. Cameron.

The following Members of the Board of Management, Mr. Boodle, Mr. Bulmer, Mr. Pite, Mr. F. Rosher, and Mr. Williams, retire by rotation, and being eligible, offer themselves for re-election. The Board will also solicit your suffrages for three gentlemen who have at the Board's request joined their councils: Dr. Yeldham, who retired some years since from active duty in the Hospital, and who has been from its foundation one of its most earnest friends and supporters; Dr. Bayes, who by his high standing in the profession, and by his extensive acquaintance, will bring support to our cause; and Dr. Pope, who from his position as one of the Editors of the *Monthly Homœopathic Review*, commands the attention of the Homœopathic public. These gentlemen, the Board fully expect, will not only aid them in their deliberations, but will bring moral and material support to the Hospital.

The custom of thanking the Medical Staff for their services is, the Board trust, not merely a custom. The Board desire earnestly to pay their tribute to those gentlemen who have attended so unremittingly to the duties which they have taken on themselves. To such full thanks are due.

Warm thanks are also well merited by the ladies who have so constantly attended in the wards, and kindly administered sympathy to the sick.

Before concluding our Report, it becomes our pleasing duty to record the success of the Lectures in Homœopathy, which

have been delivered in our Hospital during the past two years. These Lectures were instituted under the auspices of the British Homœopathic Society, which appointed a committee to arrange for their delivery. Two courses of Lectures on Homœopathic *Materia Medica* and Therapeutics have been delivered by Dr. Richard Hughes. Other shorter courses of Lectures on subjects connected with the practice of Homœopathy have been delivered by Drs. Hale, Matheson, and Mackechnie, as well as introductory Lectures on the principles of Homœopathy by Drs. Dudgeon and Bayes; and further Lectures are announced by Drs. Drury, James Jones, and Drysdale.

The Board, always believing that in aiding the cause of Homœopathy they were advancing the interests of the Hospital, had great pleasure in forwarding this movement by giving the use of the Board Room to the Lecturers. The Hospital has since its commencement borne on the title page of its Laws the name of "London Homœopathic Hospital and Medical School," and they welcomed with pleasure this revival of Lectures which at an earlier period of its history were delivered within its walls by Drs. Quin, Yeldham, Leadam, Hamilton, and Russell.

The success of the present movement is shown by the fact, that during the present session thirty-two tickets of admission to the courses of Lectures have been sought for by Students and Practitioners of medicine desiring to learn the tenets and practice of our system. It has become a question whether the time may not have arrived when this scheme of Lectures may be consolidated into the nucleus of a School of Homœopathy, thus carrying out the original full intention of the founders of the Hospital.

It has been suggested by those who have been most actively interested in this movement, that the Hospital should co-operate with the British Homœopathic Society in the carrying out of this scheme, which would contemplate the appointment of a Lecturer on *Materia Medica* and Therapeutics, perhaps also of a Lecturer on the Principles and Practice of Homœopathy, and of Clinical Lecturers within the Hospital.

But, above all, it would in such case become our special duty to enlarge the Hospital from its present capacity of sixty-five beds to the full number of one hundred and twenty. This is the lowest number of beds which is required to enable a Hospital to claim that its certificate of Hospital practice shall be recognised by the examining bodies; and it is therefore fair to infer that this number of beds at least will be required to make the Hospital a good Clinical School.

If funds be placed at the disposal of the Board for the carrying out these important new developments, we shall find ourselves able to afford to such Students and Practitioners as desire to add the knowledge of our system to their other acquirements, an opportunity of obtaining a thorough knowledge of

the Theory and Practice of Homœopathy. The very large number and influential position of the families who have elected to follow the Homœopathic method of medical treatment in their households, render it of social, and even of national importance that such a systematic and authoritative method of instruction shall be devised, and carried out, as shall ensure that the Practitioners of Homœopathy shall have the means of obtaining a fair proficiency in its art and science before entering on their professional duties.

It must be borne in mind that the scheme contemplated in the foregoing observations does not profess to establish a new Medical School, but simply to teach a science which is, at present, untaught in any of the Universities or Medical Schools, and which is yet most extensively practised throughout the length and breadth of the United Kingdom.

The carrying out of this new development will necessitate an urgent appeal for hearty support both from the Practitioners of Homœopathy and of those interested in the providing of well-instructed Homœopathic Practitioners for our future; and toward this object, we are happy to say, several sums of money have been already promised.

The Board, in thanking Almighty God for the continuance of support which the Hospital has received during the past year, desire to express their earnest hopes that the Governors and Subscribers will do their utmost to aid the Board by their earnest efforts to uphold and increase the usefulness of the Hospital.

#### *Minutes of the Annual General Meeting.*

THE Annual General Meeting of the Governors and Subscribers was held on Thursday, April 27, 1876, in the Board-room of the Hospital, 52 Great Ormond Street.

The Right Hon. Lord EBURY, Chairman of the Board of Management, presided.

The Rev. the CHAPLAIN having opened the proceedings with prayer.

The Secretary, Mr. G. A. CROSS, read the Notice convening the Meeting, and the Minutes, which were confirmed.

Mr. C. TRUMAN, Official Manager, then read the Twenty-sixth Report of the Board of Management.

The noble CHAIRMAN, in moving the adoption of the Report, said: Ladies and Gentlemen, We are assembled to-day on a very interesting occasion, inasmuch as it is for the purpose of receiving from the Board, whom you entrust with the management of your affairs, an account of the way in which they have transacted the business allotted to them in the management of

the Hospital during the past year. I remember that last year I commenced my observations by stating that I often had had the honour of occupying the position which I again fill to-day, and always with gratification, for the history of this Hospital is now one of continued progress; but I added that I never rose with greater pain in consequence of the differences that had arisen between those who may be considered as the founders of this Hospital and the Board of Management. I will not enter more into that matter now, but it is my intention to recur to it in the course of my remarks. You will have observed, from the Report, that there was a falling off in the number of patients last year as compared with 1874—that is, putting both in-patients and out-patients together, more were treated in the Hospital, and fewer outside. Well, I am glad there were more in-patients, and do not so much care about the decrease in the out-patients—6,696 last year, as compared with 7,129 in 1874—for it is stated as to hospitals generally that the attendance of out-patients is so considerable that not more than half a minute can be allowed to each, and that is not and never will be the case here. What is more material in the Report is, that our income last year was not in such a prosperous condition as before, and at the end of the year we were somewhat in debt, both to the Treasurer and our Bankers. I have no doubt that the circumstances to which I have alluded have tended to alienate some of our friends. We have, unfortunately, not the power of putting on a penny income-tax—(laughter)—but we have three modes of increasing our finances. The first is money, the second more money, and the third more money still—(laughter)—and believing, as we do, that the science of homœopathy tends to alleviate human ills, we should use every endeavour to sustain and advance the homœopathic cause as represented by this Hospital. (Hear, hear.) All here present who were accustomed to hear all that was passing between the Board and Drs. Quin and Hamilton, and Mr. Cameron, will be glad to read the whole account as given in the Report presented to-day, but still I may have the satisfaction of stating that the matter has now, as far as we can foresee, satisfactorily terminated. (Applause.) We (the Board) may not have discharged our duty to the satisfaction of everybody, but we did what seemed to us best to bring the matter to a just and satisfactory termination. (Hear.) I cannot say that it is quite certain that we are restored to the position which we occupied before the differences which occurred between the Board and Dr. Quin and his friends. There are some things which must have created some soreness in the mind of Dr. Quin, but I learn that the differences to which I have alluded no longer exist—(hear, hear)—and I trust that in time, which steals on us with silent tread, we shall return to the former excellent state of feeling which existed amongst us. Then—as to money—it is

extraordinary how great is the power of women in raising money in the cause of charity. (Applause.) There are persons, not only ladies, who give their help with a thoughtful care. We have to thank twenty-one persons for so doing, and how many of these are ladies? Eighteen. (Applause.) So much as to the Report; but I will just say here how very glad I am that our lectures in the hospital have been continued. We have a fund of nearly £10,000, which is a guarantee of our stability; we have got an admirable hospital, and those who have visited it have pronounced most favourably of all its arrangements. In fact, it is as good a hospital, considering the number of its beds, as is to be found anywhere, and I think that the Ambassador of Louis XIV, who lived here formerly, would be rather astonished if he could see the place now. But we must go on advancing, for when we consider the number of the laity of the country who require homœopathic treatment, and the number of medical men who practise it, this hospital does not correspond with that, and needs a wider extension. (Hear, hear.) We can do that by means of lectures, and make this a good medical school. In fact, we must do that. (Hear, hear.) It was formerly said that a man had only to get a book and a box of globules in order to set up as a homœopathic practitioner. (Laughter.) We must wipe out that disgrace. I do not think that the medical practitioners throughout the country have exerted themselves sufficiently in the cause of homœopathy. I have now to move the adoption of the Report. The differences of last year have disappeared, the cloud has shown a silver lining. (Applause.) But there is one thing personal to myself. There seems to have been a sort of half-and-half attempt—I will not say where—to separate the Chairman from the rest of the Board. I beg to say, rather than take the blame off the Chairman and place it on others, that I attended all the meetings but one of the Board meetings for considering the correspondence between Dr. Quin and the Board, and that I adopt the entire responsibility with my colleagues—(applause)—and being perfectly *au fait* of the whole matter from beginning to end, I beg to say that, as far as Lord Ebury is concerned, he is either to be praised or blamed in exactly the same ratio as his colleagues. (Applause.) The Chairman concluded by formally moving the adoption of the Report.

Mr. PHILIP HUGHES, in seconding the resolution, said that in all institutions similar to that there must be fluctuations, and if there were some drawbacks to the success of last year's labours, yet, when they saw an increase in the number of patients and donations, they should give thanks for what they had, and hope that next year would make up for any deficiency. When it was considered that in that Hospital upwards of 126,000 patients had been treated, he thought it was a matter for congratulation that so much good had been done (Hear, hear.) Some pre-

sent might remember when they were glad enough to take refuge in a hired house in Golden Square, and were content to wait until they could obtain a suitable building like the present Hospital, where the desires of all the Subscribers might be carried out effectually. When their fortunes were at a low ebb, Dr. Quin had nobly come forward, bringing in his fifties and hundreds of pounds, until they were able to get their present building, and carry on the Hospital with the success that had attended its operations up to the present time. The Report showed that there should be enlarged teaching and an enlarged number of beds. He thought they should not be intimidated by difficulties—(hear, hear)—but if they desired great things, they should look for the blessing of God, and trust that it would be accomplished. The only question was, where were they to look for funds? When they looked at their list of Subscribers, they saw they were supported by Royalty, by the nobility, and the gentry; but there were many others who could spare their hundreds to the Hospital without sacrifice, and there was no better investment than the alleviation of human suffering. He thought they need only make their wishes thoroughly well known in order to obtain a largely increased support. He begged to second the adoption of the Report, and trusted it would be carried unanimously. (Hear.)

The motion having been carried unanimously,

Dr. BLACKLEY proposed a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, for their services during the past year. He said that, with a perfect Hospital in every respect, and a full subscription list, the report of the Board of Management showed a constant solicitude in the welfare of the Hospital. Thanks to the generosity of one of the members of the Board—aided by others—they present a great addition to the sanitary arrangements of the Hospital. He thought their best thanks were due to all whose names were included in the resolution. (Applause.)

Mr. WYBORN seconded the motion, which was carried.

Mr. J. SLATER, in acknowledging the compliment, said that the Board had conscientiously endeavoured to bring about a satisfactory solution of the recent difficulty, and he trusted they had now succeeded. When he recollected all he had paid for Medical advice under the old system, he thought he now got off very lightly, for it cost him more in two years than it now did in ten—(hear, hear)—and as Dr. Yeldham had made him a strong man under the Homœopathic system, when previously he had been a most wretched one, he thought we must enforce our own doctrines by coming out with a little coin. (Applause.) There were a number of Medical men making large incomes from the practice of Homœopathy who never sent a donation or subscription from a single patient. A man of sense would not

depend on a book and a box of globules, as Lord Ebury had said, but the book and the box of globules, if used intelligently, did save him from calling up a Medical man in the middle of the night.

Dr. YELDHAM then proposed the re-election of the retiring members of the Board of Management—Mr. Boodle (Deputy-Chairman), Mr. Bulmer, Mr. Pite, Mr. F. Rosher, and Mr. Williams, all of whom, he said, were most valuable members of the Board.

Mr. WARREN briefly seconded the resolution, which was carried unanimously.

Mr. BULMER then moved, and Mr. TRUMAN (Official Manager) seconded, the confirmation of the appointment of Dr. Buck, Dr. Allshorn, and Dr. Blackley, to fill up the vacancies on the Medical Staff, which was carried.

Mr. BOODLE next moved the confirmation of the appointment made by the Board, and sanctioned by the Medical Council, of Dr. James Jones (formerly House Surgeon) to the internal Staff of the Hospital, *vice* Dr. Vaughan Hughes retired.

Mr. SLATER seconded the motion, which was carried.

Mr. G. G. HUMPHRIES moved the addition of Dr. Yeldham to the Board of Management, observing that Dr. Yeldham's name was almost an ensign to those who professed homœopathy. (Hear, hear.) Dr. Yeldham has been a zealous officer of the Institution years ago, and was subsequently elected its consulting surgeon—an office which he now filled.

Mr. FREDERICK ROSHER seconded the motion, observing that Dr. Yeldham would prove a most valuable addition to the Board. The motion was carried *nom. con.*

Mr. A. E. CHAMBRÉ next moved the confirmation of the appointment of Dr. Bayes as a member of the Board. To quote from the Report, Dr. Bayes, "by his high standing in the profession, and by his extensive acquaintance, will bring support to our cause," and he would add that the general respect and esteem in which Dr. Bayes was held by the profession, and by all who knew him commended him to the hearty and unanimous support of the meeting.

Mr. CRAMPEN seconded the resolution.

Dr. W. V. DEURY said that, unhappily, that hospital had a number of enemies, and a strong prejudice had existed against it from the commencement. It was greatly to be regretted that anything should be done to increase that feeling. Some years ago it was thought desirable that the Medical Staff should be represented on the Board, and Dr. Bayes took a leading part in that movement: but the Board did not see their way to it, and the proposal was declined. Dr. Bayes afterwards resigned his appointment, but not in consequence of such refusal, although at the time it was supposed it was. There it rested, and the Medical Staff were unwilling to press the matter, hoping that in

time the Board would see the advisability of admitting some of their number to its councils. Then, as a sort of compromise, it was proposed that three of the Medical Staff should be allowed to appear before the Board, and state their views upon giving reasonable notice; but such a proposal could not be entertained, the wonder being how it could have been supposed that the Medical Staff would consent to occupy such a position; and now they heard suddenly that the Board proposed to nominate Medical gentlemen who were not on the Staff—namely, Dr. Bayes and Dr. Pope; the former of whom had retired at a time when he could really have served the Hospital by continuing to see the out-patients in the dispensary, as there was often a difficulty in getting medical men to act. He was himself indifferent as to the course taken, though he felt that the Medical Staff had not been considered in the way that they ought to have been. Entering into the feelings of his colleagues, and thinking of the position of those that would come after him were this precedent established, he joined in protesting against what had been done, and he might also state that the course he adopted had the approval of all the members of the external and internal Staff. Therefore he thought the Board of Management should reconsider the step they had taken. This opinion was shared in by others outside, and, therefore, the Board were bringing in a fresh element of dispute, which was calculated to injure the Hospital by keeping up another sore. When Dr. Bayes, who, he should say, was a personal friend of his, heard of the opposition, he sent in his resignation, but the Board would not accept it. He did not know that the Board were unanimous on this subject, and if not, he should ask those who were not in favour of the proposal to support him. (Hear, hear.) Three of the Medical Staff—Dr. Hale, Dr. Mackechnie, and himself—had sent in a protest against their appointments, but as their wish was that the Hospital should be supported in the best manner, they had made no attempt to get others of the Medical Staff to join in the protest, although they approved of it. As the Board adhered to their resolution notwithstanding the annoyance caused to the Staff, Dr. Hale had sent in his resignation; but Dr. Mackechnie and himself did not wish to embarrass the Board by resorting to this extreme measure. (Hear, hear.) He could only say that if he thought the course he felt it his duty to take would have been the cause of any ill-feeling between himself and Dr. Bayes, with whom he much regretted to have to differ, he would have preferred sending in his own resignation. He had now to move that the appointment of Dr. Bayes as a member of the Board be not confirmed. (Hear, hear.)

Dr. ΜΑΟΚΕΧΝΙΣ seconded the motion, expressing his concurrence in all that had fallen from the previous speaker.

Mr. H. H. ΜΥRDOCH supported Dr. Drury's amendment.



Dr. WYLD said that Dr. Bayes, who was a friend of his own, was a man of the highest culture and attainment, and his accession could not but strengthen any board. He did not think that there was a Homœopathist in England who would not rejoice at the election of Dr. Yeldham, who, from his age, common sense, and position, was pre-eminently entitled to the honour of a seat at the Board. (Hear, hear.) Dr. Bayes, however, was in a different position, for, if he had a seat at the Board, he would be placed over Dr. Mackechnie, who had been with them for twenty-seven years, Dr. Drury, who had been with them for twenty years, and Dr. Hale, whose connection with the Hospital had existed not for so long a period, but, at all events, for seven or eight years. Now, was it just that Dr. Bayes should, by a seat at the Board, be in a position to dictate to these three gentlemen? (Hear, hear.) For himself, he would say that, if he had been honoured with such an invitation to the Board, and his appointment had been memorialised against by Dr. Drury and the other gentlemen, he should have resigned. (Hear, hear.) It was true that Dr. Bayes had sent in his resignation, but was that a reality, or was it not? If it was, Dr. Bayes should have persisted in resigning. (Hear, hear.)

Mr. ALEX. J. ELLIS, F.R.S., said that when the question of giving the whole staff *ex officio* seats at the Board of Management had arisen four years ago, he had been deputed to examine the whole usages of the Hospital in respect to the relations of the Board to the Staff. He found among the "proposed rules" circulated at the dinner at which the Hospital was founded, one which forbade any medical man to be on the Board, but in the original laws which were afterwards passed, this restriction was abandoned, and was replaced by another forbidding any *Member of the Staff* to be on the Board during his tenure of office. Clearly, therefore, the original intention of the founders of the Hospital was that medical men in general should not be restricted from joining the Board, but that Members of the Staff in particular ought *not* to have a seat there. The Staff necessarily form the most vital element of a Hospital, for without them no Hospital could exist. But they of course constitute the executive, and should, therefore, not form part of the governing body, representing the subscribers to the Hospital. If this objection applied to the whole Staff, it was still stronger as applied to individual members of the Staff. Practically the "proposed rule" had been carried out up to last year, and no medical man, whether a member of the Staff or otherwise, had ever sat on the Board. But last October the Board felt that many matters might arise in which the help of Medical experience on points external to the Hospital would be of importance. They, therefore, passed a resolution to ask certain Medical men to join them who were not "active" members of the Medical Staff.

A VOICE : Dr. Yeldham is a member of the Staff.

Mr. ELLIS : Dr. Yeldham has retired from active duties in the Hospital, and does not see ordinary patients there.

Dr. DRURY : I am very glad to say that Dr. Yeldham is still a very useful member of the Medical Staff. (Applause.)

Mr. ELLIS continued to say that the Board had selected these gentlemen as men of influence and experience, who would give them their assistance on points external to the Hospital, and who were not active members of the Medical Staff. Dr. Yeldham was not an active member of the Staff in the meaning of the Board, when they used those words. If Dr. Drury were no longer a member of the Staff, he for one would be most happy to see him a member of the Board—(hear, hear)—and he might say the same as regarded Dr. Mackechnie; but they could not put those gentlemen on the Board without the possibility of causing offence to the other members of the Staff, and that might be an act of injustice. (Hear, hear.) There was no slight whatever put upon old and tried friends by thus apparently passing them by. They were still, he was happy to say, very active members of the Medical Staff, and as such were excluded from election to the Board by the same spirit which had animated the Founders. But the appointment of other Medical men had been expressly *not* excluded, as shown by the original when contrasted with the proposed rule. According, indeed, to the letter of the laws as now existing, there is no obligation on the Board to exclude even the active Medical Staff. Yet, as the Board had never thought of proposing the election of an active member of the Staff on to their body, the omission of such a restriction from the laws as revised when the Hospital was moved from Golden Square to its present site, was clearly accidental. It was possibly overlooked when an additional restriction was inserted, excluding those who supplied goods to the Hospital. At any rate the restriction was so wise, and accorded so thoroughly with the intentions of the Founders, that nothing but the decision of a special general meeting would justify the Board in setting it aside. When Dr. Bayes found there was this feeling entertained against him by three members of the Staff—one of whom had resigned—he at once tendered his own resignation; but as the Annual Meeting was so near, the Board refused to accept it, in order that the question of the confirmation of Dr. Bayes' appointment might come before that Meeting, and an authoritative expression of opinion be elicited.

Dr. CARFRAE reminded the meeting that there was already in existence a Medical Council to advise the Board on things Medical, and if these gentlemen (Dr. Bayes and Dr. Pope) were appointed, he would propose that the Medical Council should be abolished.

Mr. PIRE felt that, on an occasion of that kind, they ought to be very explicit. It was suggested that there was some

division of opinion in the Board on the subject: but that he denied, and he had himself given his adhesion to the proposal. The Board had acted in the best interests of the Hospital; they had not invidiously passed over any one, and if they were to do anything to grieve such kind friends as Dr. Drury and Dr. Mackechnie, it would be a grievance to the Board themselves. As to the suggestion of Dr. Carfrae, to abolish the Medical Council, they might as well break up the Hospital. The Board wanted not the counsel of the Medical Staff, but the sympathy of the breadth of the Medical profession. They felt they needed the sympathetic counsel and advice of gentlemen like Dr. Bayes and others of influence, and had made these appointments entirely in the interests of the Hospital, and not to pass over the valuable services, which they fully appreciated, of the members of the Staff, even if they had the power, which they had not, to bring into the governing body those who were to be governed; and, moreover, they could not expect that gentlemen who were actively engaged on the Medical Staff would, in addition to their work in the Hospital and their private practice, be enabled to devote their time to the Board meetings. He would only add that the experience of the past three months had fully justified the wisdom of the course that had been adopted. (Hear, hear.)

Mr. CHARLES J. EDWARDS observed that, if the Board really desired to avail themselves of the services of the Medical Staff at their meetings, why could they not call a meeting and abrogate the rule applicable in such a case? He had every confidence in the Board, but he felt very much for Dr. Drury and his colleagues; so he would suggest that, as the question was a delicate one, it should be referred back to the Board, and that they should not come to an open vote on it. (Hear, hear.)

Dr. HALE said that having no personal interest to serve and no ambition to gratify, holding now an independent position, being no longer a member of the Staff, what he had to say was wholly and solely in the interests of the Hospital. The charges he had to make against the Board were—1st. Passing two medical outsiders over the heads of Drs. Mackechnie and Drury. Dr. Mackechnie, who had served the Hospital for twenty-seven years, Dr. Drury for over twenty years, and the discourteous way in which this was done. 2ndly. Neglecting to convene a meeting of the Medical Council before making the recent appointments. 3rdly. Contended against the principle of the Official Manager voting at the Board, and that he (Dr. Hale) had studiously abstained from communicating with the Board, not wishing to have such communication filtered through the mind of an Official Manager. He complained that there had been a great deal too much of a hole-and-corner influence exercised on the part of certain persons which was injurious to the interests of the Hospital, and, lastly, he expressed in strong

terms his regret that the recent act of the Board had not only alienated many of the best friends of the Hospital, but had disturbed that mutual confidence and co-operation which ought to exist between the Board and the Medical Staff.

Mr. SLATER considered it was a large concession to ask three medical men to sit at the Board, and that they had exercised a wise discretion in selecting them from the outside medical profession. It should be remembered that the medical staff had the fullest opportunities for communicating with the Board of Management, who ever desired to adopt their suggestions when possible; but it was about as reasonable for members of the Board of Management to ask to be on the Medical Council as for the members of the Medical Staff to be on the Board. As a commercial man he had never met with such jealousy, even in matters of higher moment than this, and he was surprised to find such jealousy existing in the medical profession, composed of men of the highest education. (Hear.) He for one could not stand up in a meeting and state that he admired and esteemed a man; and thought so much of him, and yet was going to oppose his election on the very Board that had been found so much fault with for not having members of the profession among its numbers. He very well remembered three years ago, when it was asserted that in Birmingham medical men were on the Board of the Hospital there, and that it answered well: now it so happened he had to pay a visit to that town, and met at a friend's house the very physician whose name had been mentioned. He told him the pressure that was being applied to us, and asked him frankly to say, if he would, what he thought of the matter. His reply was that it was true they were on the Board of Management, but hardly one of them ever attended the meetings, and the speaker had his authority to say so. Now, however, our Medical Staff can no longer debate that subject on that line; they take exception to the gentlemen we have selected, and I am surprised these appointments have been opposed at this meeting in such a small spirit, and without previous notice. At any rate, the Board were quite unanimous in their views on the subject, and trust that gentlemen of Dr. Drury's reputation will not now continue a discussion that can only result in harm to the Hospital. (Hear, hear.)

The discussion having closed,

The noble CHAIRMAN said he would now put Dr. Drury's amendment, "That the appointment of Dr. Bayes to a seat at the Board be not confirmed."

Mr. EDWARDS here handed in another amendment, to the effect that the matter should be referred back to the Board for further consideration, but

The noble CHAIRMAN declined to receive it, on the ground that it was out of order, and could not be entertained.

A show of hands was then taken, when 10 were in favour of

Dr. Drury's amendment, and 17 against it, so that the amendment was not, and the election was confirmed.

Mr. ELLIS then said that after the discussion that had taken place on the general question he would confine himself to simply proposing the confirmation of the election of Dr. Pope to the Board of Management.

Dr. DUBOIS had much pleasure in seconding the motion. Four years ago he had endeavoured to persuade the Board of Management to add some medical men to their body, and he thought that those medical members of the Board might be most appropriately taken from the Hospital Staff. But at that time the Board of Management, though they did not convince him by their arguments, satisfied him that they possessed the power to exclude members of the Staff from being put on the Board of Management. When he heard that they had resolved to appoint medical men to seats on the Board, and that the men they had selected were such eminently representative men as Drs. Yeldham, Bayes, and Pope, he felt satisfied that the Board had done the next best thing to admitting members of the Medical Staff of the Hospital, and he thought that the Medical Staff, in place of opposing the choice of the Board, should feel pleased that the medical profession was to be represented on the Board of Management. As long as they were on active duty as officers of the Hospital they were ineligible; but when, like Dr. Yeldham, they retired from the active Medical Staff, they might hope to be put on the Board of Management. He felt that the Board of Management, by admitting those members of the medical profession among them, had conceded as far as they could to the wishes he and his colleagues had expressed on a former occasion, and that thus the cause of truth, justice, morality, and so forth, he meant the cause he had previously advocated—(laughter) had triumphed.

Mr. MURDOCK thought it was not desirable that a question involving a principle such as this should be settled at so small a meeting, and would, therefore, suggest that the views of the subscribers generally should be taken.

Dr. DRURY said that if the Board had consulted the Medical Council, and it had been left to them to recommend the proper persons to be on the Board, the whole difficulty would have been avoided. As to himself, he had no wish to be on the Board, but he would have desired to see two or three of his colleagues on it. It was said that the Medical Staff had full access to the Board through the Official Manager, who certainly always met them in the most courteous way—(hear, hear); but if Mr. Trueman differed from the views of the Medical Staff, he possibly might not enforce them on the Board of Management, as they would if they were before them.

Mr. ALEX. J. ELLIS, in reply to the observations made on his proposal to confirm the election of Dr. Pope, said that the Board

has always been ready to see any individual member of the Staff who wished to make any communication or suggestion to the Board directly, but, in point of fact, such a case had seldom if ever occurred within his own experience. The formality of a deputation from the Staff was to meet the case of the Staff's wishing to communicate as a body with the Board by word of mouth, instead of, as usual, by writing only. But the Staff had not been recognised by the laws of the Hospital as a committee which could, as a body, communicate with the Board, and hence no machinery had been devised for that purpose. In point of fact, however, the members of the Staff were wholly, or in great part, members of the Council, and had the means of independent communication with the Board. The most convenient usual channel was, however, through the Official Manager, who was by the law in that case made and provided, one of the Board appointed to undertake the management of the Hospital in the name of the Board between its sittings, and to report to the Board accordingly. His appointment, in fact, made the Board continuous, instead of only lasting for one day in each month, but the Board retained full power of approving or reversing his decisions. He was not able to "enforce" any views on the Board, he could merely report and express an opinion on them. Now, as to the medical men whom the Board had asked to join them, and who had kindly consented to do so. It did not lie within the functions of the Council to make such appointments, or even to decide upon their fitness. That could only be done by the Board itself at first, after ascertaining that such gentlemen would undertake the work—no little thing for them to do, and showing great interest in the Hospital; and secondly, by the Governors and Subscribers in Annual Meeting assembled. These had to-day already confirmed two of these appointments. In respect to the third, that of Dr. Pope, there could be no question at all as to the desirability of having him on the Board, if any medical men were to be admitted—a principle which the meeting had practically affirmed by the last vote. Although Dr. Pope had never been a member of the Staff, he had more than once officially inspected the Hospital, and was not only thoroughly well acquainted with every detail respecting it, but thoroughly well qualified to judge of what was necessary for its effective condition. As a most valuable accession to the strength of the Board, he therefore trusted that the election of Dr. Pope would be confirmed.

Dr. HALE remarked that Mr. Ellis had appealed to the fundamental law excluding the Medical Staff from the Board, but in making the best possible election in the person of Dr. Yeldham the Board had infringed the fundamental law, Dr. Yeldham being *ipso facto* a member of the Staff.

Dr. MACKROHNIE wished to draw the attention of the Meeting to a paragraph in the *Monthly Homœopathic Review*, of which

Dr. Pope was one of the editors. It appeared in page 759 of the number of that Journal for December, 1869. It was as follows:—"It is with much regret that we have to announce the recent retirement of Dr. Madden from the editorial staff of our *Review*. Having been appointed one of the physicians in charge of out-patients at the London Homœopathic Hospital, Dr. Madden has felt that his continued connection with the *Review* would impair the independence of the criticism to which so important an institution ought to be subject; he therefore at once apprised his colleagues of his desire to be relieved from all further responsibility in the management of, and all control over the editorial remarks in, the *Review*. While fully appreciating the genuine public spirit which has animated Dr. Madden in so far withdrawing from us, we cannot but regret the necessity of the step he has taken." Dr. Mackechnie would like to know how it happened that a rule which held good in Dr. Madden's case when he came on the Medical Staff should not hold good with Dr. Pope when he came on to the Hospital Board. He believed that he had not resigned his connection with the *Review*.

Dr. HALE said that he quite concurred in Dr. Mackechnie's remarks. He thought that the fact that Dr. Pope was one of the editors of the *Review* ought to have precluded his being placed on the Board. It would be impossible for the acts of the Board to be impartially reviewed while one of the editors of the *Review* was a member of the Board. He had felt this strongly himself recently, for he had intended sending Dr. Pope a letter on the subject before then, but he felt that Dr. Pope would be biassed. He thought that this was a strong reason why the nomination should not be confirmed.

Mr. ELLIS remarked that the two positions, the one on the Medical Staff and the other on the Board, were essentially different, and argued that a rule might be applicable in the one case was not so in the other.

Dr. POPE said, My Lord, I had no intention of taking a part in a discussion so essentially personal as I regret to find this has been to-day. At the same time I cannot sit quietly by and hear myself accused of "bias," "partisanship," and "unfairness" by anticipation, not having given Dr. Hale, or, so far as I know, any one else any ground for such accusations. I protest against them in the strongest possible manner as a gross injustice. With regard to the principle involved in Dr. Madden's retirement, I still think that there are circumstances in which it holds good as a sound principle. At the same time it is not one which ought to be pressed to the detriment of public service. Accordingly this principle has already been abandoned. It was so in the case of Dr. Ryan, who some few years ago came on the Staff when the Hospital was in urgent need of a physician and there was great difficulty in finding a suitable man. On this occasion Dr. Ryan was requested to fill the post, and he

did so to the very great advantage of the Hospital. At the time of his appointment the question of his connection with the *Review* was discussed, and it was felt that if the principle which had been acted upon in Dr. Madden's case were pressed in his, that the Hospital would be deprived of very valuable services. Accordingly he was appointed, as I have already said, to the very great advantage of the Hospital. A better physician, one more regular in his attendance, or more acceptable to the patients this Institution never had. This rule, therefore, I may, my Lord, inform Dr. Mackechnie has been abandoned as one that will not work. That is my answer to him.

The noble CHAIRMAN then put the question that the appointment of Dr. Pope to a seat on the Board be confirmed, and it was carried by a majority of 16 against 8.

Mr. H. R. WILLIAMS then moved a vote of thanks to the Medical Staff and the Lady Visitors. As one of the oldest members of the Board of Management, and speaking from the experience of twenty-five years, he did not think there was any establishment in which such zeal was manifested by its Medical Officers. (Hear, hear.) The utility of the ladies in the management of the Hospital was very great, and their services could not be overrated; so that they deserved to be acknowledged with sincere admiration. (Hear, hear.)

The noble CHAIRMAN said he would claim the privilege of seconding the motion, for he strongly felt how unremitting had been the attention of the Medical Staff in promoting the cause, the great success they had met with, and, consequently, the position in which they had placed the Hospital. (Hear, hear.) He also felt they were greatly indebted to the Lady Visitors. The Board had the assistance of Miss Brew, the Lady Superintendent—who was a most admirable one—(hear, hear)—but still, they could not get on without the assistance of the ladies, who came there, and brought them such acceptable gifts. He could not but say how much he regretted what had passed there that day. The Board entertained the feeling he had expressed for the Medical Staff, but they had acted from a sense of duty, and were extremely sorry that what they had done had not met with the approval of the Medical Staff.

The motion having been carried,

Dr. DEVEY acknowledged the compliment on behalf of the Medical Staff.

Dr. BAYES here took occasion to mention that two lady patients of his, who were well acquainted with hospital work generally, had visited the hospital singly, and had expressed themselves to him as highly gratified with all its arrangements.

The Rev. N. BROMLEY, the Chaplain, then proposed a cordial vote of thanks to Lord Ebury, not only for presiding, but for his work at the Hospital throughout the year, which was carried amidst loud applause.





|   | Cured. | Much Improved. | Improved. | Not Improved. | Dead. | Under Treatment. | Total. |
|---|--------|----------------|-----------|---------------|-------|------------------|--------|
| <b>LOCAL DISEASES—</b>                      |        |                |           |               |       |                  |        |
| <i>a.—Nervous system—</i>                   |        |                |           |               |       |                  |        |
| Brain and its membranes—                    |        |                |           |               |       |                  |        |
| Cerebral softening . . . . .                | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| Cephalalgia . . . . .                       | 1      | 1              | ...       | 1             | ...   | ...              | 3      |
| Spinal cord and its Membranes—              |        |                |           |               |       |                  |        |
| Spinal irritation . . . . .                 | 1      | 2              | ...       | ...           | ...   | ...              | 3      |
| Nerves—                                     |        |                |           |               |       |                  |        |
| Paralysis . . . . .                         | ...    | ...            | 1         | 3             | ...   | ...              | 4      |
| Partial paralysis . . . . .                 | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Diphtheritic paralysis . . . . .            | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Facial paralysis . . . . .                  | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Hemiplegia . . . . .                        | ...    | ...            | ...       | 2             | ...   | ...              | 2      |
| Functional diseases of nervous system—      |        |                |           |               |       |                  |        |
| Chorea . . . . .                            | 2      | 3              | 2         | 1             | ...   | 3                | 11     |
| Hysteria . . . . .                          | 5      | 2              | 2         | 1             | ...   | ...              | 11     |
| Hypochondriasis . . . . .                   | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Sciatica . . . . .                          | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Disorders of intellect . . . . .            | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Dementia—                                   | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| <i>b.—Diseases of the ear—</i>              |        |                |           |               |       |                  |        |
| Otorrhœa . . . . .                          | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Deafness . . . . .                          | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| <i>c.—Diseases of eye—</i>                  |        |                |           |               |       |                  |        |
| Ophthalmia . . . . .                        | 3      | ...            | ...       | ...           | ...   | ...              | 3      |
| Strumous ophthalmia . . . . .               | 2      | ...            | ...       | ...           | ...   | ...              | 2      |
| Conjunctivitis . . . . .                    | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Iritis . . . . .                            | ...    | 2              | ...       | ...           | ...   | ...              | 2      |
| <i>d.—Diseases of the nose—</i>             |        |                |           |               |       |                  |        |
| Ulceration . . . . .                        | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| <i>e.—Diseases of circulatory system—</i>   |        |                |           |               |       |                  |        |
| Heart and its membranes                     |        |                |           |               |       |                  |        |
| Veins—                                      | 1      | 2              | 2         | 2             | 2     | 6                | 15     |
| Varix . . . . .                             | ...    | ...            | ...       | ...           | ...   | 1                | 1      |
| Edema of leg . . . . .                      | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| <i>f.—Diseases of the absorbent system—</i> |        |                |           |               |       |                  |        |
| Inflammation of inguinal glands . . . . .   | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| <i>g.—Diseases of ductless glands—</i>      |        |                |           |               |       |                  |        |
| Exophthalmic bronchocele . . . . .          | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| <i>h.—Diseases of respiratory system—</i>   |        |                |           |               |       |                  |        |
| Coryza                                      |        |                |           |               |       |                  |        |
| Of Larynx—                                  | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Laryngeal catarrh . . . . .                 | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Trachea and bronchi—                        |        |                |           |               |       |                  |        |
| Bronchitis . . . . .                        | 5      | 1              | 2         | ...           | 1     | ...              | 9      |

|   | Cured. | Much Improved. | Improved. | Not Improved. | Dead. | Under Treatment. | Total. |
|---|--------|----------------|-----------|---------------|-------|------------------|--------|
| Bronchitis, acute . . . . .               | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| "    chronic . . . . .                    | 2      | 3              | ...       | ...           | ...   | 1                | 6      |
| Asthma . . . . .                          | ...    | 2              | ...       | ...           | ...   | 1                | 3      |
| Lung—                                     |        |                |           |               |       |                  |        |
| Congestion . . . . .                      | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Pneumonia, acute . . . . .                | 3      | ...            | ...       | ...           | ...   | ...              | 3      |
| Debility following pneumonia . . . . .    | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Broncho-pneumonia . . . . .               | 5      | ...            | ...       | ...           | ...   | ...              | 5      |
| Pleuro-pneumonia . . . . .                | 1      | ...            | ...       | ...           | ...   | 1                | 2      |
| Empyema . . . . .                         | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Hæmoptysis . . . . .                      | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| <i>i.—Digestive system—</i>               |        |                |           |               |       |                  |        |
| Fauces—                                   |        |                |           |               |       |                  |        |
| Tonsillitis . . . . .                     | 5      | ...            | ...       | ...           | ...   | 1                | 6      |
| Stomach—                                  |        |                |           |               |       |                  |        |
| Chronic vomiting . . . . .                | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Chronic gastric catarrh . . . . .         | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Ulcer . . . . .                           | ...    | ...            | ...       | 2             | ...   | ...              | 2      |
| Sub-acute gastritis . . . . .             | 4      | 1              | ...       | ...           | ...   | ...              | 5      |
| Dyspepsia . . . . .                       | 2      | 2              | ...       | ...           | ...   | 1                | 5      |
| Gastrodynia . . . . .                     | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Hæmatemesis . . . . .                     | 1      | 1              | ...       | ...           | ...   | ...              | 2      |
| Intestines—                               |        |                |           |               |       |                  |        |
| Chronic intestinal catarrh . . . . .      | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| Enterodynia . . . . .                     | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Perforation . . . . .                     | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| Chronic dysentery . . . . .               | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Rectum and anus—                          |        |                |           |               |       |                  |        |
| Recto-vesical fistula . . . . .           | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Ulcer of rectum . . . . .                 | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Hæmorrhoids . . . . .                     | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Liver—                                    |        |                |           |               |       |                  |        |
| Congestion . . . . .                      | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Hypertrophy . . . . .                     | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Jaundice . . . . .                        | ...    | 1              | ...       | 1             | ...   | ...              | 2      |
| Hepatic cyst . . . . .                    | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| <i>j.—Urinary system—</i>                 |        |                |           |               |       |                  |        |
| Kidney—                                   |        |                |           |               |       |                  |        |
| Congestion . . . . .                      | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Albuminuria . . . . .                     | ...    | 1              | 1         | 2             | ...   | ...              | 4      |
| Acute desquamative nephritis . . . . .    | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Bladder—                                  |        |                |           |               |       |                  |        |
| Partial paralysis . . . . .               | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Nocturnal incontinence of urine . . . . . | 1      | ...            | ...       | 1             | ...   | ...              | 2      |
| Irritation of bladder . . . . .           | 1      | ...            | 1         | ...           | ...   | 1                | 3      |
| Prostate—                                 |        |                |           |               |       |                  |        |
| Enlargement . . . . .                     | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Male urethra . . . . .                    | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Recto-urethral fistula . . . . .          | ...    | ...            | ...       | 1             | ...   | ...              | 1      |

|  | Cured. | Much Improved. | Improved. | Not Improved. | Dead. | Under Treatment. | Total. |
|--|--------|----------------|-----------|---------------|-------|------------------|--------|
| <i>k.—Generative system—</i>                 |        |                |           |               |       |                  |        |
| Genitalium virilium—                         |        |                |           |               |       |                  |        |
| Orchitis . . . . .                           | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Hæmatocele . . . . .                         | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Locorum vaginalium—                          |        |                |           |               |       |                  |        |
| Ovarian cyst . . . . .                       | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Vaginal congestion . . . . .                 | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Uteri—                                       |        |                |           |               |       |                  |        |
| Congestion . . . . .                         | ...    | ...            | 2         | ...           | ...   | ...              | 2      |
| Inflammation . . . . .                       | 1      | 1              | 4         | ...           | ...   | ...              | 6      |
| Ulceration . . . . .                         | 1      | 2              | 1         | ...           | ...   | ...              | 4      |
| Prolapse . . . . .                           | 1      | ...            | 1         | ...           | ...   | ...              | 2      |
| Procidencia . . . . .                        | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Retroflexion . . . . .                       | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Induration of the cervix . . . . .           | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Pelvic congestion . . . . .                  | ...    | ...            | 1         | ...           | ...   | ...              | 2      |
| Uterine headache . . . . .                   | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| Vitæ Naturalium Actionum—                    |        |                |           |               |       |                  |        |
| Amenorrhœa . . . . .                         | ...    | ...            | ...       | 1             | ...   | 1                | 2      |
| Menstrua exilia . . . . .                    | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| <i>l.—Effects consequent on Parturition—</i> |        |                |           |               |       |                  |        |
| Milk fever . . . . .                         | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| <i>m.—Organs of Locomotion—</i>              |        |                |           |               |       |                  |        |
| Bones—                                       |        |                |           |               |       |                  |        |
| Periostitis . . . . .                        | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Mollities ossium . . . . .                   | ...    | ...            | ...       | ...           | ...   | 1                | 1      |
| Joints—                                      |        |                |           |               |       |                  |        |
| Synovitis . . . . .                          | 1      | ...            | ...       | ...           | ...   | 1                | 2      |
| Bursitis . . . . .                           | 3      | ...            | ...       | ...           | ...   | ...              | 3      |
| Acute gonitis (amputation) . . . . .         | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Spine—                                       |        |                |           |               |       |                  |        |
| Lateral curvature . . . . .                  | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Caries of spine . . . . .                    | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Lumbar abscess . . . . .                     | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Psoas abscess . . . . .                      | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| <i>n.—Cellular Tissue—</i>                   |        |                |           |               |       |                  |        |
| Cellulitis . . . . .                         | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| Abscess . . . . .                            | 9      | 1              | ...       | ...           | ...   | 1                | 11     |
| Tumours—                                     |        |                |           |               |       |                  |        |
| Malignant cervical . . . . .                 | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| Breast (operation) . . . . .                 | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Uterus (fibroid) . . . . .                   | ...    | ...            | ...       | ...           | 1     | ...              | 1      |
| External genitals (malignant) . . . . .      | ...    | ...            | ...       | 1             | ...   | ...              | 1      |
| <i>o.—Cutaneous Tissue—</i>                  |        |                |           |               |       |                  |        |
| Urticaria . . . . .                          | ...    | 1              | ...       | ...           | ...   | ...              | 1      |
| Eczema . . . . .                             | 4      | 4              | 1         | ...           | ...   | ...              | 9      |
| Impetigo . . . . .                           | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Pemphigus . . . . .                          | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
| Rupia syphilitica . . . . .                  | 2      | ...            | ...       | ...           | ...   | ...              | 2      |



*Classified Summary of the Results of Treatment of 395  
In-patients during the year 1875.*

|   | Cured. | Much Improved. | Improved. | Not Improved. | Dead. | Under Treatment. | Total. |
|---|--------|----------------|-----------|---------------|-------|------------------|--------|
| <i>General Diseases—</i>  |        |                |           |               |       |                  |        |
| Section A. . . . .  | 12     | ...            | ...       | ...           | 2     | 1                | 15     |
| " B. . . . .  | 38     | 26             | 18        | 17            | 4     | 12               | 115    |
| <i>Local Diseases—</i>  |        |                |           |               |       |                  |        |
| a.—Nervous system . . . . .   | 10     | 8              | 7         | 12            | 1     | 3                | 41     |
| b.—Eye . . . . .  | 6      | 2              | ...       | ...           | ...   | ...              | 8      |
| c.—Nose . . . . .   | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| d.—Ear . . . . .  | 1      | 1              | ...       | ...           | ...   | ...              | 2      |
| e.—Circulatory system . . . . .   | 1      | 3              | 2         | 2             | 2     | 7                | 17     |
| f.—Absorbent system . . . . .   | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| g.—Ductless glands . . . . .  | ...    | ...            | 1         | ...           | ...   | ...              | 1      |
| h.—Respiratory system . . . . .   | 21     | 6              | 3         | ...           | 2     | 3                | 35     |
| i.—Digestive " . . . . .  | 15     | 8              | 2         | 6             | 2     | 2                | 35     |
| j.—Urinary " . . . . .  | 3      | 3              | 2         | 5             | ...   | 1                | 14     |
| k.—Generative " . . . . .   | 5      | 4              | 15        | 3             | ...   | 1                | 28     |
| l.—Locomotory " . . . . .   | 5      | 1              | ...       | 3             | ...   | 2                | 11     |
| m.—Cellular tissue . . . . .  | 11     | 1              | ...       | 2             | 1     | 3                | 18     |
| n.—Cutaneous " . . . . .  | 21     | 6              | 1         | 3             | ...   | 3                | 34     |
| o.—Conditions not necessarily associated with general and local disease . . . . . | 2      | ...            | ...       | ...           | ...   | ...              | 2      |
| <i>Injuries</i> . . . . .   | 13     | ...            | 1         | ...           | ...   | 2                | 16     |
| <i>Poisons</i> . . . . .  | 1      | ...            | ...       | ...           | ...   | ...              | 1      |
|   | 165    | 69             | 54        | 53            | 14    | 40               | 395    |

RETURN OF PATIENTS DURING THE YEAR 1875.

|  |             |
|--|-------------|
| Out-patients . . . . .                         | 6696        |
| In-patients . . . . .                          | 395         |
| (including 40 patients still under treatment). |             |
| Total . . . . .                                | <u>7091</u> |

## REVIEWS.

*On the Curative Effect of Baths and Waters ; being a Handbook to the Spas of Europe.* By Dr. JULIUS BRAUN, Spa Physician, Rehme-Oeynhausien. Including a Chapter on the Treatment of Phthisis by Baths and Climate, by Dr. RONDON, of Lippspringe. Translated by Dr. H. WEBER. London : Smith, Elder and Co.

DURING the last ten or twelve years many works have issued from the Continental and English press relating to the treatment of disease by mineral waters, with the result of directing medical attention, especially in this country, to such waters as therapeutic agents. Not that mineral waters have not held their ground in medical estimation from ancient times, but late years have unquestionably brought about a greater amount of attention to and recognition of spas and baths as means of cure than for many a year before. There can be no doubt that this recognition of the virtues residing in mineral waters is owing more to German and French writers than to English, and, at first sight, this may be explained by the fact that the British Islands are not so rich in spas as many parts of the Continent of Europe. This explanation does not appear to be a satisfactory one, however. It is certainly true that there are no spas in Britain that are so widely known and so frequented as Vichy, Carlsbad, Wiesbaden, and St. Moritz, but it does not follow that there are not many here the virtues of which are quite equal to those just mentioned,

and which only require to be made known to secure as much celebrity and as much relief to disease.

There is not much difficulty in giving reasons for the comparative neglect with which most of the spas in England and Scotland are treated. We do not believe that the chief of those reasons is that experience has shown them to be less curative now than formerly. It appears to us that the chief reason for their neglect is one which admits of a remedy, and that, were that remedy applied, the result would be good to invalids and good to the mineral water localities. The remedy lies in the medical men and in the community. Each must do their part. It is well known what an impetus was given some years ago to attendance at the spas of the Rhine, by the publication of the 'Bubbles from the Brunnen of Nassau.' It requires only some such work from a medical or lay pen to revive the reputation of many a half-forgotten spa in this country. The virtues of the waters remain, but the world does not know of them. It is our conviction that Buxton, Bath, Moffat, Strathpeffer, Harrogate and Woodhall would soon, as they rival Carlsbad, Vichy, Kreuznach and St. Moritz in the efficacy of their waters, rival them also in the numbers flocking to them, if they were made as attractive to visitors.

Why should not the Continental fashion be adopted in this country of planting the neighbourhood of our spas with avenues and gardens; of cutting paths through surrounding forests and up the slopes of the hills; of engaging good bands of music to play twice or thrice a day; of building kurhauses and pensions upon a large and handsome scale, and regulating the lodging houses so that a tariff of prices may show visitors on what terms they can lodge and board? If this were done, and if the diet of the invalids were under restrictions, as it is at many of the Continental spas, and at most of our hydropathic establishments, there is every reason to believe that our mineral waters would, before long, draw the same crowds of health-seekers that now frequent the most celebrated German ones, and, what is more important, that a large proportion of those crowds would be cured of their diseases.



One of the most important, if not the most important, of these conditions of success appears to us to be attention to diet. At our mineral water resorts there is no regulated plan of diet generally enforced and adopted. Such patients as are under medical control may observe the directions laid down for them by their physician, but a large proportion of water-drinkers are under no kind of diet restrictions, and, even if they were, would find it difficult to attend to them in the hotels they frequent. We have seen at Buxton invalids leading the usual life of the place. They have with the greatest punctuality gone through a certain routine. At certain hours they have bathed, and drunk their quantity of water, and exercised, and at certain other hours they have taken their meals. At the hotel in which we resided the guests sat down to gratify their appetites four times a day, and the table at each meal was spread with an abundance of substantial and fancy fare. Wines, spirits, and malt liquors were supplied to those who ordered them, whether they were patients or not. We particularly took notice of an elderly gentleman who had paid many visits to Buxton, and whose health was by no means good. He had come to benefit himself by drinking the waters and using the baths. His physique showed him to be one who would be readily benefited by Buxton air, if he, while under its influence, practised self-denial and moderation in eating and drinking. But there was no indication of such moderation on his part. He took meat or bacon, or fish or eggs, with his coffee for breakfast: he made a luncheon of meat and bread and cheese, supplementing it with malt liquor: his dinner consisted of soup, fish, butcher's meat, vegetables, tart, beer and sherry: at tea he partook largely of tea and cake. Here was a man who ought to have taken meat only once a day, if at all; who should have practised for a time total abstinence as to stimulating drinks, and whose diet should have consisted chiefly of fruit and vegetables. No wonder it is difficult for our English spas to make a reputation and keep it.

Diet restrictions may, of course, be carried too far, and our author condemns in very unmistakable language some

that are in force at Carlsbad, Tarasp, and many others of the best-known spas. He says :

“The prohibition of vegetable acids, and especially of acid wine, during the use of alkaline water, springs from the period about the end of the seventeenth century, when the chemical nature of the main element of those springs, namely, carbonate of soda, was discovered, without any knowledge being possessed of its physiological importance on the organisation and the change which it experiences on its passage through the body, and, moreover, without any conception of the chemical process of digestion generally. The effervescence and escape of carbonic acid on the mixture of an alkaline carbonate with another acid was the fact which caused physicians strictly to forbid wine and vegetable acids during the use of soda waters, in order that the carbonate of soda might pass from the stomach into the blood undisturbed. The theory on which it rests is as crude as it is false, and is opposed, not merely to all physiological facts, but even to the most general experience, according to which vegetable acids, unless special contra-indications exist, in no wise interfere with the effect of alkaline waters. The carbonate of soda meets with acids in the gastric juices and in the small intestines, which are far stronger than carbonic acid (lactic acid, acetic acid, &c.), and which at once decompose the carbonate of soda and transform it into other salts. Nevertheless, we find it again in the blood and urine as carbonate, just as we meet with it in the ashes of the blood as the result of combustion. The alkaline salts of vegetable acids are, however, found just as much as carbonates in the blood and urine as the alkaline carbonates, if they are taken in abundance, because they undergo the same oxidation in the blood.

“Still more astonishing is it how the prohibition of butter, when taking alkaline mineral waters, could have maintained itself so long, and could have even extended to most other water establishments. Even at the present day, most of the mineral springs emulate Carlsbad in the interdiction of butter, as if to have their share in the weighty authority of this chief of mineral springs. Even at the present day, in

spite of the sober judgment of many intelligent physicians, this prohibition is very generally in force, just because the prejudice has taken fixed root in the public mind as a hereditary maxim. It is a matter of course that in many cases a greasy diet is forbidden; but prohibition of butter does not refer to this, but rather to the chemical relation of the fat of butter to the alkali contained in the mineral waters; a supposed saponification of the alkali with the fat is to be avoided. More is required for saponification than mere contact of butyric acid with alkalies: the digestion of fat, *i.e.* the formation of the alkaline salts of fatty acids, only takes place in the small intestine, after the mineral water has been either long absorbed or long removed from the bowels, or at any rate has reached the large intestine, and all that is not absorbed of the alkali falls under the influence of the bile fat. Moreover, all the fat which is superfluous passes away with the excrements; and lastly, it is only an excess of fat which is pernicious to digestion, whilst a moderate supply of it in the gastric juices accelerates the transformation of proteinaceous substance into peptone, *i.e.* into new and more soluble matter. The exclusion of fat is senseless, for, as we mentioned above with regard to vegetable acids, alkalies combined with fatty acids reappear as carbonates in the blood and urine. The sick person ought in general to be nourished during his course of waters, and his digestion ought to be promoted, and for this fat is requisite."

If this protest of Dr. Braun succeeds in restoring light wines and butter to the bill of fare at the different spa-tables from which it is now excluded, there will be great rejoicing among the water-drinkers and visitors, with whom the prohibition has been a standing grievance, great in proportion to its unreasonableness. But though a fidgety strictness as to the observance of diet rules may be carried too far, it is the better and safer extreme of the two; and till the British spas exact of their invalids something of that strictness they will not succeed in establishing themselves on an equal footing with the Continental ones as therapeutic agents. This can only be done by placing hotels and

boarding houses under the control of the medical men of the place, who would make the heads of those establishments responsible for the proper carrying out of their instructions.

This Handbook of Dr. Braun will prove a useful work to medical men, giving them, as it does, something more than a sketch of the most celebrated of European spas. There is one obvious objection which we are disposed to make to the way in which it is arranged. It is impossible to obtain all the information given of the different spas in this volume in any one part of it. For instance, if we wish to know all that the author has to tell us about Carlsbad we must refer to ten or twelve different places in the work, and the same with regard to nearly all the other spas. It is true that he has a good reason to give for this. It is, that the Carlsbad waters, for instance, have more properties than one, and have a compound chemical constitution, and are useful in more than one class of diseases. Carlsbad, therefore, must be introduced into different parts of the work where these are treated of. Otherwise, the arrangement of the work is good and it is furnished with a good index, and all is said under the different headings that need be said on the virtues of the chief springs of Europe and of their therapeutic indications. In one set of chapters the spas are treated of with reference to their chemical constitution, their history and topography, and the class of patients resorting to them. In other chapters, such diseases are treated of as are benefited by mineral waters, and the spas are mentioned which should be resorted to by invalids suffering from them.

Dr. Braun, though he has devoted a large portion of his life to the study of mineral waters, and though such study has resulted in the conviction that they are of great service in many diseases of a chronic nature, nevertheless admits readily that a large proportion, perhaps the largest proportion, of invalids who resort to them and make use of and benefit by them cannot with good reason attribute the good gained exclusively or sometimes at all to the waters drunk. He believes and acknowledges, and we think justly, that very

often the benefit gained has been gained not from the mineral waters but from the change of scene, the change of climate, the change of food, the novelty of the surroundings, the rest from work, the new habits, the new society, the greater amount of exercise in the open air, the freedom from home and business anxieties and work and cares.

The diseases most benefited by mineral waters he believes to be almost exclusively of a chronic nature, and he warns his readers that the mere fact of the existence of a certain disease, gout for instance, which has been frequently benefited by them, is by no means a sufficient argument in favour of prescribing them in each and every case. Much else besides the disease itself must be taken into account: the age and sex, the constitution, the state of the skin, the existence of complicating diseases, the state of the stomach—some stomachs refusing to digest certain mineral waters—the state of the heart, idiosyncrasy, &c. With these qualifications Dr. Braun believes that the following diseases and conditions are very successfully treated by different spas: impeded convalescence, anæmia, exophthalmic goitre, gout, syphilis, scrofula, metallic poisoning, gravel, rheumatism, the exanthemata, plethora of the abdomen, liver disease, spleen tumours, catarrh of the stomach, intestinal and bronchial catarrh, ulceration of the bowels, phthisis, diabetes, exudations, tumours, bone disease, tabes, and neuroses such as hypochondriasis, hysteria, spinal irritation, neuralgia, epilepsy, chorea, palsy, paralysis, and psychosis. Of skin diseases he says, that wet sheets and bandages are the proper treatment for psoriasis, hours of the warm bath and the cool bath for eczema, all baths for boils, the cold-water treatment for urticaria, pemphigus and local perspirations; and sulphur treatment, not sulphur baths, for acne, prurigo and psoriasis.

As Dr. Braun is spa physician at Rehme Oeynhausien, and as cool or salt baths are the main fact of that place, as they are of Droitwich in this country, and as he has made them his spécialité, it may be well to hear what he has to tell us about each bath.

“The required stimulation of the skin is produced in a

strong sool bath at a lower temperature than in an indifferent bath. Whether, as still remains to be proved, a slight absorption of common salt, which forms an important and constant component part of the blood, may be taken into account in this effect, is very questionable; and the only explanation of the matter at present possible is satisfied with the assumption of a stronger stimulus exercised upon the skin, vessels and nerves by the common salt, an explanation which finds some support in the well-known corrosive effect of concentrated solutions of this substance. In connection with this explanation, there stands the fact that sool baths are more powerful than simple water or alkaline baths in promoting the nutrition of scrofulous children, and in inducing a better circulation and a more healthy condition of the skin." In another place he says, "Sool baths resemble sea baths in their mode of action, but they act more gently. Powerful stimulation and nutrition of the skin and increase of tissue change form the dynamic character of sool baths. From concurring experiments, the effect of sool baths, like that of all baths, predominantly relates to the increased change of non-azotised substances, while, on the contrary, the drinking of sool waters effects rather the change of the azotised." Whether this assertion is not to be classed among theoretical ones rather than among legitimate deductions from observation we are not told. The words "concurring experiments" refer more to the non-azotised substances, it appears to us, than to the azotised. It is more than probable that baths, whether salt ones or other, act very differently on different habits of body, and that it very rarely can be absolutely predicted what their effect in any given case shall be.

The cases benefited by sool baths are chiefly those of scrofula, in Dr. Braun's opinion, but he recommends their use in other diseases, as "skin weakness," chronic exanthemata, neuroses, anæmia, non-scrofulous exudations, gout and rheumatism. He does not settle the question as to the absorption by the skin of the waters of the bath. We rather think that he is incredulous as to that absorption, for he attributes their effect to everything rather than to it.

He tells us that their action is dependent, not so much on any salt that may be absorbed from the water as on the stimulus to the skin which they afford. He attaches more importance to the amount of carbonic acid the water may contain than to the amount of salt in it, especially when the salt water is not bathed in but drunk. As to the action of carbonic acid on the stomach and system he says—

“Carbonic acid, when it is introduced into the stomach, partly produces an effect as a local stimulus on the mucous membrane of the stomach, and partly either as a stimulating or a quieting remedy upon the nerves of the stomach, exciting the peristaltic action of the stomach and bowels, and exercising, when absorbed in a moderate quantity by the veins of the stomach, a transient stimulation of the sensorium, which may be compared to the feeblest amount of the effect of alcohol, and passing away still more rapidly. It has not yet been ascertained what chemical fate the carbonic acid thus introduced into the blood experiences, and how far it influences the chemical processes in the blood. It only exhibits a poisonous effect when it is conveyed direct into the blood, either by injection or by inhalation, or by a great quantity of strongly fermenting liquor, in the latter case by rapid and intense diffusion; while the excess of the gas introduced with gaseous waters is usually removed by the antiperistaltic action of the stomach.”

Dr. Braun, when scrofula is concerned, is not satisfied with prescribing sool baths only, nor with the baths combined with the drinking of sool water. He recommends, in addition, the drinking of Carlsbad waters, and the taking iodine, iodide of potassium or iodide of iron. But he is not contented with the small quantity of iodine contained in mineral waters. That medicine, he insists, must be given in much larger doses. We think Dr. Braun wrong in undervaluing as he does the proportion of what Dr. Madden calls the “characteristic” ingredient of a mineral water, the ingredient, in fact, that stamps the character of the spa, iron, for instance, or iodine, bromine, sulphur, phosphorus, lithia, manganese, strontia or baryta. It has

always appeared to us that such characteristic ingredient it was which the physician took into account in prescribing a spa for an invalid, and that whether he was a man of the old school or the new. He would, for instance, suggest St. Moritz to an anæmic patient, Kreuznach to a scrofulous one, Harrogate to one with chronic eczema, and that in perfect recognition of the fact that the iron, iodine and sulphur in the waters to be drunk and bathed in were only to be found in infinitesimal quantities. In most cases, too, the event justifies the recommendation, for the patient returns from the spa prescribed benefited. But Dr. Braun will not admit that the benefit derived has been the effect of the infinitesimal dose of the iron, iodine or sulphur. He is ready with many arguments in explanation of the cure which do not involve the necessity of believing in the efficacy of infinitesimal agents. He attributes the cure rather to the action of the water of the baths on the skin, to the depurating ingredients of the water drunk, to the change of air, exercise, freedom from care, &c. We cannot help believing that one who has made so close a study of mineral waters as Dr. Braun has done will sooner or later be forced to the conclusion that, to the characteristic ingredient of many of the mineral waters he prescribes, even when that ingredient is detected as "a trace" only, is to be attributed the good done by those waters.

To return to the sool baths. As to the choice of one our author suggests that it should be determined by climate and other considerations, as they are all much alike. They all contain chlorides of sodium, calcium, magnesium and potassium, and, some of them, iodide and bromide of sodium. They can be diluted or strengthened according to circumstances. One of medium strength should contain from two to four per cent. of chlorides. Weak sool baths are to be found at Baden Baden, Homburg, Wiesbaden, Harrogate, Woodhall and Bourbonne. The stronger ones are those of Kreuznach, Kreuth, Hall, Ischl, Bex, Arnstadt, Rehme, Salzungen, Kissingen, Salzhausen and Pymont.

In a class by themselves he places Rehme-Æynhausen



and Rauheim as gaseous thermal sool baths, that is to say, common salt baths highly charged with carbonic acid gas. The latter he asserts increases the value of the bath greatly in certain cases, acting as a stimulant as it does on the mucous membrane and nerves of the gastric and bronchial mucous membranes. It also acts directly on the skin, by which it is absorbed. At slight pressure it is inert, but at strong pressure it may produce serious effects and has done so in many cases; such baths, therefore, must be used with much caution. But, used with the necessary caution, the gaseous thermal sool bath is an agent of much therapeutic efficacy in Dr. Braun's opinion. It combines the soothing and stimulating effects of different kinds of baths, causing very much the same effect as is produced by common sool baths at a high temperature. General nutrition and function are benefited by them rather than specific diseases. Anæmia, for instance, is greatly benefited by them, and scrofula, and many neuroses, retarded convalescence also, and abdominal plethora, gout, rheumatism and skin weakness, and many women's diseases. Their effect is said to be, as formers of blood and improvers of nutrition, something between that of the common sool bath and sea water. "The specific character of a gaseous thermal sool bath is a moderate withdrawal of heat, rendered imperceptible to the senses through the effect of the carbonic acid upon the sensitive nerves of the skin, and combined with the centripetal stimulation of the nerves by means of the carbonic acid."

It is interesting to us to observe Dr. Braun's recommendation of physiological provings of mineral waters and of their different ingredients. After showing that there are, after all, notwithstanding their immense number, not so many different substances in mineral waters, not many more than the following—carbonic acid, sulphuretted hydrogen, sulphuret of sodium, nitrogen, carbonate of soda, sulphate of soda, sulphate of magnesia, chloride of sodium, carbonate and sulphate of protoxide of iron, carbonate of lime, iodine and bromine, he goes on to say that "a truly established system of pharmacodynamics ought, first, to

prove the peculiar effect belonging to each of these substances, and this both on the mucous membrane of the stomach and intestines, as well as on the blood, the tissues, the secretions, and the change of substance; it ought, secondly, with regard to those substances which produce similar effects, which, for example, effect the increase of the secretions in the bowels, to prove in what this similar influence consists, and by what it is especially distinguished in the different remedies; lastly, it ought to compare the clinical experiences respecting the empirical effect of different mineral waters in similar and different cases of illness with the physiological effects mentioned under the first and second headings, and to explain them from these."

What is this but a recommendation of homœopathic practice? Mineral waters, our author suggests, should be proved physiologically, at least the different ingredients they contain should, and their therapeutic virtues studied with reference to each proving. It is curious and interesting to see how the medical mind is at length, at this late hour, unwillingly recognising the fact that, as a soldier or workman should have an intimate acquaintanceship with the weapons he makes use of, so a physician should know something more of the tools he daily handles than that they produce such or such an effect when employed against diseased conditions. It is becoming more and more recognised that it is as important to know what effect a drug will produce on a healthy organisation as on a diseased one. We know what the result of this recognition will be and we can afford to wait for that result. "Learn to labour and to wait" must be our motto; and the waiting will not prove difficult to such as have a strong conviction, as we all should have, that the doctrine of similars as a universal or partial law of medicine must be the issue of the study of physiological provings.

We had wished to say more of Dr. Braun and his book, but this notice of both has extended to greater length than we intended. We shall content ourselves, therefore, with saying that those who wish to be informed about baths and waters and about many other subjects besides could not do

better than purchase and read this handsome volume. In it is to be obtained not only every kind of information relating to mineral waters, but, also, all that it is necessary to know on the subject of every description of bath—sool baths, sea baths, sulphur baths, moor or mud baths, chalybeate and alkaline baths, carbonic acid, pinewood and pine-leaf baths. Milk and whey and grape cures are also treated of, and finally, there is a chapter on the treatment of chronic phthisis by climate and baths.

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*Organon of the Art of Healing*, by SAMUEL HAHNEMANN.  
*Fifth American edition, translated from the fifth German edition, by C. WESSELHOEFT, M.D. Boericke and Tafel, New York, 1876. London, H. Turner and Co.*

THIS is the third English translation of *Hahnemann's Organon*. The first, a translation of the fourth German edition by Mr. Devrient, was published in this country in 1833, and it formed the basis of the first four American editions with additions by the American editor from the fifth German edition.

The second, by Dr. Dudgeon, a translation of the fifth German edition, retaining the interesting examples of homœopathic cures by old-school practitioners which were omitted in the fifth German edition; and furnished with several notes from other works of Hahnemann illustrating the further progress of his doctrines and practice after the publication of the last edition.

The third, the one at present under review, by Dr. Conrad Wesselhoeft, wherein the above-mentioned examples of homœopathic cures by old-school practitioners are, following the fifth German edition, omitted. To our mind this omission rather detracts from the value of the work, and we think Dr. Dudgeon was right in retaining this portion of the previous German editions, as the examples carefully collected by Hahnemann afford a powerful corroboration of the truth of the homœopathic therapeutic law, and are therefore useful to the student of homœopathy.

The titles of the several English editions vary. The first German edition was called *Organon der rationellen Heilkunst*, the subsequent editions *Organon der Heilkunst*. This was rendered in the first English translation *Organon of the Healing Art*, which the American editor changed into *Organon of Homœopathic Medicine*. In Dr. Dudgeon's translation it is *Organon of Medicine*. Dr. Wesselhoeft calls his translation *Organon of the Art of Healing, Healing Art* and *Art of Healing* seem to us a rather archaic rendering of *Heilkunst*; we think *Medicine* infinitely preferable, and more in consonance with modern phraseology.

The notes in Hahnemann's edition are put in their appropriate place at the foot of the page so that they come under the eye of the reader as he peruses the text. This plan was followed by the first English translator, and also by Dr. Dudgeon. But Dr. Wesselhoeft has transposed all the notes and the two final paragraphs of the *Organon* to an appendix, for insufficient reasons as it seems to us. The notes which are explanatory or illustrative of the text would be much more conveniently placed in immediate juxtaposition with the text which they explain and illustrate, and we do not think that a translator is justified in detaching from the text any paragraphs even though in his opinion they have "no bearing on the principles of homœopathy." For Hahnemann himself does not call his work *Organon of Homœopathic Medicine* but *Organon of Medicine*, and if he considers mesmerism to be a part of the *Heilkunst* he teaches, the translator is acting *ultra vires* in omitting the paragraphs relating to it, or in relegating them to an appendix.

Dr. Wesselhoeft has not adopted the literal mode of translation Dr. Dudgeon felt himself bound to observe, and perhaps he is right, if at the same time he did not sacrifice to elegance of construction the precise meaning of his author. But a cursory glance through his translation shows us that in several cases the translation is not so absolutely correct as it might have been. We have no wish to institute a comparison betwixt Dr. Wesselhoeft's and previous translations. His is a completely independent translation and has been done with care and intelligence, but that it

does not always convey the exact meaning of the author is evident to us from a superficial examination.

Thus, in § 15, Dr. Wesselhoeft translates "von der instinktartig fühlenden und ordnenden Lebenskraft"—"from the instinctive feeling and controlling vital force"—he should have said "the instinctively feeling" for feeling is here an adjective relating to "vital force" whereas in Dr. Wesselhoeft's translation it looks like a substantive. Dr. Wesselhoeft has quite missed the meaning of the last clause of § 90, apparently by overlooking the word "hievon." In § 187 Hahnemann says "bloss oder fast bloss" which Dr. Wesselhoeft translates "almost exclusively;" he should have said "exclusively or almost exclusively." § 202. Dr. Wesselhoeft's translation runs: "A case of this kind is then incorrectly defined in popular phrase, by saying that the topical medicine had driven the whole disease back into the system upon the nerves." The literal translation of the passage is "In which case it is commonly but incorrectly said, that the local affection has been driven by the external remedies back into the body or upon the nerves." It will be seen that the meaning of the sentence in the original differs appreciably from that of Dr. Wesselhoeft's translation.

We might multiply such instances of inexact translation, but the specimens we have given will suffice to show that Dr. Wesselhoeft's assertion that his is "a perfectly correct translation," and that he has "avoided old errors as well as new ones," is not altogether justified. The divergencies from the original may be of no great importance, still we should have been better pleased if Dr. Wesselhoeft had not taken any such liberties with his text. Dr. Wesselhoeft's is certainly an improvement on the first English translation and the previous American editions, but it is on the whole less accurate than the second English translation by Dr. Dudgeon. We do not say that the latter is altogether free from some clerical errors; among which we may mention that in the third last line in § 235 the word "pain" is a misprint for "fever," and that a short footnote to § 263 has somehow been omitted. This footnote we now supply.

The reference to it should come after the word "disease" on the fifth line from the top p. 311. It runs as follows: "This is, however, rare. Thus, for instance, in pure inflammatory diseases, where *Aconite* is so indispensable, whose action would be destroyed by partaking of vegetable acids, the desire of the patient is almost always for pure cold water only."

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*British Homœopathic Pharmacopœia.* Published by the British Homœopathic Society. Second edition. London: W. J. Johnson, 1876.

THE first edition of this work, published in 1871, being exhausted, the preparation of a second edition was entrusted by the Society to a committee, of which Dr. Drury was elected convenor, and we may state that the chief labour of bringing out this new edition has fallen upon that gentleman, who has been ably assisted by the homœopathic chemists, Mr. Wybrow and Mr. Franklin Epps. This second edition is not a mere reprint of the first, but much fresh matter has been added. Among the changes that have been made we may mention that the amount of rectified spirit to be used in the preparation of fresh plant tinctures has been recalculated; many new characters and some tests have been added in the case of chemical substances and new formulæ introduced; the botanical characters necessary for the identification of indigenous or naturalised plants have been given, and some necessary information with regard to the solubility of *Sulphur* and *Phosphorus* has been afforded, which will tend to equalise the strength of tinctures prepared from those substances.

On the whole this edition of the *British Homœopathic Pharmacopœia* reflects great credit on Dr. Drury and his assistants, and we have no doubt it will be acknowledged as the authoritative official pharmacopœia by all homœopathic chemists in this country.

The weak point in the work is undoubtedly the foreign synonyms for many of the drugs, which are not, in all cases, as correct as they might have been. On a cursory examination we have met with several errors, which we may here point out. Thus, "Cohlensaures Ammoniak" should be "Kohlensaures;" "Teufel's Treck," "Teufelsdreck;" "Orielle d'Homme," "Oreille;" "Læusebaum," "Läusebaum;" "Saurdorn," "Sauerdorn;" "Camomille commun," "commune;" "Cisten roschen," "Cistenröschen;" "Geflecter Schierling," "Gefleckter;" "Bittersüss," "Bittersüss;" "Eufragra," "Eufragia;" "Springkurke," "Springgurke;" "Rorismarinum," "Rosmarinum;" "Tiger Lillie," "Tigerlilie;" "Lycopodio" (Italian), "Licopodio," there is no y in the Italian alphabet; "Le Laurose," "La Laurose;" "Mohnsaft" is German for opium, but not for white poppy, it should have been "Weisser Mohn." "Morrella à Grappes" should have been "Morelle en Grappe;" "Entenfus," "Entenfuss;" "Sumac Vénéneux," "Vénéneux;" "Fliederbaume," "Fliederbaum;" "Senegawurzel Giftwidrige, Kreuzblume;" "Senegawurzel, Giftwidrige Kreuzblume;" "Läusesaamen," "Läusesaamen;" "Ingiwer," "Ingwer;" "Laugenkraut," "Lungenkraut."

In the preparation of *Causticum* we are told to fasten the receiver hermetically to the retort and apply heat, whereby the whole apparatus would be blown into the air. Hahnemann directs the receiver to be joined to the retort by moistened bladder.

These may be considered trivial blemishes, and most of them appeared in the first edition, but as they might have been easily removed they should not have been present.

We think there ought to have been a reference to Dr. Goullon's large work on the plants used in homœopathic practice. Many of the plants, for illustrations of which foreign and other works of difficult access are referred to, are figured in Goullon's *Homœopathic Flora*, and pictures of others are given there for which the authors of the *Pharmacopœia* have been unable to refer to any botanical work.

*Journals of the Quarter.*

We have no room left for our usual review of foreign homœopathic periodicals. We can only give here the Address of Dr. Sorge, alluded to at p. 160.

At the end of the last and the beginning of the present century the excitation theory of Brown prevailed in the medical world. Life was represented as completely dependent on external stimuli; diseases were said to be owing chiefly to debility, asthenia, or to sthenia, *i. e.* increased reactive power of the organism; hence much the greatest number of diseases were treated with *Opium*, *Camphor*, and *Alcohol*. Many thousand patients affected with variola, scarlatina, &c., succumbed to this theory.

A degeneration of Brown's doctrine was the doctrine of stimulus and contra-stimulus started by Rasori and others in Italy. These worthies thought that excess of irritability, power, and humour was what fed diseases, and so they treated almost all with enormous bloodlettings, and with doses of medicine, *e. g.* of *Arsenic*, that had never been thought of before. Thousands of patients fell victims to the violence of the treatment employed by the advocates of this doctrine.

The natural philosophical school, which was commenced in Germany by F. v. Schilling, set about thinking profoundly about the essential nature of life; it maintained that many diseases were caused by electric, magnetic, and chemical derangements; that a deficiency of oxygen, hydrogen, or carbon was to blame in some cases, and they treated them accordingly. This school found nothing efficacious for the cure of diseases, so they went off into unproven and useless assertions.

During this period of wild theorising Hahnemann put forward the following doctrine:— We can know nothing about the essential nature of diseases except their external manifestations in their symptoms; these we must carefully investigate



in order to be guided by them in our efforts to cure. By this doctrine Hahnemann referred medical men back again to the natural historical way, inculcating plain, unprejudiced observation; he at the same time banished all speculation on the essential nature of the disease. This doctrine of Hahnemann's must be considered an extraordinary step forward in the field of general pathology.

A second argument of Hahnemann's was that medicines should be proved on the healthy. In this direction he had already been preceded by the celebrated Antony Störck, of Vienna, in 1762. In order to verify this argument, Hahnemann laboured very diligently with his disciples; he was followed in 1826 by Professor Joerg, in Leipzig, and much has been done up to the present time by Schroff, in Vienna, and his disciples.

Hahnemann's third maxim was:—In order to cure well, choose a medicine that causes symptoms on the healthy body as similar as possible to those of the case of disease to be cured. This precept taught the cure of diseases according to *similia similibus*, laid the foundation of homœopathy, of which it still remains the foundation stone, though with a meaning that has been considerably altered and extended.

The supports of the fundamental law of cure have gradually been essentially changed; by means of the methods of physical examination a more accurate knowledge of diseases has in many cases been attained; pathological anatomy has often been able to indicate the primary seat or focus of the disease; the examination of the patient is diligently directed to discover not only the affected organ, but also the implicated organs and tissues, and to ascertain the kind of change they have undergone.

Homœopathic physicians have followed these investigations with pleasure; we appreciate their results in our provings and at the bedside.

In proof of this I may mention the provings of *Aconite*, *Argentum nitr.*, *Bryonia*, and *Colocynth* by the Vienna homœopathic physicians; also the provings of *Digitalis* by Bähr, of Hanover, and those of *Phosphorus*—all these provings are in accordance with the highest development of pathological anatomy and of physical diagnosis. We thankfully appreciate the provings of Jörg and Schroff in accordance with our maxim

*similia similibus*. In order to assist us in our treatment, we have the really scientific works of Kafka and Bähr.

We do not seek for the similarity of medicinal and natural disease in the agreement of the symptoms alone; in conformity with the progress of pathology we require that the drug shall act on the same organ of the healthy as is affected in the disease to be treated; we require that the same parts of the organ shall be affected, and we compare the characteristic symptoms of the case of disease with the peculiar symptoms which are produced by provings on the healthy.

I may give a few illustrative examples:—*Mercury* in poisonous and large doses produces swelling, so-called hyperplasia of the liver, increased secretion of bile and profuse sweat. In consequence of this *Mercury* is for us a great liver remedy, but it is only suitable for enlargement of the liver, not by deposit of fatty matter, but by excessive formation of hepatic cells, with great increase of bile and disposition to profuse sweat; *Mercury* is not suitable for so-called nutmeg liver dependent on hindrance to the circulation of the blood in consequence of valvular imperfection of the left side of the heart.

*Chelidonium* diminishes the activity of the liver cells in the healthy, shown by grey-coloured fæces, with pale urine and the absence of simultaneous yellowness of the skin and sclerotic. This condition, which is by no means an uncommon one among liver affections, is often cured by *Chelidonium*. Worthy old Rademacher pointed out this remedial power without knowing the action of the drug on the healthy subject, which Buchmann was the first to demonstrate. *Bryonia* often cures affections of the peritoneal coat of the liver.

From the numerous cases of poisoning it is known by the aid of the microscope that *Phosphorus* rapidly causes a serious degeneration of the cardiac muscle; hence *Phosphorus* is a great remedy for us in the not unfrequent fatty degeneration and destruction of the muscular fibres of the heart; in the simple cases of fatty heart, on the other hand, in which an excessive quantity of fat is deposited around the heart and in between the muscular fibres, without destruction of the muscular fibrillæ *Phosphorus* is not so suitable; in such cases we prefer *Aurum muriaticum*, as Kafka pointed out. We ascertain and distinguish both fatty states by means of all the methods of diagnosis

presented to us by the most recent developments of medical science.

By means of the microscope we find that the urine of a patient complaining of severe pain contains fresh undecomposed blood-cells, but no nephritic casts, and we at once give *Oanthis*. In cases of renal inflammation distinguished by numerous casts in the urine seen under the microscope, and no blood-cells, we give *Hepar sulph.*

These examples, which might be multiplied indefinitely, may suffice to show the scientific manner in which we practically apply the principle of *similia similibus*.

Our opponents object that if we look at the matter simply we can only expect aggravation from our *simile*. This view is certainly simple enough, but it should be remembered that the specific remedy meets with quite different vital conditions on the diseased organs to what are present in the healthy; but that it acts curatively we know from a thousand-fold experience, and experience will ever remain the best instructress in the matter of curing. I would propose some simple trials for our adversaries.

We give for acute catarrh of the stomach, with vomiting and diarrhœa, very small doses of *Ipec.*; for watery, greenish diarrhœa, with but little pain, small doses of *Calomel*. The green colour of the stools after large doses of *Calomel* is not merely *Sulphuret of Mercury*, but also increased biliary secretion. For violent, painful diarrhœa, acute as well as chronic, combined with much thirst, *Arsenic* is often an excellent remedy, in small doses, of course. For nervous sleeplessness, with great restlessness, *Coffea* 1 is not unfrequently useful; for threatened miscarriage we give small doses of *Ergot of Rye*; for ovaritis, *Sabina*; for inflammation of the colon, or inflammatory dysentery, *Merc. corr.*; for violent, lasting toothache, with heat of face, *Aconite*; for violent toothache, that comes in jerks and is worst at night, *Chamomilla*, &c.

If our opponents will not give anything on the *similia similibus* principle at my recommendation, then I beg they will listen to what the celebrated Professor Störck said, so long ago as 1762, about *Stramonium*:—‘All authors state that thorn-apple confuses the understanding, induces madness, destroys the thoughts and the memory, brings on convulsions, &c. From this

I have put to myself the following question:—If thorn-apple produces madness in the healthy by confusing the understanding, may we not try if it will not restore the mind of mad and weak-minded persons by confusing and changing their thoughts and general state? and if it will not cure convulsions in those affected with convulsions by inducing opposite movements? I have put this thought to the test of experiment, and have seen some happy results ensue.'

Hippocrates, the master of us all, said, more than 2000 years ago, in his book, *περὶ νόσων τῶν κατὰ ἄνθρωπον*: 'Another method is this: a disease is caused by similar things, and when similar things are administered the diseased person is made well. What causes strangury when it is not present heals it when it is present; and the same is the case with cough as with strangury; it is caused and cured by the same things.'

The efficacy of our small doses is most contested; the explanation lies in the close relation in which certain substances stand to certain localities of the organism. Upwards of 2000 years ago the great Paracelsus said that every part of the human body had its *simplicia*; he and his disciples incurred the major excommunication of the dominant school and then were forgotten. Rademacher drew from oblivion the doctrine of the old alchemist in the thirtieth year of this century, and showed experimentally the truth of his organ-remedies, his liver, spleen, kidney, brain-remedies, &c. He too incurred the anathema and the ridicule of the university teachers, but, on the other hand, obtained a great following among practical physicians. Finally, about twenty years ago, it was proved by toxicological experiments on animals that there really are specific organ remedies. With much acumen Kölliker, van Praag and others investigated the action of certain poisons on the several organs. Unfortunately they have not yet been proved on the healthy human subject. We now hear of "specific affinities," by which is meant the close relationship of certain poisons to certain parts of the animal body; more of these affinities are constantly being discovered, and, at the same time, it has been found that very small doses often suffice to produce extraordinary effects.

Professor Kölliker, of Würzburg, introduced beneath the skin of a large frog one decimilligramme of *Curare*, the Indian arrow-poison, and proved that thereby the animal was generally

and completely paralysed. The same investigator proved that *Curare* first paralyses the ends of the motor nerves; many thousands of such nerve-ends are present in the leg of a frog. One atom of *Curare* in the experiment alluded to suffices to paralyse a leg; much less suffices to paralyse a muscle.

Lately the active principle of *Curare*, *Curarin*, has been separated. The  $\frac{1}{350,000}$  part of a gramme is enough to cause complete paralysis of both hind legs;  $1\frac{1}{2}$  milligramme will kill a large dog.

Christison tells us that he killed a dog in a few minutes by injecting  $\frac{1}{100}$  of a gramme of *Strychnine* into the thoracic cavity, and that he is convinced that  $\frac{1}{2}$  of a gramme introduced into a wound is enough to cause the death of a man in a quarter of an hour by the most violent tetanic convulsions proceeding from the spinal cord.

One drop of fresh anhydrous *Prussic acid* introduced into a fresh wound suffices to kill a large animal or a man in a few minutes by paralysis of the heart.

Here are a few instances that can easily be repeated: Schroff, of Vienna, introduced into the eye of a student  $\frac{1}{50,000}$  of a gramme of *Atropin* in solution; in forty minutes only a small strip of the iris was visible; the dilatation of the pupil lasted forty-eight hours or more; the dimness of vision, owing to specific action on the optic nerve, lasted four or five days.

Olfaction of *Amyl nitrite* causes in a few minutes the most violent congestion of blood to the head, with heat and redness of face, confusion, vertigo. This rapid effect is explained by its paralyzing action on the great sympathetic nerve.

In healthy life also we find evidence that it is not by reason of its mass that a stimulus produces great results; it is the inner power, the strength of the motion that is communicated by the smallest dose.

Following Spallanzani, our Arnold diluted frogs' semen up to the 6th decimal dilution, and proved that frogs' eggs were still impregnated by it; hence that a single or a very few spermatozoa sufficed to develop new life; and what a length of time did not the action last?

By these facts the action of very small doses of specific substances on the healthy organism is proved, but the irritability of diseased organs is often much greater (I may instance the great

sensitiveness of the eye suffering from iritis to light); so that we may well wonder how any one can doubt the efficacy of our remedies when given in quantities of  $\frac{1}{1000}$  or  $\frac{1}{3,000,000}$ . We do not forget that the reactive power of the diseased organs may also be diminished; in such cases we give larger doses down to the mother tincture, for it is one of our maxims to individualise also in the matter of the dose.

We are reproached with not stopping at the millionth, the 6th decimal potency, but giving the billionth, and up to the decillionth. To this we reply that the employment of such extreme dilutions and the so-called dynamization-theory of Hahnemann's, are not essential maxims of homœopathy as now practised; on the contrary, there are many of us, and I reckon myself amongst them, who rarely give any but the lowest dilutions. But I am far from asserting that dilutions higher than those I employ are inactive; this is a point that can only be determined by clinical experience, by careful observation. When asked as to the possibility of their action, I reply—What is actually seen to occur must be possible. I cannot explain the how of the action of such small doses; but there is much in the world that takes place and yet cannot be explained. I will cite one very well-known example. The magnet draws a steel needle up from the table—what is the thread that draws the needle?

There are some analogies that may enable us in some degree to understand the how of the action.

Many substances seem to act by their simple contact without undergoing any chemical change; this kind of action is called catalytic. Thus sulphuric acid changes starch into dextrine and sugar without itself being in the slightest changed or wasted.

*Curarin* is excreted by the urine of the poisoned animal, and this urine is capable in its turn of poisoning other animals.

An organ can be thrown into violent activity from a distant point by the medium of the spinal cord, by what is called reflex action. Thus touching the fauces with a feather can produce vomiting. The reflex activity of the spinal cord may be much increased by disease; in that way we can understand how irritation of the extremities of some sensitive nerves by a suitable medicine may give rise to extraordinary phenomena.

Hitzig found that some pin's-head-sized points of the cortical

portion of the brain exercise an influence over entire groups of muscles; a very weak galvanic current, that can scarcely be felt by the tongue, suffices to cause the most violent convulsions of the muscles of the forearm of the opposite side, &c.

Thus we may explain the curative action of *Belladonna* in trismus by its action on those points of the brain.

No one has any right to deny the action of our small doses; any one may convince himself by careful trials of our method. Our method of cure is condemned, although our literature is so rich in proofs; rich especially in this way, that we are all practical physicians, mostly fully occupied in practice, and yet we must find time to prove medicines and to write down our clinical experience.

Homœopathy is called unscientific; I believe I have proved that this reproach is unfounded. Were I to attempt to prove the unscientific character of allopathic therapeutics I might say a great deal. I shall only give a small example in conclusion. One of our highly renowned clinical professors, a great adversary of homœopathy, lately wrote the following prescription for gastralgia:—*Magisterum bismuthi*, ℥ij; *Pulv. rhei*, ℥iiss; *Extract. Nuc. vom. aquos*; *Extract. Alois*, ana ℥ss; *Extract. Bellad.*, gr. vj; *Ol. Mentha*, gtt. v; *Extract. Trifolii fibrini*, q. s. ut f. pilul., 2—3 pil. ter sumend.

Where, I would ask, is the scientific character of this prescription?

At present this will suffice. I have to-day been on the defensive; on another occasion I may be the attacking party.

## MISCELLANEOUS.

*Research in Medicine.*

IN a discourse on this subject delivered to the St. Andrew's Medical Graduates, some years ago, Dr. B. W. Richardson points to the enduring fame gained by men through discoveries made by means of experimental research properly instituted. Among these he enumerates Hippocrates, Paulus Egineta, Paracelsus, Vesalius, Harvey, Willis, Mayow, Black, Priestley, Haller, Pinel, John Hunter, Jenner, Davy and Laennec. Then contrasting with these the men whose reputation has been merely transitory, he goes on to say, "It is comparatively easy for a man of ingenious mind to become a great theorist, and by his speculations to exist briefly after his death. Cullen, Darwin, and Brown, are noted examples in this line. Lastly, by a spick and span method of ignoring fixed truths and inventing wild dogmas, it is the easiest of all things to gain a spurious fame, and even to live, as Hahnemanu has long lived, on the uplifted ignorance of the great illiterate." Now if any one deserves admission into the temple of enduring fame in medicine, it is surely Hahnemann, who was the first to apply the principle of experimental research to the action of medicines on the healthy body, in a complete and practical as it was a self-sacrificing method. For this alone, even without the discovery of the law of specifics, he deserves to stand and assuredly will continue to stand (in spite of his paltry detractors of this and last generation), higher than most of the names in the list above given. But what are we to say of the self-constituted teachers of the medical youth of this generation, who speak as Dr. Richardson does here? If he is intellectually incapable of discerning the value of Hahnemann's experiments as detailed in the first six volumes of the *Pure Materia Medica*, he will never gain more than a little temporary notoriety by much speaking.

But if he has condemned Hahnemann's claims without exa-



## BOOKS RECEIVED.

*Conservative Aural Surgery.* By J. P. CASSELLS, M.D., Edinburgh, 1876.

*Otological Memoranda.* By J. P. CASSELLS, M.D., Glasgow.

*Calendar of the University of Michigan for 1875-6.*

*A Popular and Practical Treatise on the only really safe Management of Labour.* By THOMAS LEADAM, M.D. London: Gould.

*An Exposition and Defence of Homœopathy.* By GEORGE PYBURN, M.D., Georgetown, Colo., 1876.

*The Cincinnati Medical Advance,* May, 1876.

*A Letter and Postscript to the American Institute of Homœopathy.* By JOHN F. GEARY, M.D., San Francisco, 1876.

*Diabetes Mellitus und Karlsbad.* Von Dr. THEODOR KAFKA, Leipzig, 1876.

*Datta's Homœopathic Series.* In Bengalee, Nos. I, II, III.

*La Revolution Médicale.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*The American Journal of Homœopathic Materia Medica.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*The Homœopathic Times.*

*Allgemeine homöopathische Zeitung.*

## CONTENTS OF NO. CXXXVIII.

|   | PAGE |
|---|------|
| Address before the World's Homœopathic Convention of 1876. By Carroll Dunham, M.D., of Irvington, N.Y., President of the Convention ... | 577  |
| Dr. H. Goullon on the Therapeutics of Diseases of the Ear ... ..  | 593  |
| Prof. M. Rosenthal on the Production of Nervous Affections by the use of Cosmetics containing Lead or Mercury ... ..                    | 623  |
| Chemical Therapeutics ... ..  | 627  |

### Annals of the British Homœopathic Society.

|  |     |
|--|-----|
| Dr. Roth on the various modes of Treatment of Lateral Curvature of the Spine by Unprofessional and Professional Men ... .. | 632 |
| Discussion on Dr. Roth's paper ... ..  | 648 |
| Dr. Edward T. Blake on Lung Rest and Lung Exercise considered as Therapeutic Measures ... ..                               | 650 |
| Discussion on Dr. Edward T. Blake's paper ... ..   | 655 |
| Address before the Annual Assembly of the British Homœopathic Society. By Dr. Dudgeon, Vice-President ... ..               | 660 |
| Report of the Lectures Committee appointed by the British Homœopathic Society ... ..                                       | 675 |

### Reviews.

|  |     |
|--|-----|
| Compendio di Materia Medica Pura e di Terapeutica. Per il Dottore Bernardino Dadea. Vol. I. Torino, 1873-4 ... ..  | 678 |
| Cyclopaedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. IV. Diseases of the Respiratory Organs ... ..   | 679 |
| Diseases of the Hip, Knee, and Ankle-joints, with their Deformities, treated by a New and Efficient Method. By Hugh Owen Thomas, M.R.C.S. Liverpool: Dobb & Co. ... ..       | 683 |
| Essentials of Diet, or Hints on Food in Health and Disease. By the late E. H. Buddock, M.D. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1876 ... .. | 686 |
| Journals of the Quarter ... ..   | 687 |

### Clinical Record.

|  |     |
|--|-----|
| A Case of Diphtheria. By Dr. Leadam ... ..   | 739 |
| Syphilitic Hyperostoses of Cranial Bones cured with Aurum. By Dr. J. C. Barnett ... .. | 742 |

### Miscellaneous.

|  |      |
|--|------|
| Hahnemann Publishing Society ... ..  | 745  |
| A Preface to a Preface. A Reply to the Review of the New Translation of the <i>Organon</i> . By C. Wesselhoef, M.D. ... .. | 751  |
| British Homœopathic Congress ... ..  | 756. |

### Obituary.

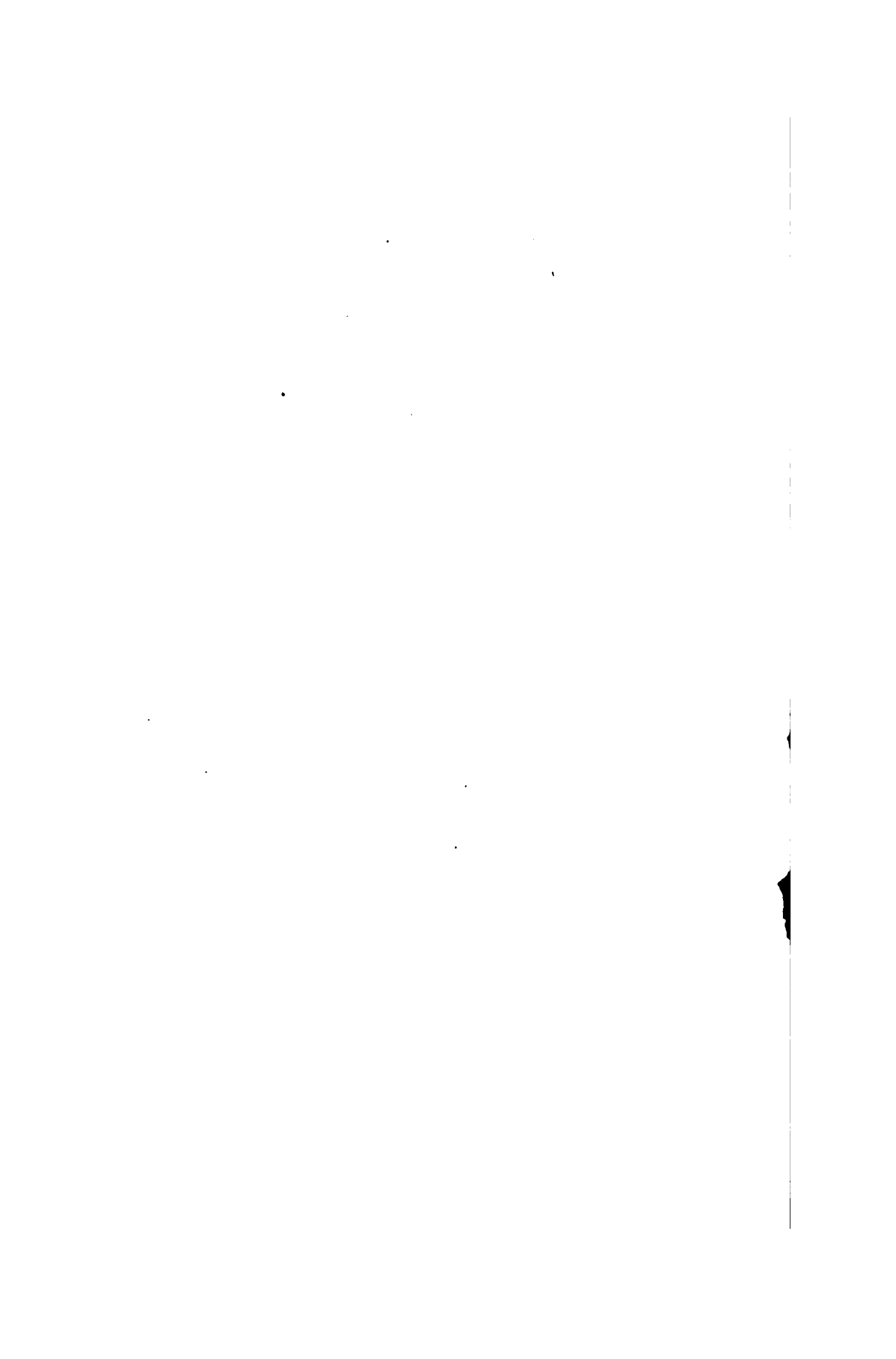
|                           |     |
|---------------------------|-----|
| Dr. Franz Hausmann ... .. | 757 |
| Dr. John Ryan ... ..      | 757 |
| Books Received ... ..     | 758 |
| INDEX ... ..              | 759 |

### Appendix.

|   |         |
|---|---------|
| PATHOGENETIC RECORD; an arrangement of the Physiological and Toxicological Effects of Drugs, collected from Medical and General Literature. By Dr. E. W. Berridge... .. | 241-256 |
|---|---------|

*No. CXXXIX will be published on the 1st of January, 1877.*

Papers and Books for Review to be forwarded, carriage paid, to Dr. DRYSDALE, 36A, Rodney Street, Liverpool; to Dr. DUDGEON, 53, Montagu Square, London, W.; or to Dr. R. HUGHES, 12, Pavilion Parade, Brighton.



THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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ADDRESS BEFORE THE WORLD'S HOMŒO-  
PATHIC CONVENTION OF 1876.

By CARROLL DUNHAM, M.D., of IRVINGTON, N.Y.,  
President of the Convention.

LADIES AND GENTLEMEN: The proposition to hold a World's Homœopathic Convention was first made by the American Institute of Homœopathy, in a circular letter issued by its Committee of Foreign Correspondence in 1867. The plan of the present convention was conceived soon after the project of a formal celebration of our National Centennial took definite shape.

Many years must elapse, it is true, before the centennial of Homœopathy, which, in America, has but just celebrated her fiftieth anniversary. Yet certain analogies between the early history of Homœopathy and the event which our countrymen celebrate in Philadelphia this summer, justify the time and place of our assemblage.

The innovation upon accepted theories of society and government involved in the Declaration of Independence by our forefathers was not more radical than that which was involved in the reform introduced in medical science by Hahnemann.

• Delivered at Philadelphia, Monday, June 26th, 1876.

VOL. XXXIV. NO. CXXXVIII.—OCTOBER, 1876.    OO

578 *Address before the World's Homœopathic Convention,*

Notions of prerogative by virtue of birth or of caste ; notions of governors as a race distinct from the governed ; vested rights transmitted in corporations from mediæval times ; in these things was grounded the opposition to the political reform of our fathers.

Things identical or analogous hindered, and still hinder, the advancement of Homœopathy, as the historical and statistical reports presented to this convention abundantly show.

Reforms are not favored nor furthered by governments and venerable corporations. These institutions are, from the nature of things, conservative and repressive.

Reforms of a practical nature are received first by the people ; adopted and cherished by the people ; and, if governmental acceptance be necessary, forced on the government by the people.

The history of Homœopathy shows that in countries in which the government is absolute, in which education and the exercise of the liberal professions and the arts connected therewith are under the control of self-perpetuating boards or corporations, there our colleagues have found it difficult to obtain freedom to practise, and well nigh impossible to gain liberty to teach.

In proportion as the government, whether of the realm or of corporations, being in a degree representative, stands nearer to the people to whom the reform is a matter of vital interest, do our colleagues enjoy comparative freedom to practise and to teach.

In our own land, where the liberty of the individual is limited only by the liberty of his neighbours, where order is maintained by a government "of the people, for the people, by the people," we practise and teach without hindrance ; and the advancement of Homœopathy has been rapid and solid beyond precedent, because the people have so willed it.

The coincidence, then, of this convention and the centennial of our nation has a significance. It is full of instruction and warning to us, if we would retain what we possess.

It was not to be expected that many of our foreign colleagues should make the long journey necessary to be present with us on this occasion. Some have come, however; and we welcome most heartily our distinguished confrères, already known to us by their works and their fame, who represent the homœopathists of Europe and South America.

But although comparatively few could be with us in person, our colleagues in every land have responded heartily to our invitation by reports and scientific papers, which, together with those contributed by our fellow-citizens, will furnish the topics of our discussions.

Moreover, by official and personal letters, they have manifested their good-will and sympathy in the inception and work of the convention. Such letters as are addressed to the convention are herewith submitted; and since some of them contain suggestions for action on the part of the convention, I request that they be referred to a Committee on Correspondence, with instructions to report with recommendations.

Among these communications is one from the venerable widow of the illustrious founder of our school, who now, at an advanced age, impoverished by the calamities of war, extends her greetings to the homœopathists of the world here represented. In token of her sympathy, she sends to the convention, with an ulterior destination in the discretion of the President, this bronzed bust of Hahnemann, cast from the marble bust by David D'Anger, and which she affirms to be a perfect likeness of that illustrious man.

Our colleague, Dr. Rubini, of Naples, in a letter to the convention, calls attention to his peculiar views of the treatment of epidemic cholera, which he supports by remarkably favorable statistics. As a mark of respect for the convention, he has sent to the President autograph letters of Hahnemann.

Our colleagues of the United States of Colombia, in South America, inspired by the energy and prosperity of the American Institute of Homœopathy, have not only revived their National Institute, which, in consequence of

580 *Address before the World's Homœopathic Convention,*

political disturbances, had slept for several years, but they have organized in Bogota a homœopathic school, which they have done us the honour to designate as a "branch of the American Institute of Homœopathy." These institutions request us to enter into intimate scientific relations with them in matters connected with the cultivation of our *Materia Medica*; and they make suggestions to this convention, which appear in the letters herewith submitted.

Several other societies and individuals send communications which, if you please, will be reported in detail by the committee.

The historical and statistical reports presented to the convention, and which though of exceeding interest are altogether too long to be read during our sessions, comprise the history and statistics of our school in every country of Europe; in India; in South America, where, in Brazil, a national institute and college were established one year before our own; in North and South Africa; in Australia, and in New Zealand. We may say, with almost absolute accuracy, that in none of these countries save Germany was there fifty-five years ago a single homœopathic physician. Now, it is safe to say, that Germany, France, England, and Italy have each about 300, Spain and her colonies between 500 and 600, Brazil about 200, Russia about 150; and in each of these countries, we are told, the demand for homœopathic practitioners is so great that, if instruction were free to our colleagues, and no hindrances were placed in the way of students of homœopathic medicine, the increase in our numbers would be very rapid. Dispensaries and hospitals exist and are increasing in numbers and patronage. Measures are being set on foot for the education of young physicians in the principles and practice of Homœopathy, and the confidence of the public is won by our practical success.

In our own country, the reports of the several States give an aggregate number of above 5000 homœopathic physicians. We have many dispensaries and hospitals supported by private charity; seven colleges, exclusively homœopathic, enjoying equal privileges with any other

medical colleges in the country; and two State universities and several State hospitals, in which, despite the opposition of our brothers of the old school, the people who support these institutions have decreed us places in the faculty and on the staff.

Most schools of medicine have perished with their founders, or a little before them. Thirty-three years have passed since the founder of our school entered into his well-earned rest. Our growth in numbers and influence has been steady, and never so rapid as within the last decade.

The time at my disposal would not permit an analysis of the system which presents so remarkable a history. I crave permission, however, to devote a few moments to some of the relations of Homœopathy to the medical science of Hahnemann's day and to the medical sciences of our own day.

Homœopathy, in its complete form, was introduced to the public in 1810, by the publication of the *Organon of the Rational Art of Healing*, a work which, it seems to me, has hardly been fully understood or appreciated even by the majority of Hahnemann's enthusiastic admirers—a work which, far from consigning to the shelves as a classic, venerated but seldom read, and not looked on as authority in practical matters—I should place, for frequent perusal and as a trusted guide, in the hands, not perhaps of the student, but of the educated earnest practitioner.

Condensed in style to the exclusion of every superfluous word, this work is not a system of medical science, but, as its title signifies, a treatise on the practical art of healing, with only so much of theoretical discussion as seemed necessary to make the meaning clear, with only so much allusion to other departments of medical science as seemed necessary to show their insufficiency for the needs of the practical physician, or to show the errors of philosophy and method through which they failed to accomplish the true end and object of all medical sciences, a speedy, safe, and pleasant mode of cure.

Should we heed some self-appointed champions of Hahnemann, we might suppose that this illustrious phy-



sician denounced all medical science save that which he especially taught, and discouraged its acquisition by his followers.

Were this indeed so, the reproach of our adversaries might have some foundation : that Homœopathy is a system which a layman might practise as well as a doctor. Again, if we listen to these brethren who seem to arrogate a special knowledge of Hahnemann and of Homœopathy, we might suppose that Hahnemann proclaimed his *Organon* and later works to be the alpha and omega of medical science, rendering all other medical knowledge superfluous. Very far is either of these propositions from the truth. Hahnemann as a physician was distinguished by profound learning and the broadest medical culture of his times. His writings are full of this learning. His extensive reading in every language in which medical men had written, enabled him to make those citations which, in the *Organon*, so irrefutably prove his positions, and in the *Materia Medica* enrich his pathogeneses. The spirit of the medical science of his day permeates his *Organon*. It is not too much to say, that without this great fund of medical knowledge he could not have given us the magnificent argument of the *Organon*, nor the practical instrument of the *Materia Medica*. Now, seeing from the commanding eminence which he occupied, as a master in medicine, how barren of practical good was the medical science of the day, he was not so illogical and unjust as to denounce that which gave him this broad vision and the benevolent hope that came with it. He did perceive that all the efforts of scientific men had failed to realise what is, after all, the great practical end of all effort in this direction, viz., a true science and successful art of therapeutics. And he perceived and clearly showed that this failure resulted from an erroneous method of seeking for facts and reasoning from them; in a word, from misdirected observation and a mistaken philosophy. He proceeded accordingly to use the facts of which his acquaintance with medical science had possessed him, to demonstrate the new science of therapeutics which he

unfolded, and to make new observations in accordance with what he deemed a correct philosophy.

But he never declared the ladder superfluous by which he had climbed, nor denounced the bridge which had carried him safely over his perplexities! The *Organon* is strictly what its name signifies—an instrument of the rational art of healing—an exposition of therapeutics or that branch of medical science which concerns itself with healing disease by means of drugs, and its author assumed that those who would use it would be men already versed in medical science. In four of the terse and weighty sentences which characterize this book,\* Hahnemann takes it for granted, “as a matter of course,” that “every sensible physician,” before applying the art of healing which he is unfolding, will first make certain investigations and take certain steps, which investigations and steps really comprehend what we now comprise under the heads of etiology, semiology, diagnosis and hygienic management. I need not say to this learned body that he who can investigate these points satisfactorily, and take these measures judiciously, must be well versed in medical science. With this single assumption that his follower would, as he needs must, be familiar with general medical science, Hahnemann dismissed all considerations of anything save *therapeutics*; and he proceeded to show the errors of this department of medicine as it then existed. He showed that the indications for treatment were based on hypothetical assumption of the essential nature of the disease—a matter which is of necessity unknown, it being but a modification of the eternal mystery, Life. He showed that the uses of drugs were deduced from hypotheses concerning their intimate action; and this not on a constant but a variable object, viz., the diseased organism. It was *this unstable foundation of hypothesis in therapeutics* which Hahnemann denounced, and for which he was the first to substitute the “positive philosophy” based on pure experiment and exact observation, which is now universally accepted in the physical sciences, the therapeutics of the old school alone excepted.

\* Paragraph 5 and the note.

In the exposition of his new philosophy Hahnemann provided for an investigation of the patient of which hypothesis should form no part of the foundation, by affirming that, for the practical needs of the healer of the sick, the aggregate of the symptoms constitutes the "principal and only condition to be recognised and removed by his art." The semiologist may speculate, if he will, on the ulterior cause or the essential nature of some or all of the symptoms, but for the *practical prescriber* the symptoms themselves in their totality furnish the only precise and safe indication for treatment by drugs. He was the first to establish pharmacodynamics as an independent physical science, based on observation of the effects of drugs on a constant object, the healthy human organism. I use the term pharmacodynamics instead of *materia medica*, because this science—the subject of which is the relation of the healthy living organism to whatever substance is capable of modifying it, the extension of which is limited only by the variety of substances capable of modifying the organism,—investigates the properties of all substances that have the power to change function or tissue, independently of any use which has been or may be made of them in the medical art. It properly, therefore, embraces, to use Professor Allen's happy phrase, "every noxious substance;" the word "noxious" meaning—not "*nasty*," as some appear to think, but—"capable of harming or injuring—that is, of modifying—healthy function or tissue." He demonstrated the law of relation between the symptoms of the sick and those produced by drugs on the healthy, by virtue of which law the right remedy might be selected for each case, provided the science of pharmacodynamics have given us a knowledge of the required drug. He proved that the power of drugs to cure disease is not in direct proportion to the quantity of the drug employed, and further that a certain mode of subdivision of the particles of the drug greatly enhances the power of the preparation to modify morbid functions and tissues.

These are the essential features of the reform in medicine, which in 1810 was represented by Hahnemann.

In 1876, this representative body, speaking for thousands of practitioners, and millions of grateful adherents in every quarter of the globe, attests its soundness and vitality.

During this period, our brethren of the old school have been most diligent in the pursuit of medical science, and we may profitably ask, what relations the departments to which they have especially devoted themselves now hold to the science which alone distinguishes us from them—Therapeutics? This question will be discussed, in various relations, during the sessions of this convention. I crave permission to say, for myself, a few words on one of them. Pathology, which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentation, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it? It has been held to be the criterion of a true natural science, that new discoveries, new sciences, extend and enrich it; unite with it in amplifying the horizon of human knowledge and power; but never contradict or supersede it, nor are even indifferent to it. This is an expression of the unity of true science. If, then, our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy the science of tissues as modified by disease. Using the word symptom in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. It concerns itself with the relations of symptoms to each other as individuals or classes, with the rank of different symptoms in order of time and causation, with their origin and evolution, and their relation to tissues, organs, or apparatus. To give a few examples, it deals with the relations of the symptoms of the heart and kidney respectively; of those of glycosuria and functional liver disturbance, or cerebral disorder, or gastric derangement, or

dietetic error. This science of symptoms enables us to detect the dependence of symptoms upon material removable causes, such as the symptoms of syncope on a wounded blood-vessel, of intoxication on poisonous ingesta, of various disorders on injudicious modes of life, and leads us to those measures which Hahnemann supposes every "sensible physician" will resort to before he has recourse to therapeutics proper. Finally, it enables us to detect "morbid chronic miasms," as Hahnemann calls them, as the hidden "causes of chronic disease." These are a few examples from a host that might be cited.

Now, Pathology, enabling us thus to trace the relations of symptoms to each other, enables us, in the first place, to follow Hahnemann's advice more extensively than was practicable in his own day, and "discover the primary cause of a chronic disease," or "discern the exciting or maintaining cause of the disease and take measures for its removal," as Hahnemann directed us; and, by the aid of Pathology, many cases are now relegated to the domain of Hygiene, which were formerly regarded as proper subjects for drug-treatment.

In the second place, Pathology, concerning itself with the origin and relations of modifications of functions, that is, with symptoms, enables us to procure from observation of the patient a much more complete picture of the totality of the symptoms than would be possible without its aid; just as a systematic and intelligent survey of a museum gives us a more complete knowledge of its contents than any routine examination of it would do. Where, for example, the routine observer, getting the symptoms resulting from a diseased kidney might, from the absence of striking symptoms, fail to interrogate those of the heart, or *vice versa*, and thus fail to get the complete totality of the symptoms, the pathologist is led, by his knowledge of the close relations of these organs in disease, to investigate more closely, with results which greatly assist his selection of the remedy. Or, the routine observer *might* fail to get, in a pleurisy, more symptoms than those of a pleurodynia; but the pathologist who knows the semblances and differences in

the symptomatology of these affections, will so direct his inquiries as to bring out a totality of symptoms which should not only leave no doubt as to diagnosis, but should also point more clearly to the remedy than the others. So it appears that modern Pathology, which has been assumed to stand in direct opposition to the doctrine that for the prescriber the totality of the symptoms represents the disease he is to remove, is really the prescriber's most efficient and indispensable instrument and aid in getting at that very totality of symptoms which he is to remove by a corresponding drug. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, Pathology, imperfect as it is, is of inestimable value to the homœopathist. And, taking this view of the subject, I do not hesitate to say that the strict Hahnemannian, if, with complete medical culture, he investigate and treat his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist.

But if, diverting Pathology from this, its legitimate function, the homœopathist construct by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such or such a cell change, or on such or such a structural lesion, and if he draws his indications for treatment from such a theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing, he diverges from Homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be—when he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognised, he necessarily prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of Pathology, which

has no way of accounting for the firm subjective symptoms that are so valuable to the individualiser.

To say more on this point would be to trespass on your patience and on the ground of to-morrow's discussion.

When Hahnemann promulgated his reform it was received with universal derision by the profession. What is the present attitude of our opponents towards its fundamental propositions?

*First.* That, for the practical physician, the aggregate of the symptoms constitutes the disease. Aitken says: "It is now a received pathological doctrine that disease does not consist in any single state or special existence, but is the *natural expression of a combination of phenomena arising out of impaired function or altered tissue*" (1.6). This is equivalent to Hahnemann's proposition.

*Second.* That the only valid source of positive knowledge of the action of drugs is to be found in observations on the healthy organism is now widely conceded, and the physiological laboratories of the old school issue every year elaborate drug provings which, though defective in points that we deem essential, are, I think, of great value to us.

*Third.* Touching the law of cure, *Similia similibus curantur*, to show the absurdity of which so much logic and wit have been expended by our opponents, the latest utterance of the old school is the following by Dr. L. Brunton, the well known English physiologist: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded. The irrational practice of giving infinitesimal doses has, of course, nothing to do with the principle of homœopathy, *Similia similibus curantur*. The only requisite is that mentioned by Hippocrates when he recommended *Mandrake* in mania, viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease. . . . But it is not proved that all drugs have an opposite action in large or small doses, and homœopathy, therefore, cannot be accepted as a universal rule of practice." A great concession truly!

It appears that our opponents have come pretty nearly

to our ground, except on the fourth point, that of the infinitesimal dose. Touching this point their denunciation of us has lost none of its bitterness. They claim to have demonstrated again and again that there is nothing in our potentised preparations. The reasoning of Thomson touching the size of molecules furnishes them with a welcome argument against the possibility of any drug potency existing in even our medium attenuations. And these arguments have strongly influenced many of our own school whose personal experience and observation had not compelled opposite convictions. But let me say that proofs of a *negative* in any matter which can be determined only by experiment, are very fallacious, and a dangerous dependence. I do not despair of seeing before many years, from some old-school authority or some non-medical investigator, a demonstration of the medicinal power of homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving homœopaths shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations. An incident touching on the history of our *Materia Medica* is very suggestive in this connection. When the Nestor of homœopathy,\* whose jubilee we celebrated here last March, and whom God spares to gladden our hearts to-day by his presence, undertook those studies of serpent venom which have brought such honour to his name, and such benefit to suffering humanity, he added to the effects observed from swallowing infinitesimal quantities of the venom, the effects produced by large quantities introduced into the system by a snake-bite, regarding the latter as complementary to the former, and both as portions of a graduated scale of homologous effects. But many of our own school could not admit an analogy between the effects of small internal doses and of the bite. The chemists proved that saliva, or gastric juice, or alcohol render venom innocuous. Finally, it was

\* Dr. Constantine Hering.



“proved to demonstration,” in this city and in India, that serpent venom introduced into the stomach could *not* act. This demonstration of a negative was accepted by many of our own school, by whom the serpent venoms were accordingly discarded as inert. Soon, however, Hermann, the physiologist, giving *Curare* to a rabbit whose renal arteries were tied, found death occur, and from as small a dose introduced into the stomach as would have proved fatal if introduced beneath the skin. This suggested the idea that the apparent inertness of venom in the stomach results from its slow absorption and rapid elimination which prevent its reaching the centres on which it acts. And lately Fayrer and Brunton, studying serpent venom under the auspices of the British government, have satisfied themselves, and unequivocally affirm that venom introduced into the stomach affects the system more slowly and gently, and therefore with a greater variety of symptoms, but in essentially the same way, and with a tendency to the same results as when introduced into the blood by a bite. Thus is the negative demonstration overthrown, and the correctness of our veteran colleague's induction most happily established. But in what a position do these facts leave those of our school who, disregarding the provings of trustworthy members of their own school, disregarding and not willing to verify the *à posteriori* evidence of cures in great numbers, cast out from their *Materia Medica* *Lachesis*, *Crotalus*, and *Naja*, on the negative demonstration of an old-school physiologist! In the same position many will stand, I think, when ingenious experiment on molecular energy shall lead a Tyndal or a Crookes to a demonstration of the power of potentised medicaments.

Such is the position of advanced thinkers of the dominant school touching the cardinal points of the doctrine held by those who are known as homœopaths, a name which, inasmuch as it still expresses radical differences in scientific belief and a vital difference to the patient in the modes of practice which it involves, I, for one, am not disposed to relinquish. When there shall cease to be

*fundamental* differences in *faith* and *practice* among medical men, there will be no further occasion for distinctive appellations.

Ladies and gentlemen! From the tiny spark kindled in Hahnemann's little house at Leipzig, homœopathy has become this great beacon, illuminating every quarter of the earth; from the solitary promulgator of the reform in Germany, her advocates have become the host here represented, and this by virtue of the fact that every physician who investigated and was convinced exercised his inborn right to liberty of judgment. From her tiny beginnings, in 1810, homœopathy has come to have to-day her thousands of practitioners and her millions of adherents, not so much by virtue of the special cogency of the reasoning by which her claims were supported, as through the visible and perceptible effects of her practice upon the sick. This practical argument has a just weight with the people, and in proportion to liberty of thought and action among people and practitioners has been the rapidity of her growth. In this propaganda each practitioner was most efficient in the diligent, faithful, solitary performance of his round of duty. In caring for his business and his own interests, he was most effectually spreading a knowledge of the doctrines he professed.

The present epoch calls us to other labours. The duty of service in public hospitals and charities, from which we have hitherto been exempt, is now falling on us by reason of our numbers. The responsibility of medical instruction has always rested on physicians as experts. In other countries where the restrictions of governmental boards and the privileges of corporations so sadly hinder freedom of action on the part of our colleagues, and of opinion on the part of students who would investigate our method and join us if they had opportunity and dared, it would seem incumbent on our confrères to avail themselves of some way, however provisional and incomplete, to diffuse among the profession and instil into the young a knowledge of the truth we cherish. And it is a satisfaction to believe that the fact of this convention has proved, if not an in-

centive, yet a great encouragement to such effort in more than one European country. In our own land, where we have long had schools of our own established by our colleagues and their clients, the people are beginning to call on us for instructors in the universities which they have founded.

We must be prepared to meet these calls and to fulfil all these duties. They require certain qualities in addition to those which suffice for the isolated practitioner: capacity to work with others; patience to bear and forbear; perseverance to labour persistently for what we believe to be right, and submit patiently until the right can be realized; magnanimity to prefer the good of the whole to the triumph of our own; in a word we need to substitute *esprit de corps* for *esprit de soi-même*. Surely Milton was right when he said: "A little generous prudence, a little forbearance of one another, and some grain of charity might win all our diligences to join and unite in one general and brotherly search after Truth."

Nor should this cultivation of a faculty for associated labour be confined by the boundaries of any single nation. The "world is our field;" and this convention shows that we may profitably and effectively unite our efforts with those of our most distant colleagues for the development and advancement of the science of Therapeutics.

The remaining sessions of this convention will be devoted to scientific discussion, free, I sincerely hope, from uncharitable reflections on those of our profession who do not believe as we do.

The subjects of discussion include some on which we differ widely, and some of us feel deeply. May I bespeak the largest tolerance for differences of opinion, and the completest freedom of expression. Thus only shall any of us get at Truth. For I firmly hold, with Milton, that—

"Though all the winds of doctrine were let loose to play upon the earth, so Truth be in the field, we do injuriously to misdoubt her strength. Let her and Falsehood grapple; who ever knew Truth put to the worst in a free and open encounter?"

## THERAPEUTICS OF DISEASES OF THE EAR.

By Dr. H. GOULLON.\*

*(Continued from p. 470.)*

## FERRUM.

## A. Generalities.

WE know that *ferrum* is a sort of specific in chlorosis, especially when we have no very decided indication for the other chlorosis remedies proper to homœopathy such as *Calc. carb.*, *Lycop.*, *Pulsat.*, *Ignatia.*, *Sepia*, *Platina*, &c., or when the latter have already been given. The so-called *bruit de nonne* is said to be an indication for *Iron*; but if we reflect that this noise, besides being in the jugular veins, may also occur in the veins in the inner ear, and may then give rise to troublesome subjective auditory noises, we may understand how this metal may be of service in some affections of the hearing in chlorotic subjects.† We can also understand how a cure can sometimes be effected by a mere strengthening diet. Thus, Dr. Freytag relates a case of hardness of hearing which was removed by this means. As a consequence of cholera there occurred anæmia with a recurring dysecoia which was cured by this treatment of a strengthening regimen.

To this category also belong the cases of nervous dysecoia which are cured by instillation of drops of sulphuric æther. A case of this sort is related by Professor Rapp where the affection had lasted twenty years and yielded in fourteen days, and a similar case has been recorded by myself in the

\* From *Internationale Hom. Presse*.

† In other cases it may not be the veins, but morbidly dilated small arteries, which may give rise to subjective (and even to objective) noises in the ear, or even cause hallucinations. We have observed a most remarkable instance of such noises in the ear, that could be heard on applying our own ear to the patient's, in a case of epilepsy (see *A. H. Z.*, Bd. lxxx, pt. 4).

*A. H. Z.*, vol. 71, p. 124. This case was one of a typhoid process accompanied by debilitating perspirations.\*

b. *From the Pathogenesis.*

The proving of *Ferrum metallicum* in Hahnemann's R. A. M. L. II, p. 119, contains very few symptoms relating to the ear; ulcerative pain in the left ear; shoots in the right ear in the morning. Chirping in the ear as from crickets; roaring, relieved by laying the head on the table. These symptoms point to congestion, which is further corroborated by this, that after the employment of steel baths there occur increased development of heat, redness of delicately skinned parts, such as the lips, cheeks, and gums, and by their prolonged use, heat, anxiety, oppression of the chest, congestions in the lungs, disposition to hæmorrhage and actual inflammations. Some of the eye-symptoms may compensate for the scantiness of the ear-symptoms, as they may allow us to surmise what sort of effects may be produced on the latter organ by the influence of *Iron*. Thus, *Iron* causes in the eyes pain as from sleepiness, burning, redness, redness with swelling of the lids, with styes and muco-purulent secretion (scrofulous ophthalmia?).

c. *Clinical.*

*Fætid mucous discharge from the left external meatus with erethic dysœcoia and catarrh of the left Eustachian tube* (*A. H. Z.*, vol. 38, No. 6, Dr. Rentsch).

Anna S—, aged 11, of pale waxy complexion, complains of pains in the chest and abdomen, aching pain and throbbing in the left half of the head, hardness of hearing and roaring in the left ear. The child has a large head, the mental faculties are fully developed, bruit de nonne in the jugular veins, no signs of puberty, occasional palpitation of the

\* Sulphuric æther is recommended as a remedy for deafness in the *Bulletin de Therapeutique*, quoted in the monthly supplement to the sixty-first volume of the *A. H. Z.* for July, 1860. Sulphuric æther is dropped into the ear, or introduced by means of cotton wool into the external meatus. From 5 to 8 drops in children; from 10 to 16 drops in adults.

heart. Since her infancy she has had a discharge of foetid mucus from the left ear. Left meatus, fetid otorrhœa. Secretion muco-purulent, yellowish-white, greasy, mixed with fragments of skin.

A watch is heard at six inches distance on the left side; the tuning-fork is only heard on the left side.

The right meatus is partly filled with tough brown wax, in spite of this the watch is heard at a distance of one and a half yard. Roaring in both ears, especially the left.

After syringing the left ear and removing the wax from the right ear, the membranæ tympani of both sides were found to be healthy. The tuning-fork still heard as strongly with the left ear, the hearing distance of that ear two feet. Catheterization of the left Eustachian tube showed slight catarrh, the blown-in air penetrated into the cavity of the tympanum at first with rattling noise, afterwards in a continuous stream. After several blowings the hearing distance increased to three feet. The hearing distance of the right ear increased to four yards.

The noise in the ears was gone and the child felt freer in the head, the tuning fork was still heard on the left side. With the exception of a certain indolence the child was quite well.

*Calc. carb.* 30 every fifth night. Diligent syringing of the left ear with tepid water. After pursuing this treatment for four weeks, and frequent catheterization of the left Eustachian tube, the catarrh was almost completely cured, the tuning fork was still heard with the left ear, although the hearing distance of both ears was nearly the same, eight yards with the left, nine yards with the right ear. *Pulsatilla*, which has a great homœopathic affinity to such affections of the ear, and as is well known, is a main remedy in chlorosis, and seemed to correspond to the other symptoms, was given but did no good.

But *Ferrum metal.* (1:10) in ten grain doses night and morning for four weeks removed the discharge, the catarrh of the left Eustachian tube, the slight degree of hardness of hearing, the various noises and the chlorotic appearance. The patient acquired a blooming appearance. The syring-

ing and the catheterization were continued during this period.

The hardness of hearing in this case was caused not only by the catarrh of the external meatus, but chiefly by the catarrh and the slight obstruction of the Eustachian tube, hence the increase of the sound of the tuning fork in the left ear was only caused by the diseased condition of the Eustachian tube. That the influence of the catarrh of the external meatus on the auditory nerve was unimportant is proved by the rapid amelioration of the hearing after the first cleansing of the meatus, whereas the increased sound of the tuning fork remained for a long time, because the catarrh of the Eustachian tube persisted longer.

#### *Observation.*

#### *Ferrum iodatum.*

This medicine has proved of use in chronic catarrh of the tympanic cavity, swelling of the mucous membrane of the Eustachian tube, and frequent formation of abscesses in the external meatus each time with discharge from the ear for several days. Aggravation of the noises accompanying the catarrh by drinking coffee.

### GRAPHITES.

#### A. *Generalities.*

*Graphites* is one of those remedies whose direct relation to the hearing can be proved, and in cases of noises in the ear caused by habitual congestions (the common cause of deafness in young persons), as also in hardness of hearing caused by herpetic deposits in the walls of the meatus, is capable, if not of removing the dysecoia completely, of preserving the auditory faculty from further degradation.\* But it is not only the herpetic deposits

\* See *A. H. Z.*, vol. xiii, pt. 4: "Contributions to Pharmacodynamics on Homeopathic Principles," by Dr. Lobethal, of Breslau. This author makes the dose dependent on the susceptibility of the patients, but in most cases he employs the first trituration.

(more correctly exanthema) on the meatus, that indicate the employment of *Graphites*, but also impetiginous and eczematous affections in other parts, especially behind the ears. Designed and accidental suppression of eruptions and affections of the hearing occurring in consequence, or after such suppression, call for the employment of *Graphites*. Further, dysecoia after suppressed hæmorrhoids with accompanying constipation. Other indications for *Graphites* in dysecoia are frequent sore throat, catarrh of the Eustachian tube; and Rückert observed that the chronic dysecoia curable by *Graphites* was always accompanied by noises in the ear (Weber-Liel's progressive dysecoia). Finally, spasms of the stomach, amenorrhœa, and dirty colour of the skin (depending on anæmia) point to the use of *Plumbago*.

Deafness and dryness of the meatus and scanty secretion of wax are, according to Clifton, cured by *Graphites*, especially when the deafness is not aggravated but rather ameliorated by noise (paracusis Willisiani), or that the patient hears almost as well as other people when walking in the streets of London or travelling by rail.

### B. From the Pathogenesis.

a. *Objective proving symptoms*.—Of these, *Graphites* offers more than any other remedy, namely, dryness of the internal ear, red, hot ears. Swelling of the left ear internally. Exudation of lymph that becomes hard (after scratching the lobe of ear and cheek). Scabby eruption behind ears, or moist and raw spots; ulceration of the left tragus. The eruption behind the ears scales off and improves.

Bad smell from the ears.

Purulent and bloody discharge.

Swelling of the glands behind the right ear, with tension.

b. *Subjective proving symptoms*.—Symptoms of earache. Shooting or tearing in the ears. Throbbing in the ear (in bed in the morning), on stooping, and after eating. Sensation as if water were in the ear. Cracking in the ear



at every step like a valve,\* or whenever he eructates a feeling as if air penetrated into the Eustachian tube. Impaired hearing when driving in a carriage. Ringing in the ears; singing, humming, roaring and buzzing. Worse at night and during full moon (also with stopped up feeling of the ears). Thundering, rolling, hissing, bubbling when stooping with heaviness of head, as also when rising up again and leaning back (as if something fell forwards and backwards). Cracking, banging, and bursting when eating, during the act of swallowing.

The subjective results of proving accurately represent those symptoms which are always more or less present in stoppage of the Eustachian tube. The sensation as if something fell back and forwards is very characteristic of this state. *Graphites* (and *Mercurius*) will therefore be always of great use in catarrh of the middle ear in general, and especially in catarrhal affections of the mucous membrane of the Eustachian tube.

c.—*Clinical.*

1. *Chronic catarrh of the right Eustachian tube, with erethic dyscoia.*

Mr. R—, aged 58, bath proprietor, formerly subject to piles and spasms of the stomach, had been quite well for five years, but for a year past he has noticed a stopped up catarrh of the right side, with periodical discharge of yellowish fetid nasal mucus.

For four weeks he has had roaring in the right ear, with a feeling as if a skin were before that ear. He hears the beat of the internal carotid, every word he pronounces and every step he takes resound in the ear, on sneezing and driving the air in he has cracking in the ear. Palate and fauces rather red.

Hearing distance of the right ear  $2\frac{1}{2}$ " , of the left  $1\frac{1}{2}$ " ,

\* This must be the same symptom often noticed by patients, which they compare to the snapping of a thread (in the spinning wheel). In such cases I have seen a cure effected by *Mercurius* (which, as an ear medicine, much resembles *Graphites*).

the tuning fork heard only in the right ear. External meatus healthy, on the right membrana tympani dilated blood-vessels are visible. Catheterization of the right Eustachian tube causes mucous râles, followed by noise like rain, after which the noises went off and the hearing distance increased to 6''.

*Acid. nitri* produced no effect in twelve days.

*Graphites* 1 two grains at night cured the affection completely in eight days, the stuffed catarrh was also removed. Hearing distance of both ears the same, the tuning-fork heard equally well by both ears.

## 2. *Dysecoia* (Altschul's *Real-Lexicon*, p. 126.)

A young man suffered from hardness of hearing after having had inflammation of the ears. *Graphites* 1 cured him. An eruption behind the ear, that had previously existed, returned, and on that the hardness of hearing gradually went off. (Altschul recommends that the *Graphites* should be discontinued on the appearance of the eruption, in order that it may not become too extensive.)

## HEPAR SULPHURIS CALCAREUM.

### A. *Generalities.*

The good effects of *Hepar* in common scrofulous ophthalmia are well known, and it is equally efficacious in common scrofulous inflammation of the ear, particularly in purulent or muco-purulent, acute, subacute, and chronic otorrhœa. Its specific power in swelling of the tonsils and catarrho-inflammatory processes in the parts adjoining the Eustachian tube belong to its character as an aural medicine. Chronic irritations of the fauces, pharynx and larynx, and thence resulting catarrh and its consequences in the middle ear, either occurring sympathetically or extended topically from those parts often demand the employment of *Hepar*. The same is the case in complications with nasal affections, in abscesses in the ear (along with or after *Silica* and

*Mercur.*), in suppurating eruptions on the head, or in suspected cases of abuse of *Mercury*.

### B. *From the Pathogenesis.*

The most important *objective proving-symptom* is indisputably *purulent discharge from the ears*, impetigo on and behind the ears. Signs of inflammation of the ears:—Heat and redness of the ear, and increase of the ear-wax which we do not often find in the pathogenesis of other approved aural remedies, but which is a correct observation and has its analogue in the eye in blepharitis ciliaris.

*The subjective proving-symptoms* particularly noteworthy are, in addition to the common roaring in the ears, deafness with noise in the ears (like *Graphites*), whistling and cracking (when blowing the nose), the pains which are most at night when in the recumbent posture (the roaring becomes also worse in bed at night), and sometimes pain in the external ear, sometimes jerking pain through the ear or shoots in it, or itching in the ears.

### C. *Clinical.*

#### *Otitis catarrhalis externa.*

(*A. H. Z.*, vol. lxxxvi, No. 22. Goullon Jr.)

A scrofulous child with congenital wolf's fauces, and atresia congenita of the right meatus externus, got in addition to an already existing purulent inflammation of the left middle ear and an ulcerative perforation of the membrana tympani the size of a lentil, catarrh of the left external meatus, which owing to the swelling of the affected parts caused a hardness of hearing almost amounting to complete deafness.

*Hepar sulph.*, 3rd and afterwards 2nd trit., as much as will lie on a penknife's point morning and evening for eight days, removed in that time the catarrh so that the former amount of hearing returned. Nothing else was used except a few injections of warm water.

## IODINE.

## A. Generalities.

"The employment of *Iodine* is very useful in scrofulous affections of the ear and the defects of hearing thence resulting. In the phlegmatic temperament, pale face, disposition to rheumatism, and great secretion of mucus in the throat and adjoining parts, particularly the Eustachian trumpet, *Iodine* (together with *Mercurius*, *Hepar*, and *Graphites*), is particularly efficacious."\*

Besides this, *Iodine* has a specific action on the tonsils. When, after catarrhal inflammation of the tonsils, the swelling is very obstinate, or there is chronic hypertrophy of the tonsils, as is often found in female singers, *Iodine* (3rd trit. daily or every other day), proves doubly advantageous in removing not only the swelling of the tonsils and consequent occlusion of the Eustachian tube, but the hardness of hearing caused thereby.

*Calc. iodata* is also equally efficacious.

Tscharner (*Schw. Zeitschr.*, 1851) recommends *Iodine* vapour (*T. iod.*, gtt. 2, Aq. 90·0), in chronic inflammation of the cavity of the tympanum of a scrofulous character cured. Dr. Huber says of *Iodine* that it cures catarrhal dysecoia which has been caused by the propagation of the catarrhal process from the fauces through the Eustachian tube to the middle ear. While *Pulsatilla* is to be preferred in acute cases, *Iodine* is preferable in chronic cases.

## B. From the Pathogenesis.

Hardness of hearing and earache are the most important symptoms observed by the provers of *Iodine*. To this may be added—sensitiveness of the hearing to noise, indicating hyperæsthesia, as we have met with in *Belladonna* and *Borax*; this symptom being a sign of erethic dysecoia. Less characteristic is the noise in the right ear "like the

\* *A. H. Z.*, vol. xiii, No. 14: "Contributions to Pharmacodynamics on Homœopathic Principles," by Dr. Lobethal.

sound of a mill," for we find this symptom in every case of stopping up of the external meatus, which, however, may exist without it. The same may be said of "buzzing in the ears."

c. *Clinical.*

1. A blind teacher of music who for a long time had been affected with hardness of hearing and whose affection of hearing seemed to be connected with fluidity and increase of the ear-wax, which collected and had to be removed every day, got *Iod.* 3rd trit., at intervals of forty-eight hours. This treatment continued for three weeks restored the hearing to its normal state.

A relapse that occurred a year later was cured by the same remedy, but it had to be given for ten weeks.

2. Miss L—, aged 21, was always somewhat deaf with the left ear. After an attack of acute bronchitis deafness came on in the right ear and gradually increased. Nothing abnormal to be seen in the meatus and memb. tympani. The affection seemed to be located in the mucous membrane of the Eustachian tube. *Iod.* 3<sup>r</sup> three times a day. After some days she heard a snap in the ears and perfect hearing returned for some hours, but the deafness returned, though not to the same degree as before. A similar crack was afterwards followed by the same result, and in from three to four weeks the hearing of the right ear was completely restored, and the left was more sensitive to sound. (Dr. Hughes, *Raue's Record*, 1872).

3. (*A. H. Z.*, vol 33, No, 16, Dr Baertl).

Otorrhœa in a soldier, of scrofulous nature; several remedies, including *Silica*, had been tried but in vain. *Iod.* 2, a dose every forty-eight hours, did good, but as the amendment did not progress very rapidly, a dose of *Iodine* was given every day, and the disease was permanently removed after a few doses.

## KALI CARBONICUM.

## A. Generalities.

The utility of *Kal. carb.* for a certain category of affections of the hearing will be evident when we consider that there is scarcely any other medicine which has a greater power of allaying the irregular and excessive action of the heart, on which hardness of hearing and noises in the ear so frequently depend. There are scarcely any affections of the hearing that are not aggravated by influences that act on the circulation. In pure anæmia, the excitants, as we observed when treating of *Ferrum*, must prove necessary and curative. *Kal. carb.* deserves the name of a homœopathic remedy for affections of the hearing, when the auditory affection depends on a morbidly increased action of the circulation, or when there is an intermitting pulse indicating a qualitatively altered movement of the blood, or lastly when there are shooting pains.

The sphere of action of *Kal. carb.* will be understood when we remark that in its pathogenetic therapeutic relation it closely resembles *Sepia*; only with this difference, that *Sepia* has more chlorotic symptoms, whereas *Kal. carb.* has a greater likeness to the plethora symptoms of *Nuxvomica*. But in this *Kali* and *Sepia* agree, and the indication for their otiatric value lies in this, that both deserve to be called cardiac or circulation remedies in the same sense. They both are suitable for cases where the patients feel disagreeably the beat of the pulse in various parts of the body, *e. g.*, in the temples (when lying); but *Sepia* is more especially suited for predominant venosity, *Kali* for predominant affection of the arterial system. If we want to have a notion of the morbid picture, which as far as hearing is concerned is adapted for *Kali*, we may see this in the consequences of excessive coffee-drinking (acute coffee or caffeine poisoning) roaring, beating, hammering, heat in and outside the ear caused by increased vascular action, dysecoia from the same cause, a feeling as if an apopleptic effusion, epistaxis or inflammation of the ear were about to ensue—

such are the consequences, as disagreeable as they are characteristic. A glance at the pathogenetic effects on the ear recorded by Jahr will justify and confirm what we have said.

*B. From the Pathogenesis.*

*a. Objective proving-symptoms.*—Inflammation and swelling of the inner ear with pain round about; an abscess forms in the ear. Discharge of foetid fluid from the ear. Discharge of fluid wax and pus (preceded by tearing in the ear). Eruption of pimples on the ears; soreness and supuration behind the ears. Redness and heat of the external ear.\* Inflammation and swelling of the parotid gland. Hard painful swelling. Secretion of much wax (as with *Hepar*).

*b. Subjective proving-symptoms.*—Earache. Tearing even into the bones. Jerking and pinching. Shooting in the ears (in bed at night). Sharp shooting over the ears towards the back, going off on shaking the head. Shooting out from the ears (with a similar sensation in the stomach and œsophagus). Boring, aching and throbbing, at night when lying on the ear, or hammering that interferes with hearing.

Itching in the lobe of the ear, and very severe itching in the ears. Feeling as if water flowed out of the ear. Feeling as if the ears were stopped up. Sudden feeling as if something fell before one ear with ringing noise that causes the head to shake. Dull, diminished hearing (in the evening slowly increasing and decreasing). The well-known phenomena of singing in the ears, ringing, roaring and humming noises, cracking, bubbling, &c.

\* It is only to the superficial observer that it will seem to be contradictory when we read "Coldness of the ears, even in a warm room." All depends on the time when this symptom is observed. We all know that in the course of a megrim-headache the ears (and also the nape and hands) may at one time feel cold, and a few minutes later, corresponding to the course and progress of the megrim, the ears will again become hot and red. The artificial disease presents similar phenomena of action and reaction.

*Observation.*

We know how much or rather how little importance we can attach to the last named symptoms—like roaring, singing, humming, &c., and how variously these subjective phenomena of the proving may be described, when we have the opportunity of meeting with them in a concrete case of disease. From an opponent's side the question may be asked with a certain degree of justification: How does the homœopathic law of similarity answer and what use can be promised from its application in those cases in which the morbid symptoms, such as roaring, humming, hardness of hearing, &c., point to a certain remedy in which a removal of the morbid cause, that is to say the cause that produces the symptoms, as for instance, a plug of wax lying upon the memb. tympani, is not possible? The same is the case with a mechanical stoppage of the Eustachian tube. To this objection we may reply: Our remedies can do nothing for dead or unorganised substances, but they are able to counteract the pathological hypersecretion of the wax; they are able to bring back to the normal condition the morbidly altered function of the mucous membrane of the middle ear including the Eustachian tube, in this way they can effect a diminution of the thickening of the mucous membrane; and who can deny that by all those influences the bad effects of these more or less mechanically injurious agents will be to a certain extent diminished? Besides, no one pretends that those vague subjective signs of perverted auditory impressions, such as cracking, roaring, stopped-up plug, &c., will alone suffice to warrant the choice of a remedy in the sense of its being an infallible specific. Such symptoms are rather to be held as of secondary importance, and this position we have given them by placing them after the objective symptoms.

## LYCOPodium. •

## A. Generalities.

Lobethal recommends *Lycopodium* in cases of hardness



of hearing or deafness caused by otorrhœa, especially in cases of metastasis after scarlatina (here also *Acid. nitri.*). Here the organic parts of the middle ear, particularly the ossicula, are not affected; if the child is scrofulous, and troubled with swollen cervical glands, the derangement of the hearing may show itself in roaring, humming, or any other way, *Lycopodium* is a sure remedy. It speedily rectifies the bad quality of the discharge, the ill colour and the fetid smell, and benefits the impaired hearing in proportion as the discharge is diminished. In another place—*A. H. Z.* Vol. 19, No. 1—Lobethal ascribes a more profound action to *Lycopodium*, for he recommends it in otorrhœa when there is actual suppuration of the ossicula and internal ear (acute and chronic otitis interna, or periotitis auris media of Rau).

Alther had previously given as the indication for *Lycopodium*—otorrhœa with hardness of hearing. This much too vague indication for this medicine could not have entitled this author to claim a priority had he not indicated more specially the kind of dysecoia, which occurs in conjunction with an eruption on the head with fetid exudation. In such cases we may rely on *Lycopodium*, whose relation to the liver and to the abdominal functions in general, as also to gout, should lead us not to undervalue it as an ear remedy. I have often observed that patients affected with subacute catarrh of the stomach complain of noise in the ears, and that a few doses of *Lycopodium* remove both the catarrh and the noises.

#### *B. From the Pathogenesis.*

Besides suppuration and discharge from the ears, moist scabby eruption on and behind the ears, we find only subjective ear symptoms, such, namely, as lead us to infer plethora, congestion or hyperæmia. To this category belong both the over-sensitiveness to noises, as also the diminished hearing amounting to marked dysecoia, the roaring and humming in and before the ears, the tearing in the meatus, shooting in the ear, earache, and what is

described as rush of blood to the ears, "also with the feeling of the blood being hot."

c. *Clinical.*

1. *Deafness* (*A. H. Z.*, Vol. 13, No. 16).—A boy, aged 9, had become deaf-mute after a severe attack of scarlatina in his third year. He had forgotten how to speak, because he no longer heard, and was about to be sent to a Deaf and Dumb Institution. The otorrhœa which, in Lobethal's opinion, was the cause of the deafness was precisely of the kind described above as suitable for *Lycopodium*. The hearing and power of speech were awakened from their six years sleep, as after one year of treatment he not only heard everything, but displayed a peculiar aptitude for the German language, and was able to express himself with perfect distinctness in all things pertaining to ordinary life.\*

2. *Hardness of hearing* (*A. H. Z.*, Vol 19, No. 1).—A girl, aged 17, who had almost completely lost her hearing after an otorrhœa of ten years duration, was almost completely restored by *Lycopodium*. Her hearing was so much improved that she could without difficulty carry on ordinary conversation.

3. *Hardness of hearing* (*Hygea*, XVIII, No. 1).†—Dysecoia with loud noises in the ear for six weeks in a woman aged 50, who had previously suffered from digestive derangement, and had had itch, permanently cured by *Lycopodium*.

\* Lobethal gives in this, as in all other cases in which it was indicated, *Lycopodium* 18, at intervals of 2, 3, and 5 days.

† In the same place there is an instructive case by the same remedy, which we may mention here, as it may perhaps enable us to infer by analogy the menstrual nexus in the above case of dysecoia. *Lycopodium* 4 was of use in a slight uniform dimness of the crystalline lens, a consequence of typhus, in a woman of 39. *Puls.*, *Sepia*, and *Cannabis* had been ineffectually employed. The woman, who after her last confinement had not menstruated, saw everything as through a mist. She got *Lycop.* 4. Six days afterwards the menses reappeared. After six weeks the sight was completely restored.

## MANGANUM ACETICUM.

A. *Generalities.*

*Manganese* is an auditory remedy in a double sense. First, like *Ferrum*, seeing that according to the views of modern physiological physicians, *Manganese* and its salts, like *Iron*, act as a hæmoplastic and hæmostatic remedy, and thus act curatively in the sanguification; hence it is applicable in dyscrasias like chlorosis, scorbutus, and syphilis. Then the provings in the healthy show it to have a specific relation to the bones, the periosteum, and as regards the special regions of the body (besides the larynx and trachea) to the organs of the senses. Of these organs the eye and the ear are particularly under its influence. We may therefore confidently administer it in what frequently causes (chronic) otitis interna, I mean the perios-teal inflammation of the middle ear, where we find also the indication for *Aurum*. In such cases also *Silica*, *Mercurius*, *Mezereum*, *Hepar*, and even *Lycop.* and *Calc. carb.* are sometimes the suitable remedies. The ear symptoms of *Manganese* are also reproduced in the pathogenesis of such remedies as are of use in scrofulosis, in obstinate glandular swellings and (dyscrasic) affections of the bones.

B. *From the Pathogenesis.*

The copiousness of auditory symptoms which *Manganese* presents must induce therapeutists to ascertain its true sphere of action as an otiatric remedy. It will then appear to be no vain speculation if we place in the forefront of the symptoms those which give a sort of corroboration of the above-mentioned inference that *Manganese* finds its right application in purulent inflammation of the middle ear. This inflammation begins, as a rule, from the memb. tympani. But there are few remedies which offer symptoms referrible to the memb. tympani. But in this remedy, we find, *inter alia*, "Scratching, shooting, in the region of the memb. tympani, or creeping tickling not removed by introducing the finger." Further, "shooting pain in both

ears every time he speaks; drawing shooting each time he laughs, from the stomach to the left ear and the region of the memb. tympani, or when walking quickly, and especially in the forenoon, from the forehead to the ear, shooting out at the memb. tympani, and gradually ceasing when he stands still." Not less important and corroborative of our hypothesis are the following symptoms: digging in the internal bones of the ear at night, ulcerative pain in the right concha in the evening; pain in the external ear on touching it, earache, tearing in the mastoid process, jerking tearing in the ear. Other symptoms point more to symptoms of inflammation in the mucous membrane of the middle ear than in the periosteum (otitis catarrhalis interna), which usually goes from the Eustachian tube and involves the latter in the affection. The following are to be considered connected with this malady: hardness of hearing as if the ears were stopped up, removed by blowing the nose, ameliorated or aggravated by the state of the weather. (For this form of auditory ailment, *i. e.*, catarrh of the tube, *Manganese* has rivals in *Mercurius*, *Silica*, *Hepar*, *Iodine*, *Graphites*.) Humming and rushing in the ear; roaring after stooping, with diminished hearing, as if the ears were closed. Characteristic of the middle-ear catarrh is cracking on blowing the nose and swallowing, whilst "squashing on yawning" may be referred to perforative catarrh, showing purulent secretion in the tympanic cavity, and destruction of the memb. tympani. This squashing noise is more distinctly heard in this region when the patient performs the manœuvre of Valsalva, that is to say, presses the air into the ear when he holds his nose.

c. *Clinical.*

*Hardness of hearing.*—A dysecoia in a boy of 8, aggravated by bad weather, was increased during three days by *Mang.* 6, but then there occurred considerable improvement.

## MERCURIUS SOLUBILIS.

A. *Generalities.*

The value of *Mercurius* in scrofulosis is as well known as the fact that the greatest number of ear affections are met with in scrofulous subjects. This of itself is sufficient to show the importance of this metal and its several preparations in otiatric practice. But it is especially the processes attended with suppuration which demand its employment, and so also in affections of the ear. We are familiar with a form of otitis formidable on account of its frequency as well as its tendency to cause extensive destruction, sometimes threatening life itself, which proceeding from the memb. tympani soon involves the osseous structures. This is the so-called otitis interna or periostitis auris medise, in contradistinction to otitis catarrhalis interna, which usually proceeds from the Eustachian tube and does not destroy the memb. tympani. Every kind of periostitis is suitable for *Mercurius*, which moderates the intense pains connected with it and is able to modify its whole course.\*

When there is a very fetid purulent discharge we always find that the memb. tympani is perforated. If the discharge ceases fresh inflammatory symptoms may appear, which sometimes occasion death from apoplexy. But in catarrh with a merely sero-purulent discharge, however it may arise, *Mercurius* is an appropriate remedy. So also in catarrh which results in polypous excrescences and the actual development of polypus.

B. *From the Pathogenesis.*a. *Objective proving-symptoms.*—Rawsness and excoria-

\* Dr. R. Molin, of Vienna, has given a description of otitis media purulenta (see *antè*, p. 141). In his cases the bones were not affected, so that this disease is evidently not Rau's otitis interna. So when he says that the remedies for his purulent inflammation are *Bellad.* in the commencing stage and *Arsen.* as the chief remedy, he gives a corroboration of what we have said, namely, that *Arsen.* is good for otitis interna without implication of the osseous structures; whereas *Mercury* is the remedy when the bones are implicated.

tion in the interior of the ear; ulcerated state of the concha; redness and heat of the lobe, with pimples afterwards.

Discharge from the ears of moisture; fluid ear-wax or pus. Fetid bloody pus. Abscess in right ear. Discharge of blood from left ear.

Spongy growths in ear.

Swelling of parotid glands.

*b. Subjective proving symptoms.*—Pinching and aching in ear, preventing sleep, and with pain on touching. Violent pain as if something would be forced out of the ear. Tearing and shooting in ears, especially on stooping. Aching and icy-cold feeling, aggravated in bed. Burning in ears.

Ear and meatus painful, as if inflamed. Pains in the whole head and side of the face preventing sleep.

Itching in ears, and sensation as if cold water were flowing out.

Hardness of hearing of both ears, with stopped-up feeling, which is temporarily relieved by swallowing or blowing the nose. Every noise sounds loud in the ear.

Roaring before the ears with dysecoia; on lying in bed, or with pulsating rhythm, or with a feeling of being stopped up.

Humming, buzzing like wasps, fluttering, scratching, ringing, especially in the evening.

### *c. Clinical.*

1. *Fetid discharge from the ear with polypous growth and chronic inflammation of the membrana tympani; dysecoia.*

M—, æt. 28, tin-smith, when six years old had measles, which left behind otorrhœa from the right ear; to which, after several years, dysecoia and noises in the ear were added. The smell of the discharge was so bad that no one could remain near the patient; and its amount was so great that his clothes and his pillow at night were soaked with it.

Hearing distance for a watch:—Right, 0; left, 1½ yard.

Tuning-fork heard only with the right ear.

The right meatus externus was filled by a polypus of soft consistence. The stem of the polypus could be traced by the probe far into the meatus, and this operation caused some hæmorrhage. The mucous membrane of the meatus, as far as it could be seen, was red, swollen, raw, and very tender. The discharge yellowish-white, muco-purulent, fetid.

Left meatus externus and membrana tympani healthy.

*Merc. sol.* 3 two grains at night externally; repeated injections of warm water and sprinkling of one grain of *Merc. sol.* at night.

The smell of the discharge, and the discharge itself, diminished; and after six days the polypus fell off. After being syringed and dried with cotton wool the meatus could be examined in its depth. On the spot where the polypus arose, on the internal and posterior part of the meatus (where polypi generally arise), only a trace was to be seen; but the membrane of the drum showed a dark red, granulated (like fish roe) convex surface, which was very sensitive when touched with the probe. The mucous membrane of the meatus was pale and still swollen; deep in it was also granulated and dark red.

Hearing distance 2"; tuning-fork only heard on the right side, but not so loud as before. Eustachian tube and cavity of the drum appeared free.

Under the continued use of *Merc. sol.* 3, two grains every other night, and the daily injection of tepid water, the discharge ceased completely in four weeks, the granulations of the membrana tympani and meatus also disappeared, the hearing distance increased to 8", the noises in the ear ceased, but the tuning-fork was still heard loudest on the right.

At the last examination the membrane of the drum showed a smooth slanting surface; it was still dark red, satiny; the handle of the malleus could only be indistinctly perceived; at a spot inferiorly there were whitish shreds like dry epidermis, painful when touched with the probe; the meatus was dry; the mucous membrane pale red, still

sensitive. Hearing distance one foot; tuning-fork still heard loudest on the right side; no noises. The hearing distance of the left ear was considerably increased.

The patient declined further treatment, and no more was heard of him.

To this interesting case Dr. Rentsch appends the following remarks:—In spite of the serious disease the auditory nerve remained healthy, hence the tuning-fork was heard most distinctly with the affected ear. When the polypus no longer stopped up the ear, the remaining thickening of the membrana tympani caused the increased loudness of the tuning-fork, which continued to the end of the treatment.

2. Hermann Schr. complains of pains in the left ear, the external meatus of which is narrowed; its swelling prevents the membrana tympani being seen. The patient has the sensation as if a reel were turned about in the head and snapped after a few turns. Feeling of fulness and as if stopped up, as if a wedge were driven in.

After *Bellad.* had removed the inflammatory symptoms in a few days, the hardness of hearing and the above-described disagreeable sensation of snapping and pressure in the meatus yielded to *Merc. sol.* 30 (three drops in 30 grammes of water, a teaspoonful every three hours). After taking this three times the patient awoke feeling the ear free and could hear the watch ticking.

3. *Dysecoia.*—A gentleman suffered for three or four months from increasing deafness in the left ear with deficient secretion of wax, frequent drawing pinching and sometimes shooting pains down to the jaw, constant throbbing in the ear and feeling of swelling and tension below it. With the exception of some hæmorrhoidal itching in the anus he was quite well. He attributed the affection to an injury inflicted in the ear when clearing out the wax. After *Lachesis* 30, four globules in water a spoonful three times a day, the pains in the ear and the tension below it ceased, and some dark wax was again secreted, but the dysecoia remained unaltered. After *Merc. sol.* as above, the patient experienced, after using the remedy two days, repeated cracking in the



ear, after which the hearing was completely restored (Dr. Drury, *Hom. Times*, 1853, No. 209).

*Observation.*

The much-talked-of *Salicylic acid* is a pharmacodynamical analogue to *Merc.* as a homœopathic ear remedy.

Dr. Lewi proved *Salicylic acid* on himself (he swallowed a mouthful of a solution of two grains of the 1st decimal dilution), and besides increased difficulty of swallowing, especially on the right side, he experienced "an extremely painful shooting, out-drawing out of the mouth, from the region of the Eustachian tube to the external opening of the meatus externus and the inner concha. Further, swelling of the right tonsil externally below and to the side of the angle of the jaw, rather painful when touched," &c.

**MEZEREUM.**

*A. Generalities.*

*Mezereum* accidentally follows here in the alphabetical order the remedy it most closely resembles in pathogenetic and therapeutic respects. It is not only that its main action (besides that in the fibrous membranes, the mucous membranes, and the external skin) is manifested on the bones, it also causes, like *Mercury*, an increased secretion from the salivary glands—salivation.

Tearing jerking pains in the muscular parts, in the bones and joints (on one side of the body); osseous pains at night with swellings on them as after abuse of *Mercury*; pains in the bones of the skull, increased by touch. All these are established indications for *Mezereum*, to these may be added special symptoms of the ear:—Ringing in the ears and swelling of the parotid glands (with shooting pains in the submaxillary glands); stopped-up feeling; tension behind the ears with tearing, in periodical jerks. Finally, biting itching eruption behind the ear.

From these symptoms it is evident that this remedy promises a fruitful employment in the most important and most deeply-seated affections of the organ of hearing, hence, especially in the dreaded periostitis auris mediæ (otitis interna). If the affection is complicated with syphilitic or mercurial antecedents, the conclusion that *Mezereum* is the appropriate remedy becomes still more evident. But morbid affections in the muscular tension apparatus of the middle ear, which are often confounded with affections of its mucous membrane, belong to the curative sphere of *Mezereum*. The circumstance that osseous (fibrous) mucous and cutaneous tissues are simultaneously affected by this drug, which is one of our most powerful medicines, should constitute for the aurist a weighty reason for making use of it in suitable cases.

#### B. Clinical.

*Dysecoia*.—G. W—, aged 17, small but well made; healthy since nine years old, with the exception of hardness of hearing dating from his fourth year. When three years old he had an extensive eruption on his head, which was removed by pitch-plasters. The sore places were burnt with lunar caustic, whereby the eruption was cured, but since then the child's hearing was impaired.

The ticking of a loud watch he can only hear at a distance of 3½ inches. Ear-wax normal, so also the conducting of sound through the teeth. Membrana tympani thickened. Eustachian tubes free. According to his mother's account, the child's head was covered with an eruption consisting of whitish, hard, almost horny scabs or scales; between these were fissures from which, when pressure was applied, a thick, yellow, fetid pus exuded. At night the itching was so great that the child scratched off the scabs. These symptoms, as Dr. Carroll Dunham observes, are characteristic for *Mezereum* according to Wahle's proving (see *Am. Hom. Rev.*, II, 164).

February 3rd, 1857.—One dose of *Mezereum*  $\frac{3}{32}$  at night.

24th.—Hearing distance 4½" on the right, 4¼" on the left. *Sacch. lact.*

March 1st.—No improvement. *Mezereum*  $\frac{3}{30}$  and *Sacch. lact.*

27th.—Hearing distance 6 $\frac{1}{4}$ " right, 7" left. *Sacch. lact.*

September.—Improvement went on until four weeks ago, when without obvious reason the hearing grew worse. *Mezereum* as above.

January 27th, 1858.—Hearing distance 14" right, 24" left. The dysæcoia comes on after taking cold (coryza) and goes off again. *Mezereum* 30, as before.

March 10th.—Cured. The opacity of the membrana tympani gone, and its elasticity sensibly improved.

## NITRI ACIDUM.

### A. Generalities.

Dr. Alther, of St. Gallen, saw in *Acid. nitr.* a remedy which should be especially useful in caries of the mastoid process; and it also was of service in auditory derangements depending on swelling of the tonsils (especially in cases of evident abuse of mercury). Not unconnected with the latter recommendation of Alther's is Dr. Lobethal's indication for *Acid. nitric.* in the otorrhœa following scarlatina. By it he reduced to a minimum a very fetid ichorous otorrhœa in a deaf-mute boy of 7. We do not doubt for a moment that the reason why *Nitric acid* is of great service to the practical aurist is a general one. And, first, we must consider the anti-scorfulous properties of the medicine. So also its utility in certain scorfulous ophthalmias of the most obstinate description has long been known. We must lay equal stress on the specific relation of *Nitric acid* not only to hæmorrhages, but also to congestion and blood-stasis, which play a considerable part in affections of the internal ear. Thus, all those things that cause an increased flow of blood into the ear, as coffee-drinking, indulgence in alcoholic liquors, also mental affections, a stooping posture, &c., almost always cause a diminution of the hearing faculty, increased noises, throbbing, humming, &c.

Among the most frequent discoveries revealed by an inspection of the membrana tympani are markedly increased injections of the tympanum and its surroundings; and we are justified in supposing that similar states occur on the far side of the membrana tympani. But there are other phenomena that justify the employment of *Nitric acid*. Such are the condition of the tonsils, the frequent observations of diphtheria, also the proof of a hydrogenoid constitution or a syctic dyscrasia, certain diseases of the eye, &c. Finally, we should not forget that chlorosis, for which *Nitric acid* is too rarely employed by homœopaths, does not exclude excess of blood in certain parts. Thus, we can easily conceive that a congestive state of this sort may exist in the nose, the ear, or the eye, in spite of the anæmia of the limbs and the chlorotic complexion.

In another place we have shown that a pernicious otorrhœa may have the same pathognomonic signification as a fluor albus from the vagina, a blennorrhœa of the nose, a chronic intestinal catarrh, &c. From this point of view we may have confidence in *Nitric acid*, which, moreover, appears indicated in many diseases of the bones and periosteum, in caries, and in necrosis.

Lutze drew attention to the curative power of *Petroleum* as complementary to the action of nitric acid (perhaps on account of its relation to hypertrophied tonsils!); but we think that the antagonistic effects of *Mercury* and *Nitric acid* are more worthy of remark.

## NUX VOMICA.

### A. Generalities.

All who are conversant with the influence and the physiological effects of *Nux vomica* on the circulation, especially on that of the venous system, or who have learned to appreciate its curative relations in so-called plethora abdominalis, *i. e.* that array of derangements which can with truth be referred to congestions of the portal system, will understand to what extent and on what occa-

sions this malady (indisputably one of our greatest poly-chrests) will be of service in affections of the auditory apparatus. These will be especially those secondary affections which must be considered as consequences of primary diseases of the abdominal organs, and which follow the lead of the latter into the paths of the venous circulation itself. A practical proof of the reliableness of *Nux vomica* is afforded by the circumstance that the subjects for whom *Nux* appears indicated experience aggravation of their ailments generally complicated with hyperæsthesia of the serous membranes and gastric and bilious affections, by coffee, tobacco, sedentary life, excesses in Baccho et Venere, as also by rich, luxurious, and concentrated food; for these are in fact the sources of their sufferings. To this we may add the aggravation in the morning so characteristic of *Nux*, which is observed also in the noises in the ear curable by *Nux*. He who is conversant with the constitution adapted for *Pulsatilla* will, *eo ipso*, understand to make a proper use of *Nux vomica*, which may be considered its opposite. Further, the circumstance that *Sulphur* decidedly supports the action of *Nux vomica* in appropriate cases will facilitate the choice of the latter.

The periodicity which is peculiar to many derangements of the hearing is found in the pathogenetic properties of this remedy, whose curative power in pure neuralgias (the very prototype of pathological periodicity) is highly estimated. If we consider also the nocturnal appearance and exacerbation of the anomalies of hearing for which our remedy is suitable, we shall have a sufficient number of guiding points for practice.

#### B. *From the Pathogenesis.*

The subjective symptoms are almost the only ones, for of objective symptoms we have only "swelling of the parotid glands."

Shooting in the ear, ringing in the ears, and roaring are alone to be reckoned among the pathogenetic effects of the healthy that have been clinically corroborated.

But besides these the following are noteworthy:—Pains in the ears, worse when coming into a room, and at night in bed. Tearing in the ear, also behind it, or extending into the face; tearing stitches towards the interior in the evening; shooting jerks in the meatus. Painful blows in the interior, also pinching like earache. Shooting drawing like screwing when chewing and pressing the jaws together. Itching in the ear (also with crawling creeping) or in the Eustachian tube, disturbing the night's rest, and compelling frequent swallowing.

Loud reverberation of one's own words in the ear (*paracusis*); nocturnal noise in the ear like the sound of a mill-wheel; ringing hissing; chirping at night as from crickets; humming and buzzing; crepitation, also when chewing.

### c. *Clinical.*

1. A very sensitive lady was relieved by *Nux* 1 of dysecoia with ringing in ears, which went off when at rest, but reappeared when she moved (*Hygea*, vol. xviii, No. 1).

2. Dysecoia in a gamekeeper, aged 50, was considerably improved by *Nux vomica*, which he got on account of abdominal congestion. But the observation is not pure, as the patient not only got *Sulph.* in alternation with *Nux*, but he was also treated with magneto-galvanism.—Dr. F. Segin, *Hygea*, xix, No. 1, p. 228.

4. *Erethic dysecoia of the right ear.*—N. B—, aged 26, agricultural labourer, had itch when seventeen, for which *Sulphur ointment* was used externally and *Flowers of Sulphur* given internally. Some years afterwards he had aching in the scrobiculus, eructation, flatulent colic, constipation, pain in the sacrum, headache, vertigo, itching of the skin when he got warm in bed, and fetid, excoriating sweat of feet. The patient suffered five years from these ailments, and at last sought relief from homœopathy.

Under *Sulph.* 30 every other night almost all these troubles went off and the patient returned home quite well.

A year afterwards he had to go back to Potsdam, and after a fortnight he got the ague, which lasted four weeks

and was finally cured by repeated allopathic doses of *Quinine*. Shortly afterwards, apparently in consequence of a chill, he got noises in the ear and dysecoia of the right ear, vertigo, headache, and constipation. A seton in the nape, purgatives, &c., did no good.

He complained of vertigo, pressure in the forehead and occiput, especially on the right side; staggering, periodical nausea, and vomiting of mucus and bitter fluid with bile; hard, costive stool; reddish-brown urine, pain in the sacrum, restlessness, jerking of the limbs, formication, itching of the skin on getting warm, feeling of prostration, cold rigors. When his bowels are regular these symptoms decline, and he feels quite well for several days.

Continual coryza, dysecoia of right ear, humming, singing whistling in the ear. At first sensitiveness of the hearing to noises, at present less.

Hearing distance of the right ear 3", of the left 2 feet. The tuning-fork is only heard with the left, the normal ear.

Right meatus dry, sensitive; left healthy. Membrana tympani healthy; both Eustachian tubes permeable and free.

The patient hears better in dry warm weather than in cold wet weather.

After repeatedly blowing air into the right Eustachian tube he hears with the right ear at 2 yards; with the left at 4 yards. On repeating this operation, right ear 4 yards; left 6 yards. The tuning-fork is heard in both ears, but best with the left. The vertigo and headache, as well as the noises in the right ear, were quite gone for the moment.

*Sulph.* 30 every other night. A few days afterwards the hearing distance of the right ear had receded to 2", and the headache and noises returned. After blowing in air again the same result followed as on the previous occasion.

After three weeks the headache, vertigo, and abdominal symptoms were somewhat better, but on the whole there was but little improvement. *Nux vomica* 30 every other night cured him perfectly in three weeks.

Interesting, but not altogether satisfactory, are Dr. Rentsch's observations on this case: "That in this case the auditory nerve was not primarily diseased is fully evident; in my opinion the affection was due to a neurosis of the sympathetic nerve, which excited reflex actions in the acoustic, vagus, and spinal accessory nerves, probably also in the motor tract of the facial and trigeminal nerves which go to the M. stapedius and M. mallei internus. As the impetus of the breath in blowing into the ear immediately caused a considerable diminution of the symptoms, by its action on the nerves of the membrana tympani, this makes it almost certain that the auditory nerve was only secondarily affected" (*A. H. Z.*, vol. xxxviii, No. 9).

## PETROLEUM.

### A. Generalities.

Lobethal (*A. H. Z.*, vol. xiii, No. 18) thus expresses himself on the subject of *Petroleum* as an ear remedy: "Without being able to give the indications with certainty, or to say in what forms of deafness *Petroleum* seems to be specially given, I can, as the result of much experience, recommend this medicine in a general way as one of the best for several kinds of deafness." As a rule, the following circumstances will lead to the selection of *Petroleum*.

*Petroleum* is only indicated when the auditory affection is exclusively seated in the internal ear and the auditory function. As regards the kind of noises, whether they are ringing, rushing, hissing, &c., no more regard need be paid to them than in the indications of any other ear remedy. But as in the case of the weaker noises, such as the continual humming and singing, we are justified in ascribing them mostly to weakness and diminished irritability of the auditory nerves, so *Petroleum* will be suitable for those forms of deafness which have the stamp of nervous affections, or those which are accompanied by complete deafness in the ears, as are found in the higher degrees of



deafness. According to the recent valuable investigations of Weber-Liel, it is the so-called progressive form of dysecoia, which is always preceded by subjective noises in the ear, whereas the stationary form (whose representative is the purulent perforating catarrh of the middle ear) generally runs its course without noises, except in those cases where it supervenes in the first-named form. Weber-Liel ascribes the ear noises in question to irritation of the acoustic nerve. *Petroleum* will therefore correspond especially to the continually increasing form of dysecoia. Now, as this frequently has its seat in the muscular parts of the middle ear, and depends on rheumatic contractions and paralysis of the smaller auditory muscles, this perfectly explains the utility of *Petroleum* in such cases. *Petroleum* has, moreover, been sufficiently proved to be the homœopathic remedy for facial paralysis, especially when this seems to be owing to constriction of the nerve in the canal of Fallopius.\* Thus, the contradiction is only apparent when Lobethal recommends *Petroleum* for deafness from paralysis of the auditory nerves, in other words, in paralytic deafness, whilst Weber-Liel refers the noises which, according to Lobethal, accompany this paralytic deafness, to irritation of the acoustic nerve (hence, properly, to the opposite pathical condition).

Induration and hypertrophy of the tonsils is a further indication for *Petroleum*. Hence *Petroleum* is often suitable after *Nitric acid*.

#### B. *Clinical.*

*Rheumatic dysecoia* (*Neue Zeitsch. f. Hom. Klin.*, vi, No. 15. Dr. Battmann).—A strong, otherwise healthy peasant had, as a consequence of a chill, for four months lost his hearing power so much that when several persons conversed together, even when close to him, he could not hear what they said, and even when he spoke with only one it was necessary to speak pretty loud in order that he might understand. Besides this he complained of hum-

\* This constriction is produced by inflammatory products, which, like a rheumatic exudation, exercise a pressure on the nerves.

ming in the ears. Examination revealed nothing particular. The patient got *Petrol.* 3, and in a fortnight he was cured of his deafness.

(*To be continued.*)

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ON THE PRODUCTION OF NERVOUS AFFECTIONS BY THE USE OF COSMETICS CONTAINING LEAD OR MERCURY.\*

By Prof. M. ROSENTHAL.

WHEN ancient belles are desirous of deceiving themselves and others with regard to their age they have recourse to cosmetics. As long as these contain only harmless substances such as the salts of zinc and bismuth they may stand where youthful colours once stood. But cosmetics become dangerous when they contain poisonous metallic salts which, like a hidden poison, steadily attack the organism and sow the seed of severe nervous affection. Under cover of unimportant phenomena the affection may smoulder on for years beyond the reach of diagnostics. And yet this is the very time when an opportune and correct diagnosis is most called for if our therapy is to avail anything.

The toxic action of cosmetics containing lead may be seen from the following case.

A lady, *æt.* 50, from Moldavia, consulted a physician here (Vienna), in the year 1867, about headache, pains and great weakness in the limbs, inconstant painfulness of the ovarian regions (then looked upon as neuralgia of the ovaries), and also of extreme nervous irritability. The ailment was declared to be hysteria and the patient sent to a hydropathic establishment near the city, where she remained ten weeks with considerable benefit.

In the following year patient again came to Vienna, but seriously ill this time. I was called in in consultation,

\* Translated by Dr. Burnett from the *Mittheilungen des Wiener Medicinischen Doctoren-Collegiums*, vol. xi, No. 10, May 4, 1876.

and being the first to arrive was shown into a room abutting on patient's bedroom. While waiting for my colleague's arrival I had the opportunity of observing our patient in the next room getting herself up for our reception. There she was rubbing a white salve into her face, neck, and arms.

A careful examination of our patient showed great emaciation, striking loss of intelligence, difficult, slow speech, the movement of the hands, particularly the extension of the carpus, impeded and accompanied by trembling, the skin of the arms considerably anæsthetic and analgetic; besides, patient complained of very bad constipation, of pains in the joints, and sleeplessness. I gave as my opinion that the case was one of lead poisoning, probably arising from the use of a cosmetic containing lead.

Professor Ducheck, who subsequently arrived, quite concurred in this view.

The subsequent examinations of the patient showed considerable diminution in the electro-motor contractility of the parotic extensor muscles, and the chemical analysis of the powder mixed with the fat, constituting together the cosmetic salve, showed the presence of white lead and of the carbonate of lime.

Patient was sent to the sulphurous thermal springs of Baden, by Vienna, and in the bath the nails and portions of the skin of the face at once became blackened. The use of this sulphurous therm certainly ameliorated the disturbed sensibility without, however, getting rid of the motor or intellectual disturbances. Hereupon the lady desired to return home, and while on her homeward journey she died suddenly with cerebral symptoms. No post mortem was made.

I think patient died of cerebral softening and apoplexy. The case communicated by Schotten supports this view, for in his case the patient had for years been in the habit of darkening the hair by means of leaden plates, and there then supervened convulsions, contraction, and paralysis of the extremities, and finally coma. The post-mortem exa-

mination showed a jelly-like ramollissement at the base of the left middle cerebral lobe, which contained lead.

In a case of Neftel's, looked upon as hysteria, there were vaginismus and paralysis of the extensor muscles following the use of a cosmetic that contained lead. With the successful treatment of the lead affection the vaginismus likewise disappeared.

Pauer, Krimer, and Fievée have also observed nervous affections, cutaneous anæsthesia, dyspepsia, and paralysis appear after the use of salves and cosmetics containing lead. Quite lately E. Remak communicated two cases in which cosmetics containing lead produced very severe encephalopathizæ and paralyses.

#### *Cosmetics containing Mercury.*

The use of mercurial cosmetics shows itself as still more dangerous, owing to the more rapid action of mercury, and owing to our very scanty knowledge of the forms of disease arising therefrom. In our part of the world mercurial pomades are only exceptionally brought into the market by quacks. But in Servia, in the Danubian principalities, and with the Roumanian population of Transylvania, mercurial cosmetics are very common and popular articles on the toilet table. From these parts I get the following two cases from my own observation, and these show the initial and also the more advanced stages of the affection.

CASE 1 is that of a Moldavian lady, 35 years of age, whose face is smoothly painted and smeared. She complains of headache, undefined pains in the limbs, fluttering of the heart, extreme nervous restlessness, and lassitude. I at the time looked upon it as hysterical nervousness, and recommended the use of a chalybeate bath. It was only subsequently that I learned that patient made use of the so-called *Pasta Pompadour* as cosmetic; and this is composed of white precipitate, nitrate of bismuth, and lard.

CASE 2 was a Wallachian lady from Transylvania, of 40 years of age. She complained of headache, vertigo, arthralgia, trembling of the hands, and insomnia. The

626 *Production of Nervous Affections by Cosmetics.*

disagreeable halitus from the mouth caused me to institute an examination of the mouth. I discovered stomatitis, with necrotic destruction of the walls of several alveoli of the left superior maxilla, and a set of false teeth. I thought I had to do with lues, and its sequel hydrargyrosis. A more careful investigation, however, resulted differently: patient had never had syphilis, but she had made use of a powerful mercurial cosmetic for her face and shoulders during a period of six months. A portion of this cosmetic was forwarded to me; it was an opalescent fluid smelling of roses, and having a whitish sediment, which turned out to be calomel. I subsequently got the recipe, which directed that *Mercury* was to be dissolved by boiling in concentrated *Nitric acid*, the solution poured off and diluted with 200 grammes of water, and then put into a saturated solution of common salt; the precipitate thus obtained to be filtered, well washed, and mixed with 350 grammes of rose water. The cosmetic to be applied with a sponge, or a little bit of linen, and then rubbed in.

Pressure and friction suffice to introduce pulverulent salts of lead and mercury into the sudoriparous and sebaceous glands, and the epidermis may hereby be easily hurt.

After the rubbing in of mercurial ointments Overbeck found globules of mercury in the subcutaneous connective tissue, as also in the liver and kidneys. These cases are, therefore, of a kind to call the attention of the profession to the true nature of affections of the nerves and muscles where there is a probability, or possibility, of the patients' having made use of such cosmetics, in which cases an early recognition of the fact is of great importance.

*Remarks of Translator.*

There are two statements made by the learned professor in this little paper which must be challenged. First as to the use of mercurial cosmetics being fraught with *greater danger* than that of those containing lead. Lead produces, *inter alia*, cerebral softening, paralysis, and death. So, unless the effects of mercury follow the unhappy coquette

into the other world, one naturally asks *what* is worse than the effects of lead? It has yet to be shown that mercury acts more rapidly than lead.

And then as to our "*scanty knowledge*" of the forms of disease arising from the use of mercury, one must say that if the effects of *Mercury* in their grosser forms are not known, we must despair of ever getting a single good pathogenesis of any drug whatever.

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### CHEMICAL THERAPEUTICS.

It may have been expected that we ought long ere this to have given some account of the new therapeutics with which the name of Dr. Schüssler is connected. Now that his work entitled *An Abbreviated Therapeia* has reached a third edition, now that almost every German homœopathic periodical contains accounts of the greater or less success attending the treatment it recommends, and now that the work itself has been introduced to the notice of the homœopathic world especially by Dr. Constantine Hering, it is high time that we should cease to ignore it. The work in which Schüssler gives an account of his therapeutic novelty is a small pamphlet of only forty-eight pages. Those who are desirous of studying his system will therefore not require to devote much time to mastering its details, and this they may do either in the German original or in the English translation ushered into the world by Dr. Hering.

In the introductory chapter Schüssler states that he was discontented with systems of therapeutics that have such loose boundaries that at any time new medicines may be introduced and old ones retained or rejected. His ambition was to create a sharply bounded therapeia. After long consideration he has constructed what he calls a cellular and molecular therapeia, whose tools are those inorganic substances which act on the animal organism as natural

functions' remedies. These are in number just one dozen : viz. sulphate of soda, sulphate of lime, sulphate of potash, phosphate of soda, phosphate of lime, phosphate of potash, phosphate of magnesia, phosphate of iron, chloride of potassium, chloride of sodium, silicic acid, fluoride of calcium.

The idea of employing the chemical constituents of the tissues as therapeutic agents was suggested by the following passage from Moleschott's *Kreislauf des Lebens* :—"The construction and the vital properties of the organs are dependent on the requisite quantity of the inorganic constituents ; and it is owing to this fact that the appreciation of the relation of the inorganic materials to the several parts of the body which has been roused of late years, an appreciation that neither contemptuously undervalues, nor expects too great things, but which promises a brilliant future to agriculture and to medicine. In the face of the most obvious facts it cannot be denied that the substances that remain after incineration, the so-called ash constituents, belong as essentially to the inner composition and thereby to the form-giving and kind-determining foundation of the tissues as the substances which are dissipated by incineration. Without a gelatinous foundation there can be no true bone, and just as little can there be true bone without bone-earth, cartilage without cartilaginous salt, blood without iron, saliva without chloride of potassium. Man is formed of gas and ashes. The properties of plants called man into being. The corpse separates into gas and ashes, in order to develop new forces in new forms through the vegetable kingdom."

The blood consists of water, sugar, fat, albumen, besides chloride of sodium, chloride of potassium, fluoride of calcium, silica, oxide of iron, lime, magnesia, soda and potash ; the latter are united with phosphoric acid or carbonic acid. In the serum the soda salts, in the blood-corpuscles the potash salts are predominant. Sugar, fat, and albumen are the so-called organic, water and the above-named salts the inorganic constituents of the blood.

Sugar and fat are composed of carbon, hydrogen and

oxygen ; albumen of carbon, hydrogen, oxygen, nitrogen, sulphur and phosphorus.

The blood contains the materials of all parts of the body. From the blood are excreted into the surrounding tissues small corpuscles that serve as germs for the production of cells. The cells unite to form the various tissues. The salts determine the kind of tissue cells. Fluoride of calcium and phosphate of lime are constituents of the bone-earth. Phosphate of lime enters also into the composition of the connective tissue. Silica also belongs to the connective tissue ; it is likewise a constituent of the hair, nails and epidermis. Chloride of potassium is muscle-salt, and phosphate of magnesia muscle-earth. Besides these the muscular tissue contains iron and phosphate of potash. The salt of cartilage is chloride of sodium. Iron enters into the composition of hair. Phosphate of potash is contained in the muscles, nerves, and brain. In the nerves and brain there are also chloride of sodium and phosphate of magnesia ; and so on.

Diseases are caused by an intense irritation disturbing the equilibrium of the molecules of the salts of the cells. In this way some of the molecules of the salts in question are lost, and the cure is effected by restoring these lost molecules of the salts ; and so forth. Knowing this, all we have to do in the case of any tissue or organ that is diseased is to supply the inorganic constituents of the affected part in a minutely divided form. Chemistry has shown us what are the constituent inorganic salts and earths of each tissue and organ, and is therefore our guide to the selection of the appropriate remedy.

The materia medica of this new chemical therapeia consists of the twelve salts and earths above named. Under the heading of each of these inorganic constituents first is given the tissues and organs, into the composition of which it enters, and then a list of the various diseases of these tissues and organs for which this inorganic salt or earth is the remedy.

As, however, it so happens that every tissue contains several of these inorganic constituents, it is far from being



always clear which of its inorganic constituents we should select for the disease of a tissue or organ; and this is decidedly the weak point of the new therapeutics, for although our choice may be limited to three or four remedies, there is nothing to direct us as to which of these three or four we should give. Schüssler, to be sure, professes to tell us from his own experience which remedy we should give in each particular case, or rather, he says, give first this and then another, and if that fails, a third remedy, which is not very encouraging to the practitioner, who desires something like a certain rule to guide him in his selection. Thus to take one disease, Bright's disease of the kidneys, all he says about this is:—"Ferrum phosphoricum, kalium chloratum, calcarea sulphurica, natrum muriaticum, calcarea phosphorica, and kali phosphoricum are to be chosen according to the indications of the attendant symptoms."

This is very unsatisfactory, for we are not told how these attendant symptoms should guide us in the selection of one in particular among these six remedies. In the case of homœopathic remedies the recorded pathogenetic effects serve to guide our selection, but with the exception of natrum muriaticum we know little or nothing of the pathogenetic effects of these drugs, and even if we did Dr. Schüssler's system is not based on any pathogenesis, but only on chemical analysis, which here leaves us in the greatest uncertainty, and to tell us for this disease we must employ one of six remedies without giving us a clue to the discovery of which of the six we ought to give is as bad as giving us no remedy at all. He may, possibly, have some means of discovering the right remedy, but if so he gives his readers no hint of what these means are, and we cannot consider this an improvement on the homœopathic method which does at least profess to afford us a ready method for choosing the appropriate remedy.

Although Dr. Schüssler asserts that his twelve remedies are capable of curing all curable diseases in the shortest time, we are not so enamoured of his theoretical views, nor so convinced of the supremacy of his twelve "tissue reme-

dies" as to burn our books and throw our well-trying medicines into the fire for the sake of the simplicity and ease of this new-fangled therapeutic system. Even granting the truth of the pathology on which his system is founded (a concession we make only for the sake of argument), namely, that a diseased process in an organ is caused by the loss of one of its inorganic constituents, there is nothing to guide us as to which of the numerous inorganic constituents of the tissue or organ is deficient; and even should we be able to discover that, there is no reason alleged why the missing inorganic constituent is best supplied by being administered in the 6th centesimal trituration. In short, the whole system of Schüssler smells too much of the lamp, and looks more like as if it had been evolved from its author's inner consciousness than discovered by clinical experiments.

We do not of course deny that the twelve remedies of this new *Materia Medica* may be powerful remedial agents, and that they may be sometimes useful in the cases for which the author advises them, but we are not convinced by his reasoning nor satisfied by the illustrative cases published from time to time by himself and his admirers, that his is a true system of therapeutics or that he has discovered any rule for the selection of the appropriate remedy for the disease. That there may be some germ of truth underlying the specious theoretical construction raised by the author we will not deny, but as yet the truth does not come out so palpably as to be available in any great degree to the practitioner. At the best Dr. Schüssler presents us with a few new remedies for which the indications are quite empirical, and certainly not very clear. That this *Abgekürzte Therapie* will ever supersede the system of therapeutics we owe to Hahnemann and his *Materia Medica*, the fruit of so much labour on the part of himself and disciples, we have no expectation.

But we would not discourage practitioners from making a trial of the Schüsslerian remedies in cases where they are enabled to do so by the indications being more precise than usual, and when they are at a loss for the appropriate

homœopathic remedy. Beyond this we cannot go at present, and it will need a much more plausible theory of disease than that here offered and a much more extensive experience of these remedies to convince us that Schüssler has made any therapeutic discovery whatever. We have a not unnatural prejudice against any mode of treatment motivated by a pathological theory, and we infinitely prefer that a therapeutic law should be like our homœopathic law completely independent of any pathological theory whatsoever. The advantage of this independence is seen in this that pathological theories have undergone many changes, and one that has been almost generally accepted is upset by the next comer, while the therapeutic law *similia similibus curantur* remains as true and as unalterable to-day as it ever was, and will we venture to assert remain as an established truth, when Schüssler's tissue pathology and chemical therapeutics shall have passed away into the limbo of oblivion.

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ON THE VARIOUS MODES OF TREATMENT OF  
LATERAL CURVATURE OF THE SPINE BY  
UNPROFESSIONAL AND PROFESSIONAL  
MEN.

By Dr. M. ROTH.

(Read before the British Homœopathic Society.)

THE study and treatment of the deformity of the spine, which is the most frequent and well known as lateral curvature, is usually neglected by the so-called great and eminent surgeons and clinical teachers; the consequence is, that the majority of general practitioners leave their schools without knowing how to treat those complaints which, although mostly curable in their first stage, are frequently

progressing towards the further and incurable stages ; when independent of the painful deformity, the patient suffers from its consequences, namely, general debility, and irregular function of the thoracic and abdominal organs, which make life a burden. The ignorance of many general practitioners regarding the treatment of lateral curvatures induces the public, especially the ignorant, to apply for relief to the following classes, all of whom promise always a cure.

1. *Rubbers*, who pretend and try for weeks and months to rub or press away the deformity, especially when they are using their celebrated serpent or other oils, which, as having special virtues, are to be paid for as extras. They use also pitch plasters, which are applied in various ways in order to support the spine.

2. *Bonesetters* are frequently resorted to, who, with the sound of a snap, assert to have replaced in an instant the curved spine. Some time ago a mother asked me to examine her child ; when I told her the child's spine was curved, the mother exclaimed, "It cannot be, because Mr. ——— (giving the name of the bonesetter) assured me that he had replaced the curvature, and I thought the spine was all right." As I am mentioning only facts occurring in my own practice, I must add that a physician and colleague told me he had a lateral curvature after a prolonged rheumatic complaint, and was placed by a bonesetter for an hour and a half under chloroform ; during this prolonged anæsthesia his spine was pushed to and fro, and finally replaced, but when I examined him I still found a lateral curvature. Another physician told me that the bonesetter found the sacro-iliac synchondrosis dislocated, and that the man pretended to have replaced it. I need not say that such a displacement had never taken place.

3. *Drill sergeants, dancing mistresses, and teachers of calisthenics and gymnastics* are the next class to which parents, I am sorry to say often at the suggestion of their medical advisers, resort. As one shoulder is always higher in a single lateral curvature, in consequence of the dorsal convexity, these various teachers try their best to bring

down the high shoulder ; little or big patients are treated as recruits and ordinary pupils, and are constantly reminded to pull the high shoulder down ; and when this is finally brought down, the patients and practitioners are surprised to hear that a *double* lateral curvature has been artificially formed, which causes the more equal appearance of both shoulders.

4. *Electricians* are another class of unprofessional curers of curvature, of which the public has been, and partly still is, very fond ; independent of the periodical application of electricity, they use electric chains, bands, belts, &c. ; to this class may be added the *magnetine* manufacturers, who cure all complaints by their so-called " *chiasma*."

5. In the same manner as the ignorant public applies to the druggist for a medicine, without consulting a medical man, so does the public resort to the *orthopædic instrument maker* for an instrument to cure a lateral curvature. To inquire whether such an instrument is necessary or not, whether it is useful or injurious, is not the business of the maker, who advertises his instruments, wishes to sell them, and therefore makes, according to his best knowledge, an instrument which he believes suitable for the case. The practice of consulting surgeons of great fame, and of a large number of such general practitioners as do not know much about the treatment of these deformities, of sending their patients to the manufacturer for a spinal instrument, without giving in each individual case the exact directions for its construction, is the reason that orthopædic instrument makers believe themselves quite competent to be consulted in these deformities, and that some actually charge a consultation fee, without possessing any medical degree, and without deeming it necessary to go through a course of medical training. I have frequently occasion to observe the mischief caused by such supports.

This is a subject to which the attention of the Medical Defence Association might be called.

I have already mentioned that those professional men who know nothing about lateral curvatures send their patients either to drill sergeants, dancing mistresses,

teachers of calisthenics and gymnastics, or to instrument makers; but in some cases to a specialist or an eminent surgeon with or without a handle to his name. These eminent *consulting surgeons* may be divided into (A) those who object to spinal instruments, and (B) those who approve of them.

A. Those who object give the following advice: "Do nothing, your daughter will grow out of it." "Let your daughter romp with the boys—she will soon be all right."\*

Another practitioner advises horizontal position for twenty minutes, three times a day; and I am told by an eye-witness that he proves the sincerity of his advice by making his six or seven daughters lie down daily for a similar period on the floor. "Let your daughter hang daily for five minutes from the edge of the top of the door," was the advice of one of the most celebrated surgeons, combined with a prescription of rhubarb pills; a few years later the young lady to whom the advice was given had an incurable double lateral curvature. I have repeatedly had opportunities of being consulted six months, or a year, after similar advice had been given, because the mothers found, to their regret, that the renowned surgeon's advice had not had the promised and expected good result.

Many curable curvatures have changed into incurable ones, in consequence of the "do-nothing" systems advised by eminent surgeons.

B. Those who approve of spinal instruments send their patients without special instructions to the maker, who thus acts on his own responsibility. The majority of the spe-

\* Mr. A. Shaw is opposed to this system, he says: "Lateral curvature of the spine in a young girl, however slight, ought to be regarded as requiring immediate care; the patient ought not to be left to the chance of 'growing out of it.' When the column leans habitually, even to a trifling degree, to one side, the superincumbent weight ceases to be supported in the line of the vertical axis, and falls chiefly on the oblique processes of the side to which the patient inclines; these rapidly undergo absorption, and in proportion as they are diminished the curvatures get progressively worse."—'A System of Surgery,' edited by T. Holmes, M.A. Cantab. Second edition, vol. v, p. 376.

cialists, orthopædic instrument makers, and several surgeons, see in lateral curvature a merely mechanical aberration of form from the normal line, and therefore the principal and great sheet-anchor for them is a *spinal* instrument, which should lift the weight of the head from the spine, and actually prevents the free movements and action of the spine in any direction. The principal characters of these machines are, the raising of both shoulders by two vertical crutches fixed on a horizontal waistband, to which is added a quadrangular or oval, padded, concave, steel plate, which, fixed by a spring, presses on the projecting ribs; the spring of the steel-plate is fixed either to one of the vertical crutches, or to a third vertical steel rod placed parallel and behind the spine. There are many variations in the crutches, the hip-band, the steel-plate, the springs, &c., according to the various whims and caprices of the specialist and his attendant instrument-maker, both always believing their special instrument to be the only one which is really good.

A few years ago Dr. Prothero Smith (who shares with those I have named before the false idea of being able to cure a lateral curvature by spinal instruments) transformed his abdominal into a spinal support, and upon the use of this instrument is based what is now constantly advertised, by an instrument maker, as the "*gentle treatment of lateral curvature.*"

*Steel corsets*, or stays with *vertical steel bands* sewn on, are only modifications of the regular spinal support, and are preferred merely because no machine is seen, and because young ladies squeezed into them show their curvature less. I am sorry to be obliged to mention that there are still many medical men who advocate such stays, and send patients to makers of such stays. At present I have a young patient under treatment who was recommended by a well-known oculist to wear a stay with vertical steels sewn on behind, as the oculist fancied these would support the back. Some surgeons opposed to spinal machines believe they can cure lateral curvature by bandages; they apply one above the *raised* shoulder, lead it obliquely across the chest and back

to the opposite side of the trunk, cross it again, and fasten it on the hip of the same side. Besides this, the patient is, according to an old plan, recommended to make use of a seat slanting from one raised side to the other, in order to straighten the curves. Another practitioner, previously a great advocate of spinal instruments, a few years ago modified his views, and recommends a few exercises, which he minutely described as a panacea for the cure of all lateral curvatures.

Professor Erichsen's treatment will serve as a specimen of the treatment usually advocated in surgical handbooks: Erichsen, 6th edition, *The Science and Art of Surgery*, 1872.

"There are three principles of treatment to be carried out in the management of lateral curvatures.

"a. The improvement of the general health.

"b. To strengthen the muscles of the spine.

"c. To take away, as much as possible, the weight of the head, neck, and upper extremities."

"Iron and aloetics are of great moment, also nourishing food and exercise in the open air.

"The muscular power is more directly strengthened by sponging the back with cold salt water, or vinegar and water every morning, and methodically rubbing\* from top to bottom, either with the naked hand or with some

\* *Methodical* rubbing. Erichsen does not mention what method he means, although the manipulation of rubbing varies according to the greater or smaller pressure of the whole hand, of the palm, or of the fingers; further, regarding the special direction and special form of the single passive movements of which rubbing is composed.

The *handswing* can be used when the body is hanging or when the whole foot or only the toes are touching the floor; further, when one or both hands are used and the legs are raised:—Erichsen does not mention the mode and time for the handswings to be used.

*Calisthenics* is the name of hundreds of free exercises, which, according to their author, Captain Clias, are to beautify and strengthen the healthy body.

In a book of surgery, where all operations are minutely described, we are justified in expecting to find the special exercises suitable for each patient to be described in detail, especially as the majority of medical students have not the slightest idea of calisthenics; but besides the name no further information is given in Erichsen's Handbook.



slightly stimulating embrocation, principally the erectors spinæ on each side ; or, if the patient's strength permit it, the handswing or calisthenic exercises may be allowed, but these are not to be continued if they produce a feeling of fatigue or exhaustion.

“ If there is a decided projection of the ribs on one side, and the shoulder and hip be prominent, with apparent difference in the length of the limb, more decided measures must be had recourse to ;—iron, good living, fresh air, form the basis of the constitutional treatment, cold bathing and frictions of the local treatment of the muscles of the back, but it is essential to take off the weight of the head and shoulders and to prevent its continuing to keep up or to increase the deformity.

“ This is done by the recumbent position, or by wearing proper supports.\*

“ The recumbent position although valuable as an adjunct has been greatly abused, by being employed as an exclusive plan. The mechanical contrivances for the purpose of taking the weight† of the head, neck, and upper extremities off from the weakened spine are of various forms ; however much their details may vary, they have three principal objects.

“ 1. To form a broad basis of support round the pelvis by means of a strong well-fitting (iron) band.

“ 2. To carry off the weight of the head and upper extremities from the spine, by means of lateral crutches, which transmit it to the band.‡

\* A *proper support* is recommended, but it is difficult to understand how a support can be called *proper* when it interferes with the action of the muscles and prevents all the movements of the spine. While Erichsen recommends in the slighter stages muscular exercises, in the more advanced stages he recommends a support to be worn both day and night, which does not permit any exercise.

† The *weight* of the head and neck cannot be taken away by the usual spinal supports, but these have been made spinal supports with a perpendicular iron rod curved over the head ; to which bands, pulling and supporting the head, have been attached.

‡ It is a mistake to believe that the *crutches*, which usually only raise the shoulders, should take away any other weight than that of the arms and

"8. To influence the convexities of the spinal curves by means of movable plates, acted upon by means of springs or by screw-power." The best of these apparatus is, according to Erichsen, that of which the engraving is published in his book. The instrument is to be worn first only during the day, later it is to be kept on at night.\*

I may mention that it is for the important operation of screwing these moveable plates tighter, or of placing them higher, an operation lasting one or two minutes, and which must be done twice a week, but at any rate once a week by the specialist or orthopædic surgeon, that a guinea is to be paid; you will therefore understand that *conscientious* general practitioners object to this practice in the interest of their patients' pockets. A few years ago the medical papers published the details of a trial where the guardians of a young lady having refused to pay several hundred guineas to an orthopædic surgeon and special friend of the patient's father for the screwing operation which was most skilfully performed twice a week, have been condemned to pay the full fee, because the plaintiff's medical witnesses spoke highly of his skill in screwing.

In cases where young ladies have worn such spinal supports for two or three years I have seen atrophy of the long muscles of the back, incapability of moving the spine freely and turning round in bed without support, the shoulders raised, the head projecting, with the chin forwards. Sometimes several months have been required to restore the usual movability and strength of the spine, and to restore the natural form of the spine which seems to have lost the natural curves; in fact, the spine appeared to have the form of a spine as seen in the mounted skeletons of young babies, where a straight iron rod is surrounded by the vertebræ.

shoulders; they do not at all influence the dorsal and lumbar curve, the trunk hangs on the crutches when they are high enough, but if they are not high enough, the stooping of the body is still more increased.

\* The *movable plates* press only on the projecting ribs, and act indirectly on the spine itself through the joints of the ribs, which joints have already undergone a change of position.

I will now mention the leading points which form a scientific basis of every treatment which is to be called rational ; for this purpose some of the principal pathogenetic causes of curvatures must be named first ; curvatures are frequently considered as an idiopathic disease itself, although they are, in the majority of cases, merely the symptoms or effects of other complaints.

The scrofulous, phthisical, and rickety constitutions, the stage of convalescence after any weakening illness or eruption in infancy and youth, whooping-cough, bronchitis, pleurisy, and other diseases, mental and bodily over-work of any kind, general weakness, too quick a growth, tight-dresses, bad positions, &c., predispose to lateral curvature, which for practical and curative purposes may be divided into three stages.

In the first the patient can by his own exertion replace himself into the normal position, although but for a very short time. In the second, more or less *external* help is required for the purpose of attaining the normal position even for the shortest period of time.

The third no more permits, either by the patients or by any external help, the replacement of the body into the normal position, and is consequently incurable, although some improvement is still possible, but this can only be obtained by much work and perseverance.

In the usual lateral curvatures, where the dorsal convexity on the right and the lumbar on the left compensate each other, the head is slightly bent forwards and turned to the right, the right shoulder raised and slightly pulled forwards, while the lower angle of the right shoulder-blade projects, and is more distant from the spine, which is twisted round the longitudinal axis, the chest is flat, and even concave, the patient usually stands on the right leg only, while the left knee is bent, and turned inwards, the right hip appears higher, the right longitudinal outline of the trunk is more concave in the lumbar part, and the space between this line and the right arm, hanging down, is much larger than that on the opposite side ; one, or both, ankle-joints are weak ; the foot frequently flat ; the spine twists by degrees

in order to keep up the vertical position; this scoliosis is often combined with posterior cervical and anterior lumbar curves, with various deformities of the ribs accompanied with pathological changes, partly in the tissues of the ligaments and muscles, which are retracted on the concave, and relaxed on the convex side; the intervertebral substances are depressed and wedged in the concave parts, and as long as these do not resume their natural height, a real cure of the curvature cannot be attained. When the balance of the spine is thus once deranged, it is *never* replaced except by the artificial help of the patient and the professional man.

The plan I pursue generally is first to find in each individual case the causes of the curvature, to improve the constitution, partly by strict hygienic, partly by medical means; further, to remove those causes which still continue to act injuriously on the patient, *i.e.* when a leg is short, contracted, raised or paralysed, to make use of a high sole or some artificial support, till the corresponding hip is raised to the same height as the other hip,—in one case the artificial support will be a higher boot, in a case of paralysed leg causing the curve it will be a movable steel support; every patient is advised to stand as little as possible, to sit during the various occupations in comfortable and easy positions, to recline from the seat up to the head; for this purpose a chair with a movable back is recommended, with the addition of an easel for reading or writing. Great attention is paid in the preparatory part of the treatment to the expansion of the chest. As the general power of the patient is in proportion to his power of breathing, the power of exertion increases with his breathing capacity; good positions, special breathing and arm movements, are used for this purpose. The position of the head is improved by diminishing or removing the retraction of the platysma myoides or of the lateral flexors of the neck, which either raise the shoulder to the head, or when the shoulder is fixed, pull the head down. The usually weak ankles are strengthened, partly by special movements, partly by passive manipulations, or douches of salt water; in a

similar way the knee and hip joints are strengthened, and thus a kind of strong basis is prepared, on which the body is to be carried.

After such a preparatory treatment, during which the patient begins to gain in strength and energy, the special treatment of the spine itself begins.

It is always necessary to attend first to the lower and lumbar curve; for this purpose the patient is placed into a riding position, his body is turned or bent, one or both arms are raised into different positions which are chosen according to the individual case; the spine is, partly by the patient himself and partly by the medical man, stretched in the direction of the convexity of the curve, to such an extent as can be borne without pain.

In this and similar positions, in which the lumbar curve is either diminished or entirely disappears, various curative movements suitable to the individual case are carried out, while the patient either assists or resists the movement; later the patient, while leaning on, or supported by some gymnastic apparatus, is placed into a special standing position, and further movements are done in order to lengthen the spine: by this time a change in the previously relaxed and retracted tissues takes place, the wedging of the intervertebral substance diminishes, and the patient begins to be able, with the help of special positions of his arms, to assume, at least for part of a minute, a more normal position.

Whenever the first stage of improvement takes place, the further and quicker progress of the cure depends upon the assiduity of the patient in carrying out the given instructions; he gains daily a greater power of retaining a good position, firstly with the aid of his arms, later without them, but merely by the effort of the will; the patient learns to walk during one minute in a good position, this minute is repeated several times a day; in a short time the number of minutes is doubled, and the period of walking prolonged. This self-acting method of the patient is combined with the ordinary treatment, and finally, although slowly, a perfect cure is obtained. The positions and movements

required are minutely described and illustrated in my *Handbook of the Movement-cure*.

My object in bringing this subject before the Society was to point out that lateral curvatures are symptoms and consequences of other constitutional and weakening complaints and influences, that certain pathological changes take place which cannot be removed merely by rubbing, plastering, lying down, bandaging, hanging, dancing, calisthenics or by electricity and spinal instruments, or by special supports (which last may be used in incurable cases or in paralytic curvatures); that each case must be individually treated, and that all morbid symptoms and changes should be taken into account during the treatment just as in the selection of a specific drug; that hygienic surgical and medical means, as well as curative movements, adapted to the individual cases, and the will of the patient himself, are absolutely necessary for a rational treatment and a lasting cure, which means not only a better and straighter appearance, but increased power of breathing and moving, better circulation, and improved general health and energy.

There is a large field open to those who besides all other hygienic, medicinal, and surgical means add the scientific application of movements according to Ling's system to their means of curing lateral curvature,—and it is to be hoped that clinical teachers of surgery and eminent surgeons in general will pay more attention to, and give their pupils more instruction on this subject, as this is the only way for preventing the public from applying to the various classes of unprofessional people pretending to cure lateral curvature.

*Discussion on Dr. Roth's paper.*

Dr. WOLSTON remarked, that much of the success of the so-called "bonesetters" was due, he believed, simply to their forcibly breaking up the adhesions that had been thrown out round joints, and thus setting the joint free to move. He had, in common with all present, been much interested and instructed by Dr. Roth's able paper on lateral curvature of the spine; but he

noticed that, in his remarks on the subject, he had made no reference to the intervertebral cartilages. He should like to ask Dr. Roth what part he thought these intervertebral cushions played in lateral curvatures of the spine, as his own impression was that they had very much to say to the question, and that one great element in treatment was to take pressure off these cartilages; and that, for this purpose, he had found the prone couch with a considerable drop to it of great service.

Mr. ENGALL regretted that he should have to differ from the views of the author of the paper in regard to the usual causes of lateral curvature. It was evident from the mode of treatment adopted, although the essayist did not express it in words, that he believed the spinal muscles were the primary cause of it, for in his practice he depended upon the action of some antagonistic muscles for the restoration of the spine to its normal shape. He (Mr. Engall) considered that this was a wrong theory, and that it led to wrong practice. The starting point of lateral curvature he believed to be in the elastic cartilages situated between the vertebræ; these lost their elasticity by prolonged pressure; where this pressure was equal, as when the spine was in its normal shape, this loss of the elastic power in the cartilages was compensated for by an increase in the natural curves in the cervical, dorsal, and lumbar region, as was evident by a man being shorter at night than in the morning, the elasticity being restored then, owing to the recumbency of the night. This was what occurred when the pressure was uniform, yet in some of these cases these curves became permanent, as evidenced in the case of those who assumed one position for many hours. In clerks and in the aged, where the elasticity was lost, a permanent stoop existed; where this pressure was long continued, was not uniform, but on one side, the effect was to produce unequal compression and curvature so long as the force existed; but in the case of permanent curvature another force was brought into play, the lateral ligaments on the opposite side to the compression become lengthened, and allowed the bones to recede to the convex side of the curve. That the integrity of the spine was not maintained by the muscles was proved by this, that when all the muscles had ceased to act, as after death, the spine maintained its shape; it did so even when the whole of the muscles were removed from it; that this was not due to the loss of vital force was proved by the fact, that the subcutaneous division of the whole of the muscles on the convex side of the curvature in the living subject did not allow of those on the concave side drawing the spine straighter, which they ought to have done if the curve was due to unequal muscular contraction, for here the supposed opposing force was by the cutting removed. He, however, considered that the muscles of the body would aid in producing distortion, but in these cases the intervertebral and ligamentous structures must have first yielded, and thus have removed the

resistance which they offer to muscular action when in their integrity. Mr. Engall did not agree with the essayist, that those cases were incurable in which neither by the will of the individual nor by the assistance of the surgeon whilst examining the patient, could the spine be restored to its normal shape; such cases he had uniformly cured in the young, and even in adults had improved to a great extent by the means devised by the late Dr. Edward Harrison, and these he thought were the most efficient for all the classes of lateral curvature named by the essayist. By the recumbency which it enjoined, complete rest was given to the parts; and as all muscular action was removed, nature was able in the milder cases to restore the spine; and in those in which nature was unable to accomplish this, the mechanical interference necessary could be employed without calling those muscular opposing forces into play which were sure to arise in the semierect or prone positions. Twenty years had passed since he had read a paper to the Society on the subject of spinal curvature and distortion; and although the claims of other professional duties had led him to give up this special subject, he was more and more convinced that the plans devised by Dr. Edward Harrison were capable of achieving more than any other mode for the cure of these distressing maladies.

In reference to some other observations made during the discussion, Mr. Engall further remarked, in regard to those cases in which the specific treatment could not be obtained, that in those cases where the spine could be strengthened by the voluntary will of the patient, or when it disappeared when the patient lay prone, supine recumbency on a pillow of water or horsehair, or feathers, so as to give uniform support to the spine, with daily moderate exercise, and the free use of silex and lime in sensible doses, would generally aid in a cure. In cases where there was settled curvature, entire recumbency upon a pad so contrived as to give pressure only upon the protuberant parts, with, in both cases, daily friction for an hour or more by a healthy person upon the chest, spine, and abdomen, as an equivalent for exercise, would keep the patient in health and probably achieve a cure.

The very remarkable case of Sarah Hawkes, to which Dr. Yeldham subsequently adverted, was an exceptional one; here this distortion was caused by luxation of a cervical vertebra from a severe blow, that caused pressure upon the efferent nerves, if not upon the chord itself, and then unequal muscular contraction producing the monstrous deformity named. In the cure of this case no muscular action was induced. Dr. Harrison elongated the neck, the depressed bone regained its place; and, from that time, all the parts gradually regained their normal position. The subject of this horrible deformity, when last seen by Mr. Engall, was married, and the mother of two children.

Dr. DRYSDALE hoped he would find in Dr. Roth's paper, when printed, a summary of the exact kinds of muscular exer-



patients with curved spines should be treated. His answer was, and he was quite sure it would never occur to the worthy author of the paper: Send them all to Dr. Roth. Among the opinions which had been expressed about the support of the spine he agreed with Dr. Yeldham in attributing the greater share to the muscles, for he could scarcely understand what the six layers of muscles overlying the bony column could be for, if not to keep it erect and to regulate its complex movements. Notwithstanding Dr. Roth's advocacy of scientific muscular exercise as the best corrective of curved spine, he fancied instances did now and then arise in which mechanical appliances were of service. But in the main, as far as his experience went, he was disposed to agree with the principles so ably advanced by Dr. Roth.

Dr. ROTH answered the various observations on his paper and the questions addressed to him by the previous speakers. He stated that the only purpose of his paper was to show the present state of the treatment of lateral curvature, and why the public in numerous cases preferred to apply to the various classes of uneducated and unprofessional men. He protested against the name of kinesiopathist being applied to a medical man who makes use of all medical, surgical, and hygienic means, including curative movements, and expressed his regret that Dr. Hale could not give details of the case of curvature treated by him medicinally and by an unprofessional man by movements for years without any good effect, while in the course of a fortnight by the use of a spinal support such a wonderful improvement has taken place. Dr. Roth was no believer in wonderful cures by spinal supports, neither by the so-called medical rubbers nor bonesetters, and expressed his regret to hear medical men extolling the bonesetter's wonderful cures or recommending their patients to this class of people. Although he makes use frequently of frictions he prefers to give his detailed instructions on the mode of rubbing, on the intensity of pressure to be used, on the direction of the friction, and other points, to the relatives, servants, or nurses of the patient, in preference to the so-called professional rubbers, who have a very high idea of their skill in rubbing away every complaint, and treating every patient in the same manner; unhappily, many medical men do not know much of the scientific application of passive manipulations, and therefore they depend upon the rubbers who, without having any directions from the doctor, do what they like with the patient, and frequently use some stimulating or soothing external application without the doctor's knowledge. Regarding bonesetters and their wonderful cures he asked those present whether they really believe that surgeons of great experience do not recognise a fracture, and that the uneducated bonesetters who set bones which have never been broken or dislocated, by their "*instinctive intuition*," make a wonderful cure in the course of a few moments by some extraordinary wrench and snap, this last being the indis-

pensable concomitant of a bonesetter's successful operation, which snap he was lately told by a medical man, who underwent a bonesetter's operation, for the replacement of a sacro-iliac dislocation (which never existed), was skilfully produced by the operator's fingers. Dr. Roth has only seen cases where bonesetters had pretended to have replaced lateral curvatures, painful knees and hips, and where the patients continued to suffer as much as before, and in some cases even more than before. On the Continent neither the professional rubbers nor bonesetters have the status they have acquired in England with the assistance of such medical men as believe in their extraordinary intuitive powers and send their patients to them; the principal cause of their non-existence on the Continent is, that no unprofessional person is permitted to practise in any way without being heavily fined. In answer to Drs. Carfrae and Hewan regarding the self-redressing method of treatment, Dr. Roth mentioned that a Norwegian physician was the first who induced patients suffering from slight lateral curvatures to make use of their own firm will in order to place and retain themselves in the best positions for shorter or longer periods, which depended upon their powers of endurance; by the frequent repetition of this self-redressing exertion the treatment of many lateral curvatures is considerably shortened, and if medical students would be taught at least the elements of the theory and practice of the various curative movements invented by Ling's genius, they would be able to prevent many an incipient lateral curvature from progressing to the more advanced and incurable stages. Dr. Roth admitted Dr. Yeldham and Mr. Engall's statements, that not only the muscles, but the ligaments and the intervertebral substances are affected in the more serious cases of lateral curvature; but regarding Harrison's treatment, during which patients are kept absolutely in a horizontal position for two or three years, and passive manipulations of friction, pressure, and extension are used, he stated to have inserted many years ago in his *Prevention of Lateral Curvatures*, the letter of a young lady describing the agonies and tortures caused by the violent pressure and other manipulations she had undergone; and that, after a trial of a few days, she had to give up the treatment; this case did not encourage him further to inquire into the treatment. In naming the incurability of the advanced stages of double lateral curvature, Dr. Roth did not mean that nothing can be done for their improvement; he wished only to state that a perfect recovery of the normal state of the spine is scarcely to be expected. In answer to Dr. Drysdale's question regarding what medical men are to do when consulted about lateral curvature, if hanging, lying down, spinal supports, &c., are not suitable as means of treatment, Dr. Roth answered that he himself is frequently consulted by patients who are living at a distance from town, and whose circumstances do not permit them to undergo an expensive treatment; in these cases he tries

first to find out whether the constitutional and other causes of the curvature are still present, prescribes a medical or hygienic treatment or both for the removal of the causes, cautions the patient to stand as little as possible, or to remain in any position which increases the curve, advises a reclining position, with the trunk leaning on the back of a chair placed at an angle of forty-five degrees; if there is pain in the spine, and this angle is not sufficient for the relief, the trunk is still more to be reclined; extensions of the arms in various levels, with deep breathing, and some head movements, are recommended. After a period of three weeks, at a subsequent visit, the patient is shown some other exercises of the trunk, while the arms are placed in positions which elongate and straighten more the spine; if the patient returns after a few weeks, some exercises while walking are recommended, and thus a general improvement is obtained. In more advanced cases Dr. Drysdale was advised to do what he would do when he requires his patients to be operated on, in an eye or other disease, namely, to apply to a specialist—a course which has been advocated and adopted by several of the previous speakers.

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## LUNG REST AND LUNG EXERCISE CONSIDERED AS THERAPEUTIC MEASURES.

By EDWARD T. BLAKE, M.D., M.R.C.S.

(Read before the British Homœopathic Society.)

MR. PRESIDENT AND GENTLEMEN,—It is doubtless a fact, that in this country systematic lung exercise considered as a remedial means in affections of the chest of a chronic character is much neglected.

On the other hand, it is equally true that enforced lung rest, during acute disease of the chest, has not, until quite recently, received at the hands of the profession that amount of attention to which so important a subject may justly lay claim.

The efforts of nature to suspend the functional activity of acutely diseased organs we may with advantage both assist and imitate. Much more can be done in this direc-

tion than we are in the habit of supposing. We know well that the inflamed eye can be closed, the torn muscle rested, the ulcerated stomach deprived of the irritating presence of food. Why do we not more frequently apply the same physiological law to thoracic disease?

On approaching one of the chest-organs with this idea we are baffled indeed. The heart cannot rest. Nay, during the existence of acute disease that unfortunate organ is deprived, in great measure, of the scanty modicum of four brief diurnal hours of quiescence allotted by its hard task-mistress Nature.

By means of certain remedies and by attention to posture we may undoubtedly diminish in degree the frantic haste of the over-driven heart; but we cannot at any cost purchase peace for an organ with the cessation of whose rhythmic beat the slender thread of life is snapt!

Not so with the other pectoral organ. Over the activity of the lungs we have a peculiar power of control. Surgeons employ this influence in the treatment of fractured rib; physicians would do well to remember more frequently so valuable a resource.

We will first consider the dynamic or mechanical therapeutics of ACUTE LUNG DISEASE.

In *acute pneumonia* I am in the habit of encasing the affected lung in stout plaster, over which any desired dressing may be applied. When *crepitus redux* is audible I usually direct the plaster and poultice to be removed, and the skin to be rapidly sponged with cold water; then to be thickly enveloped in Lairitz's fir wadding (made from the fibres of the pine tree) or in medicated wool, and systematic inspirations, steadily increasing in depth, to be taken. Thus I endeavour to promote the free passage of air into the obstructed pulmonary vesicles.

But it is in *Pleurisy* that we witness the most striking effects following the use of physical therapeutics.

In acute pleuritis, especially when it involves the central or lower zones of the thorax, we should completely inclose the chest in a tightly-strained girth of stout plaster. In the case of female patients apertures should be arranged

for the mammæ ; and if the sufferer be an adult male, it is an act of mercy to remove any hair that may exist on the chest. Here we may earn the deep gratitude of the patient and of the patient's anxious friends, for the rapid relief that follows this plaster-cuirass is truly remarkable.

Of course, poultices may still be applied à *discretion* ; these should be covered with some impervious material to prevent external radiation of heat.

Dr. Hale, in his admirable *clinique* on pleurisy, delivered in this room on the 27th of April of last year, drew our attention to a practical consideration of the last importance. He observed " An important fact to recollect in connection with this local inflammation is, that the cessation of pain, instead of being a sign of amelioration, may be a very significant sign of increasing mischief, especially if a rapidly increasing effusion of serum, by separating the opposed surfaces of the membrane, has caused the absence of pain. So that cessation of pain and '*frottement*' become negative signs of a positive increase of inflammation and its products."

In another part of the same lecture Dr. Hale made an observation the truth of which I have had many opportunities of putting to practical proof. He says, " Friction-sound does not, as a rule, extend over a large extent of surface, but we must not, on that account, conclude that the inflammation exists only under the spot where we hear the *frottement*, for it generally extends further than we can detect by merely stethoscopic signs."

Bearing, then, these points in view, it is a good plan, however limited the pleuritic patch appears to be, to cover the whole affected lung with meal, and to persevere with poulticing for at least three days after all physical signs have disappeared. At this point the poultice may diminish daily both in area and in thickness, the denuded chest being covered with pine or medicated wool. I then order the trunk to be sponged daily with cold water. This must be done with great rapidity, the surface of the thorax being immediately covered with a hot, dry towel. The patient may be directed to tear off and throw away a piece of the

wadding day by day ; in this way the skin will accustom itself to the loss of the covering.

What is the most ordinary sequela of pleurisy ?

Effusion, to any marked extent, is not common. Adhesion associated, under varying conditions, with recession of the chest-wall, with lateral curvature or with cardiac dislocation, is essentially the enemy most to be dreaded. These conditions may become sources of the gravest inconvenience and disfigurement ; even if nothing worse supervene, it is bad enough to have a chronic "stitch in the side" when, perhaps, with a little thought on the part of the medical attendant, that unpleasant reminder of one's frailty could have been easily avoided.

How then can we escape these evils? Simply by taking care that the visceral and parietal layers of pleura shall not be permitted to remain long enough in close coaptation to produce short and rigid adhesions. So, as the friction-sound diminishes we may direct the patient to take gradually increasing nasal inspirations. By this simple measure adhesion may, in many cases, be obviated.

We turn now to the consideration of CHRONIC CHEST DISEASE. Here *Pulmonary Phthisis* will engross our attention.

In this extensive field I believe that much, very much, may be effected by mechanical measures.

This being essentially a clinical paper, it is not necessary that I should consider the numerous widely different conditions, now distinguished by pathologists, formerly huddled together under the comprehensive title "consumption." Suffice it to say that my observations will relate principally to typical pulmonary tuberculisatio.

Pathologists are curiously divided as to whether tubercle more frequently commences on the left side or on the right ; but all are agreed that there is an elective affinity for the apices. But why should the apices be primarily affected ? Is it from the converse of the condition which gives rise to congestion at the bases ? The gravitation of blood which produces hypostatic phenomena tending to leave the apices anæmic, or, what is more probable, is it

because functional activity, owing to anatomical peculiarities, is least marked at the apex? When we consider respectively the environments of the higher and of the lower portions of a lung, we are struck with the dissimilarity of their physical conditions; whilst the lower segments move freely, the motility of the upper parts is gravely impaired in order to afford, when needed, a fixed basis for the action of the muscles of the upper extremity. Add to this the consideration that the ribs here are short, fixed, and inelastic. We see then how different are the unyielding structures which surround the highest portions of the lung, from the elastic, mobile and unresisting parietes which inclose the lower lobes.

If active tuberculosis be an example of tissue of low type unable to undergo retrograde metamorphosis, then we can readily understand why tubercle should select as a favourite site that part of the lung where the blood-supply and functional activity stand at their lowest points. I need not here work out the evidence which supports the view that tuberculosis is connected with an arrest of decay rather than with decay itself. This has been admirably done in the charming *Clinical Lectures* of Dr. Chambers, with which fascinating work you are all doubtless familiar.

If, then, there be any truth in the preceding propositions, what obvious corollary springs from them to aid us in encountering that terribly prevalent scourge of our race, "pulmonary consumption?" Leaving the question of an improved blood-nutrition, which we effect by free supplies of such physiological *pabulum* as *Iron*, *Cod-oil*, *Cream* and *Glycerine*, the digestion and assimilation of which we insure by certain remedies, *Bryonia*, *Arsenicum*, *Calcarea*, *Iodine*, *Phosphorus*, *Pulsatilla*, and *Lycopodium*; we turn to the point more especially connected with this paper, viz. How can we render more active the torpid apices?

The most important means to secure this end is undoubtedly by what is known as "lung exercise" This consists in the performance of protracted inspirations, each followed by a brief, abrupt expiration. I recommend this to be done in pure air and with the stomach void. The

patient, having emptied the lungs, stands and places a hand on each knee, gradually drawing up the hands as the air enters the chest so that they reach the hips as inspiration terminates. The air should be drawn very slowly inwards through the nose, and should be expelled sharply by the mouth. We may, if desirable, exercise one lung alone, by permitting the hand belonging to the opposite side to remain clasping the knee.

Much, too, may be done towards forwarding our object by attention to simple means of exercising the affected side—means connected with the routine of ordinary daily life.

For example, we may direct the umbrella or cane to be carried in the hand corresponding with the side of the diseased lung. Various manœuvres will suggest themselves to each man's ingenuity.

In conclusion, let me say, gentlemen, that I feel certain I need not remind *you* that we have not fully performed our duty when we take leave of a patient, having eased wearisome pain, warded off dreaded death, conducted to apparent convalescence, and it may be accepted a heavy pecuniary acknowledgment of our invaluable services!

Our duty, gentlemen, is a deeper thing; it is nothing less than to cure in the safest, speediest, and most pleasant way possible; and to leave the body committed with such perfect confidence to our care as totally free from the after effects of disease as it is possible for human science to do—science supplemented by unwearying kindness—by self-denying and conscientious assiduity.

*Discussion on Dr. Edward T. Blake's paper.*

Dr. ROTH begged to thank Dr. Blake for having called the attention of the Society to the importance of lung rest in acute, and lung exercise in chronic, diseases of the thoracic organs. He mentioned that he had scarcely any experience regarding the importance of lung rest in acute cases, but he had daily opportunities for observing the beneficial influence of respiratory movements in chronic cases, especially the first stages of phthisis, in the secondary effects of pleurisy, in chronic catarrh, and asthmatic complaints, in compression and deformities of the chest.



The application of respiratory movements for curative purposes, although at present much neglected, had been known for 2000 years before the present era, by the Chinese, who, under the name of Kong-Fu, have cured many chronic diseases by breathing-movements. The French missionaries have, in the *Memoires sur les Chinois*, published in 1779 a chapter of Kong-Fu, illustrated with twenty drawings. The followers of the Tao-Se have made use of this treatment, and prepared the patient by various religious ceremonies, since the time of Hoang-Ti (2698 B.C.). The breathing-movements were done either through the nose, or through the mouth, or through both simultaneously, slowly or quickly, interrupted or rhythmical; and the missionaries describe a considerable number of different modes of breathing which have been used by the patients in a lying, sitting, or standing position, with the arms, feet, and trunk placed in the most varied postures imaginable. The speaker had translated the chapter on the Kong-Fu in the *German Athenæum for Gymnastics*, published in Berlin about eighteen years ago, and republished in *Dally's Ginesology*, Paris, 1875. It is known that in some of the large Chinese encyclopædias there are long treatises, with woodcuts, published on the Kong-Fu, but as these works contain several hundred volumes, Dr. Roth had not yet succeeded in finding the originals, published about 800 years ago. Dr. Roth mentioned that owing to the kindness of his friend, the Chevalier Scherzer, the well-known traveller, he was brought into connection with Dr. Dudgeon, of Peking, who has sent him a treatise on Hygienic Gymnastics, and a series of drawings of the positions in which the patients are directed to practise the breathing-movements. The speaker promised to bring these drawings and other books on this subject to the next meeting of the Society for the inspection of the members. During the last twenty years Dr. Neumann (who was sent by the Prussian Government to Stockholm for the purpose of studying medical gymnastics, based on Ling's principles) has published in Berlin, 1859, the *Art of Breathing, in its Application to the Cure of many Diseases*. Another Berlin physician, the Sanitary Privy Councillor, Dr. Bicking, published, in 1872, a little pamphlet on *Respiratory Gymnastics*, in which the author recommends breathing through a kind of apparatus similar to the oriental "chibuck," or Turkish water pipe. Dr. Paul Niemeyer published in 1872 his *Atmiatry (the Science of Curing by Breathing and by Air)*; the motto of his preface is Eulenberg's phrase—"In ordinary life we forget to breathe." In this country Dr. Ramadge made use of a kind of tube which permitted only slow breathing in and out. In New York the homœopathic chemists have, during the last year, constantly advertised a glass tube for similar purposes. As Dr. Roth's attention has for many years been directed to the importance of enabling all chronic patients to breathe always to the fullest

extent, he described the mode of his proceeding. He places the patient into half-lying, or reclined position, advises him to close his lips, and to breathe through the nose as slowly as he conveniently can; to retain the air in the well-filled chest for a period of from five to twenty seconds, and to breathe out very slowly through the mouth, while the lips are placed in the position required for whistling. The breathing out should, and can, be done very slowly, while the patient permits only a very small stream of air to pass through the small opening of the lips. As the apices of the lungs are frequently inactive, the patient is directed to place his fingers on the concave places under the clavicle, and is recommended to direct his will while breathing to these parts, and to fill them as much as possible. The lateral and anterior sides of the chest are frequently compressed, especially in women accustomed to tight lacing, tight dresses, tight bands, and tight petticoat strings; all of which interfere with the free action of the floating-ribs. If another person gently places the hand on these compressed parts, and encourages the patient, while breathing, to push the hands into a lateral direction through the expansion of these parts, the lower part of the lungs will be filled to their full extent, because they take up as much place as the expanded thorax offers. Although the will has only a partial power over the respiratory movements, it is possible to influence one side, or one part, of the chest more than the rest: for this purpose the body is either bent or turned to one side, or one arm raised into a position more favourable to the expansion of the part which is to be more developed. In many cases the movements required for the expansion of the chest must be made by the operator, especially when the patient is too weak to move his limbs. The North American traveller and artist, Catlin, has published his observations on the advantages of breathing always through the nose, and if patients or persons liable to catch cold by breathing cold air would adopt the practice of shutting the mouth and of breathing through the nose, they would save not only the expense of a respirator, but also prevent many a cold.

At a later period of the discussion Dr. Roth, in answer to the observations addressed to him by the previous speakers, mentioned that the corsets usually worn at present are bad; they consist of two separate parts, which are laced behind by a cross-lace, and are hooked together in front, where the steel or whale-bones are, by four or six hooks or fastenings of various constructions; the laces used to be elastic, and permitted the expansion of the chest during breathing, but the speaker was told that the manufacture of the elastic lace had ceased, and the ordinary lace not only interferes with the expansion of the chest, but even serves for tightening the compressing corset; the wearer is, therefore, even without feeling much the pressure of the corset, obliged to breathe in a longitudinal direction, while the trans-

versal or lateral breathing ceases entirely as long as the corset is worn ; after a shorter or longer period, this immovability of the lower part of the chest continues even when the corset is taken off, and the expansion takes place only when the wearer intentionally takes a deep breath. Dr. Roth recommends, therefore, the insertion of so much elastic webbing on both sides, and on the back of the stays, as is sufficient to permit deep and full breathing. Instead of the stiff whalebones or strong inflexible or slightly flexible steel, several small whalebones of about a quarter of an inch wide are made use of, which, although preventing the wrinkling of the corset, are not sufficiently strong to prevent the forward flexion of the body. All those who are weak generally have narrow and flat chests, are round shouldered, and round backed ; in all these cases the breathing-movements, in positions most suitable to the individual case, are very useful. Regarding the advantages of wind instruments mentioned by Dr. Hale, he confirmed the good results produced by these instruments, especially for preventive purposes, and Dr. Roth mentioned the prevalence of east winds, the dust from the granite pavements, and the imperfect watering of the streets, as the principal pathogenetic causes of phthisis in Vienna, which could not be counteracted by vocal gymnastics. Finally, Dr. Roth protested against the indiscriminate use of any system of gymnastics, and against the hanging from the trapèze ; he advocated for healthy persons the use of free exercises, where no gymnastic or other apparatus are required, except the floor to stand on, and the brains to carry them out. As for patients, special exercises in suitable lying, sitting, standing, kneeling, or hanging positions are recommended ; and as to the exercises adapted to the patient's general condition as well as to his special complaint, the selection of these should depend upon the medical man only, but this is at present left to the empiricism of teachers of dancing, calisthenics, and gymnastics, all of whom have not the slightest notion of the complaints and deformities they are expected to cure.

Dr. BAYES said the subject brought forward by Dr. Blake is one of much importance, and that the mechanical treatment of disease where motion is the ordinary function of a part is one that requires grave consideration. Undoubtedly one ought not, in such a case, to trust to medicine alone ; but there exist one or two objections to plastering the chest. It is very desirable in these cases to use poultices, and this cannot be done effectually when the skin is obstructed by plastering. One of the greatest uses of poulticing is the action of the warmth and moisture on the skin, inducing free local diaphoresis, and this cannot be done when the chest is covered with an adhesive plaster. Bandaging might prove of service in some cases. Passing on to the treatment of chronically flattened chests by movements, Dr. Bayes agreed in the great advantages to be derived by simple gymnastic

exercises, which improve the voluntary muscles and promote a more rapid metamorphosis of tissue. Much has been said against the use of corsets in ladies' dress, but the result of his experience is that really well-fitting corsets are very serviceable, tending by their gentle pressure on the lower part of the thorax to expand the upper, and also tending to distribute the effects of pressure from the bands by which the other garments used in ladies' dress are fastened below the waist. The good development of the voluntary muscles of other parts has a great effect in a secondary manner on the expansion and contraction of the lungs, and the alternate action of the diaphragm by the respiration will have a distinct bearing on the abdomen, increasing the functional action and remedying many of the diseases of the abdominal viscera.

Dr. DUDGON thought that the plan recommended by the author of strapping the side of the chest affected with pleurisy and pneumonia was likely to be attended with advantage. Nature pointed out the necessity of limiting the movements of the affected side as much as possible, and so we often find that patients affected with pleurisy and pneumonia were easiest when lying on the diseased side, or that they pressed their hands upon the inflamed side to obtain relief. It might be that the prevention of the chest's movements might in pleurisy occasion short adhesions between the costal and pulmonic pleura, and thus give rise to chronic stitch in the side. A mode of exercising the lungs not alluded to by the author was diving, in which act the air was forcibly retained in the lungs and acted powerfully on the air cells, which might be useful in some cases. In the taking of exercise many persons are content with walking slowly, only the inferior extremities being brought into play. He considered it of great importance to insist upon exercising the superior extremities, whereby the lungs were much more acted on. If the patient could not play rackets, cricket, or some other such game he might, at all events, use the dumb-bells, which was an excellent form of exercise and a useful supplement to walking.

Dr. EDWARD BLAKE then said, in replying to the objections raised by members to the use of enforced lung rest in acute disease, he would remind them that poultices themselves arrested the chief functions of the skin; and it was curious, certainly, that the only member who disliked the idea of interfering with the play of lung, admitted that they were actually in the habit of restraining that play by either poultice or compress. Dr. E. Blake would answer the suggestion of the Vice-President that the plastering might cause adhesions, by reminding him of the very short time (sometimes a few hours only) that the plaster was necessary. The acute, stabbing pain of pleurisy is not of long duration. Dr. Bayes had spoken of the indirect benefit of lung exercise on other organs more or less remote, especially of the influence of this agency over the abdominal viscera. Perhaps

even more marked is the effect of pulmonary exercise in giving tone to an enfeebled right heart. This is the more valuable, because it is notoriously more difficult to modify by medication the right side of that organ than the left. The heart being viewed as an appendage to the lungs, it can be readily understood that agencies beneficial to the one organ would react favourably on the other. Dr. E. Blake thought the *trapèze* admirable, but it was good, as Dr. Roth had observed, to be independent of all machinery, because poor patients could not, and idle friends would not, provide even the most simple contrivances. Doubtless the reason why the poor make better nursing-mothers than the rich, and why the mamma is seen so much better developed in the lower strata of society, as in domestic servants, is because the arms are so much more freely and continuously used. Dr. E. Blake would conclude by asking the members if they had tried prone *decubitus* in the basic pneumonia of the aged, so often merely hypostatic in character.

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## ADDRESS

*Delivered before the Annual Assembly of the British Homœopathic Society, June 29th, 1876.*

By Dr. DUDGEON, Vice-President.

GENTLEMEN,—It is the custom in this Society that the acting vice-president of the year should close the session with an address. Whether this custom would be more honoured in the breach than in the observance it is not for me to say, but I think each vice-president, as his turn came round, would unhesitatingly pronounce for the breach; unless he happened to be from the other side of the Tweed, where they are popularly believed to have no great liking for the observance of *breeches*. But the custom, be it good or bad, dates from the hoary antiquity when vice-presidents of this Society were first called on to fulfil the duties of non-presiding Presidents; so, *noblesse oblige*, and I meekly conform to the time-honoured institution.

Having thus made up my mind to do as my predecessors have done, and as they have all delivered addresses, to deliver one also, I will not say *likewise*; the next question I have to consider is: what shall I address you about? I might, following illustrious precedents of vice-presidents, deliver a discourse like the last occupier of this chair on the intricate relationships of the old to the new school. But with all the will, the ability to do this is wanting to me. I must needs say, in the favourite phrase of another Pope, "non possumus." Or, following other examples, I might cast a retrospective glance at the labours of the past session and enumerate, with a felicitous diversity of encomium, all the papers that have been read before you, crowning in imagination each essayist with immortal bays. But on the occasion of our final meeting of the session I think your vice-president should endeavour to send all his audience home for the holidays with happy and contented minds, and in order to secure that desirable end he should constitute the assemblage for the nonce into a society for mutual admiration. I feel it would be a departure from the spirit of such a society to confine my praise to those who have instructed and delighted us with their learned essays. Besides, the authors of papers have already received numerous thanks and much praise on the reading of their papers. For it is one of the admirable customs of our Society that each member as he rises to comment on a paper read first of all passes a cordial vote of thanks from his own individual self to the author of the excellent essay he has had the pleasure of listening to, before he proceeds to refute the author's statements and cut up his views. Like the champions of the P. R.—

We first shake hands before we box,  
Then give each other plagney knocks.

Any praise I could concentrate in a presidential address would necessarily sound flat, secondhand, and perfunctory, and would certainly be altogether supererogatory after the warm encomiums of individual members dealt out all hot at the meeting where the paper was read. Then you know it was said by the wise man that if speech is silvern, silence

is golden, and I am sure that those of us who did not speak take credit to themselves, like a certain famous parrot, for having thought the more. Moreover, now that the papers and the discussions on them are regularly published, first quarterly in the *British Journal of Homœopathy*, and then annually in the book of the chronicles of the Society, termed *Annals*, there is no occasion for me to make any remark about them. I need only refer you to those two periodicals where you can study them for yourselves, and I may say this *en passant*, that you will find them well worth a serious perusal; for they do great credit to our small Society and compare favourably with any essays published by any other homœopathic Society, whether in Europe or America. To be sure we last night determined that their publication in the *British Journal* shall cease, whereby our authors will lose a considerable number of readers and admirers, but we shall still continue them in the *Annals*, where, of course, they will only be seen by members of our Society. But in this we show our wisdom, for we know how good the papers are, and having such good things we do right to keep them all to ourselves. As, then, the publication of these admirable essays exempts me from the necessity of passing a separate eulogium on each,—as indeed they have only to be read to be admired—their publication naturally is their reward; it may be thought that to restore the balance of impartiality I should bestow the tribute of my praise on those who have no such reward, I mean on those members who have done their best to add to the pleasantness of our meetings by not reading papers. But I fear that were I to do so I should incur the wrath of our excellent Secretary, or if not his wrath (for he is much too amiable to indulge in such a debasing passion), his displeasure or, at least, his dissent, for it is well known in this Society that what our valued Secretary most dislikes is a non-contributing member, whether the non-contribution be of the literary or the pecuniary kind. But I believe he would almost forgive a member for being a week or two in arrear with his subscription provided he was prompt in the production of a paper when called upon.

But silver speech and golden silence have not constituted our whole work during the past session. Thanks to the indefatigable industry of our energetic Secretary, the second edition of the Pharmacopœia is now ready, and it is to be hoped that our allopathic friends will study it before rushing into print and endeavouring to fasten on homœopathy the suspicion of a recent case of poisoning by means of that fearfully potent, though to us unknown homœopathic preparation "the mother solution of tartar emetic"—a most unnatural mother surely to perpetrate such wicked infanticide, or "pædoctony" as our witty satirist would call it. A proper study of this—the authoritative official pharmacopœia of this Society—will dispel several illusions that are to be found in a recent paper by a lecturer on allopathic materia medica published in the *Practitioner*. If the term "antiquated" seems to him a fitting epithet to be applied to our first edition, published in 1870, he can scarcely be so unreasonable as to use it in speaking of our second edition, published in 1876. But possibly our learned critic applies the term "antiquated" to the old *Pharmacopœia homœopathica* published forty years ago, to which it is undoubtedly applicable; but if so, then for an eminent lecturer on *Materia Medica* at an illustrious medical school, who undertakes to write about homœopathic pharmacy, he is singularly ignorant not to know that the only authoritative homœopathic pharmacopœia in this country is the one of which the second edition has just appeared. Dr. Farquharson has evidently acted on the maxim of a celebrated wit, that it is much pleasanter to write on a subject you know nothing about than on one you are thoroughly acquainted with. Indeed, he quite plumes himself on his ignorance, and evidently thinks it a great advantage that "he knows nothing of the principles of those who practise homœopathy." Had his modesty allowed him he might have added: "nor of the processes employed in the making of homœopathic medicines." But no doubt he thought that that piece of ignorance on his part could not fail to be obvious to every reader of his paper, so he did not consider it necessary to make a special boast of it. There is this advantage in his entire



ignorance, that he can give free rein to his fancy in his account of homœopathic medicines, which he could not do were he trammelled by the bonds a knowledge of his subject would impose.

The British Homœopathic Society may further take to itself the credit of the School of Homœopathy, which has this year completed its second session. In the establishment of this School, the Society has taken a very active part. It has furnished the great and indefatigable promoter of the School, our esteemed colleague, Dr. Bayes, who at a considerable outlay of time, and I suspect of money too, has kept all up to the mark and, I may say, has been the main-spring of the whole affair. It has given the lecturers to the School, for are not Drs. Bayes, Hughes, Hale, Drury, Mackechnie, Matheson, Jones, and Drysdale, all members of the Society? It has provided a large portion of the funds required for advertising purposes, and this with an alacrity and spontaneity which were the admiration of all. Lastly, it has supplied a considerable portion of the audience to each lecture, but this act of benevolence was not altogether disinterested, for if the lecturers were encouraged and supported by the presence of their colleagues, the latter were well rewarded by the words of wisdom that flowed from the lips of the lecturers.

The authorities of the Hospital also deserve all praise for the readiness with which they gave the use of the large and commodious board-room for the purpose of the lectures, and for the willingness they have always expressed to assist the lectures committee in establishing a real school of homœopathy.

Another work of the Society during the past session has been in connexion with the great World's Homœopathic Convention, to be held in the United States, on the occasion of the Centennial Commemoration of the American Declaration of Independence. At the invitation of their Transatlantic colleagues, who sent a deputation of two of their most illustrious men, Professor Talbot, of Boston, and Professor Ludlam, of Chicago, the Society appointed several of its members to compile a historical and statistical

account of homœopathy in this country, and you have had an opportunity of judging how well this task has been executed by the gentlemen you selected for it.

Three members of this Society, Dr. Hughes, Dr. Hayward, and Mr. Clifton, have crossed the Atlantic to attend the great homœopathic gathering at Philadelphia, and you will agree that the Society will be worthily represented by those members. We were all impressed by the cordiality of the invitation given to British homœopaths by the committee of the World's Homœopathic Convention, through their excellent ambassadors Drs. Talbot and Ludlam. I lately read, in some newspaper, that Philadelphia in the month of July is about the hottest place on the American continent, so we may be sure that our colleagues will have a warm as well as a fraternal reception in the City of Brotherly Love. When what is left of them after being overwhelmed by American hospitality and melted by American sun, shall return to the bosom of the Society that now mourns their absence, we shall hope to receive from them a vivid account of the state and prospects of our cause in the centenarian but still youthful States.

My list of the achievements of our Society during the past session would be incomplete were I to omit all mention of the Homœopathic Benevolent Fund which originated among members of this Society; foremost among whom in promoting its organization and usefulness is our estimable colleague Dr. Yeldham. The necessity for such an institution refutes the common reproach addressed to us by our orthodox opponents, that the profession of a belief in homœopathy is made because it is a sure road to wealth. I think it would be found on investigation that we have amongst us an undue proportion of practitioners who have failed to realise a competence by the practice of their profession. Whatever may have been the case in former days, it is now very evident that an acknowledgment of the truth of the great therapeutic principle discovered by Hahnemann is far from being a sure passport to a large practice. The virtue of standing up for what we believe to

be the truth is often its own sole reward, and I believe it is frequently more difficult to succeed by professing faith in homœopathy than by steadily sticking to the old routine, as we are heavily handicapped with professional ostracism and exclusion from all the honours and emoluments of the profession. Moreover, our so-called orthodox brethren have been, and still are carrying on such wholesale pilfering from our homœopathic treasury that probably before long, if this system of spoliation goes on unchecked, we may all have occasion to be thankful we have a Benevolent Fund to save us from the workhouse.

The proposition made last session by Dr. Wyld has borne no fruit, the situation remains unaltered, the opposition to friendly intercourse being as great as ever on the part of our old-school colleagues; in fact, if we may judge from an article by some anonymous practitioner in the January number of the *Monthly Homœopathic Review*, called "An Allopathic Double-shuffle," there is more unwillingness than ever to accord professional courtesies to those who acknowledge Hahnemann to be a great teacher in therapeutics. Though it is no doubt annoying to find ourselves treated *de haut en bas*, and denounced as fraudulent quacks and ignoramuses by colleagues who are not very clearly so much superior to ourselves in scientific acquirements and morality, we may perhaps console ourselves by the reflection that these brethren are only pursuing the usual tactics of the envious and seeking to exalt themselves by disparaging their neighbours. We, of course, require to resort to no such disloyal methods of exalting ourselves. It is curious, but at the same time perfectly natural, that while our old-school colleagues, who love to call themselves *regular*, *κατ' ἐξοχην*, because, like *lucus a non lucendo*, they have no *regula* or rule of practice (just as the Serpentine river is so called, because it is not a river and not serpentine, or as the Crystal Palace is so called, because it is not a palace and not made of crystal)—while, I say, they are daily assimilating more and more to us by abandoning their traditional methods of treatment for ours, and by advocating the investigation of the physiological properties

of drugs, they continue to denounce the open profession of homœopathy as fiercely as ever. We have seen it stated that theologians hate one another in the inverse ratio of the divergences of their doctrines, so we are not surprised at witnessing the same phenomenon in the medical world. The assimilation of the doctrines and practices of the two schools has become so great, that there is a border land where dwell our bitterest friends and dearest enemies, who are only distinguishable from one another by the fact that the former bless while the latter curse the name of Hahnemann. In fact a division of the medical profession into anti-Hahnemannists and non-anti-Hahnemannists would be much more consistent with facts than the ordinary accepted division into allopathists and homœopathists; for the so-called allopathists, though they have registered a vow in their colleges and societies never to practise homœopathy, do indeed practise a deal of conscious or unconscious homœopathy, and the so-called homœopathists are most improperly so called, for they have never taken any vow to abstain from the practice of any method, be it allopathic or any other, by which they think they may benefit their patients. Every day shows that it is merely the blessing or cursing of Hahnemann that constitutes the difference betwixt the two great parties in medicine, for we have seen how Ringer can re-stock the orthodox shelves with homœopathic drugs amid the applause of all the adherents of old medicine, and we have seen how a second-rate practitioner of homœopathy of twenty years' standing has only to curse Hahnemann in public to be at once acknowledged as a first-rate luminary in the firmament of traditional medicine, and to be appointed a lecturer on *Materia Medica* at a famous orthodox medical school, where he teaches the rising generation of doctors the homœopathic *Materia Medica* interspersed with insincere and ungrateful denunciations of its author.

During the past session the Society has been joined by a good many new members, and it has honoured itself by electing several distinguished foreigners as corresponding members, among these the venerable Dr. Constantine Hering,

of Philadelphia, and Dr. John Gray, of New York, on the occasion of the fiftieth anniversary of their reception of the doctor's degree.

Beyond the precincts of our Society the history of homœopathy in this country during the past session has not been very eventful. The chief incident worth mentioning is the sensible conduct of the Medical Institute of Birmingham, which decided by a large majority that members of the profession who professed a belief in the homœopathic therapeutic law were not on that account ineligible as members of the Institute. This is a great advance on the famous Brighton Resolutions of thirty years ago, though but a slight instalment towards the fair treatment we have a right to expect from our colleagues. But we must be thankful for small mercies. This very sensible conduct of the medical practitioners of Birmingham, so different from what past experience in other places, and notably in the metropolis, has led us to expect would be the behaviour of members of the old school when brought in contact with homœopathy, teaches us that the wise men do not invariably come out of the east, but possibly in another thirty years or so we may find that the western civilisation may have penetrated to metropolitan orientals, and that the medical societies of London may not keep their doors shut against all who venture to differ from their actual members on therapeutic subjects.

The "conspiracy of silence" among the medical periodicals has been broken by fierce denunciations of the liberal conduct of the Birmingham Medical Institute.

The *Lancet* did me the honour to say I had given the death-blow to homœopathy because I insisted that our proper designation was "physicians and surgeons" and not "homœopaths;" but the *Lancet* has so often announced the death and burial of homœopathy that one more similar announcement will not send us rushing off to our tailor's to order a decent suit of mourning in order to show our respect for the dear departed. Cremation rather than burial would probably appear to the *Lancet* the more

appropriate mode of disposing of homœopathy and its professors.

The *Practitioner*, too, has lately broken the conspiracy of silence by admitting a very silly paper on homœopathic pharmacy by Dr. Farquharson, which proved nothing but the author's own crass ignorance of the subject he undertook to write about. A refutation of his errors by Dr. Bayes was of course refused insertion by the impartial editor. You have all doubtless read this masterly refutation in the pages of the *Monthly Homœopathic Review*.

Our allopathic critics on the Continent are not behind their English brethren in the sagacity of their comments on homœopathic affairs. Thus the editor of the *Archives Belges de Therapeutique* lately announced that one of the medicines employed in homœopathy was "virgin's milk," and in proof of this assertion produced a prescription by a homœopathic practitioner which ran thus :

"R *Lact. mammal. virg.* 30, gtt. iij,"

the Latin here being evidently an abbreviation of *Lactis mammalis virginis*, which being translated means "breast milk of a virgin." This the editor qualifies as "an embarrassing prescription." But if the Belgian chemist had been worth his salt, and had possessed the fertility of resources indispensable for the dispenser of ordinary prescriptions, he would not have been the least embarrassed by such a prescription, but would at once have concluded that the words in question were merely a free rendering in medical Latin of the name of that famous Rhenish wine called "Liebfrauenmilch" or "Blessed Virgin's milk," which the prescriber wished to order for his patient. The figure 30 might have proved slightly embarrassing, for he could not suppose that the most rabid infinitesimalist would prescribe such a delectable liquor in the thirtieth dilution, unless he were a teetotaller, and then even the thirtieth dilution would be too strong. His acumen would have led him to infer that 30 referred to the year of the vintage of the wine. A similar freedom of construc-

tion would have interpreted the "three drops" in a figurative manner; and, like a sensible man, he would have considered three bottles as not a drop too much. But the embarrassment of the prescription was cleared up by a correspondent, who pointed out that the editor had simply misread the prescription, which was the prosaic *Hamamelis virginica* or Virginian Witch Hazel, and no virgin's milk at all of any kind or description. The prescriber had probably not written his prescription as legibly as those documents are or ought to be written. Of course the editor took no notice of the rectification, as it might have been embarrassing to himself to confess to any lack of infallibility. His mistake reminds me of an allopathic physician on this side of the Channel, who gravely assured an awe-struck audience that the homœopathists had a medicine composed of broken cups and saucers; he had seen the medicine himself in a homœopathic chest, and read the label "*China*," so there could be no doubt about it. If this exquisite plan of criticising homœopathy by evolving the meanings of our contractions from the inner consciousness without any reference to our *Materia Medica* is to be generally followed, we may yet see some charming revelations of the wonderful drugs we employ. We may fancy some allopathic discoverer of mare's nests getting hold of a chest of homœopathic medicines, and sagaciously interpreting some of the abbreviated names as follows:—" *Lac. vir. φ.*" This is evidently short for "*lac viri*"—"milk of a man"—a fitting pendant to the "virgin's milk" of the Belgian commentator, and perhaps a still more embarrassing prescription for the sorely tried homœopathic chemist. The Greek letter might prove a puzzler at first, but reflection would soon show our critic that φ is a contraction for "fie for shame," a most appropriate ejaculation after such a nasty medicine. "*Viol. o.*" doubtless stands for a drug made from the scrapings of an *old violin*, evidently the homœopathic remedy for the *Scotch fiddle*. "*Nic. 1<sup>x</sup>*" means some diabolic elixir obtained from the arch-fiend himself, familiarly called by his intimate friends "Old Nick." The x that follows the

figure is of course the sign of the cross, a very proper form of exorcism when dealing with such an infernal preparation. "*Ver. vir.*" must mean something *very virulent*," and "*Coff.*" significantly stands for "*Coffin*," and has doubtless sent many a poor patient to that last receptacle of the homœopathically tortured body. In this fashion our imaginary allopathic Smellfungus might go through the whole of our *Materia Medica* and make out a fine case against homœopathy, which would only have the trifling defect of being entirely destitute of the slightest foundation in truth, but certainly not erring in that respect more than the real examples of allopathic commentation I have cited. As long as our hostile critics continue to consult their imaginations for their facts relating to homœopathy, so long shall we see the ludicrous mistakes their want of knowledge of the subject leads them into. With our hospitals, dispensaries, periodicals and handbooks, and even our school of homœopathy confronting them at all moments, the majority of our opponents are at this moment as ignorant of homœopathic doctrines and practice as they are of the annual mortality from hydrophobia in the dogstar. I fear that the ingenious bathometer of my friend, Dr. Siemens, would be incapable of measuring the depth of their abysmal ignorance on the subject of homœopathy, and I suspect that even Crookes's radiometer would fail to detect the faintest scintillation of wit or sense, in what they write regarding our doctrines and practice.

Parliament has been occupied with passing a bill at first entitled "to prevent cruel experiments on animals," and subsequently altered so as to impinge less painfully on the sensibilities of the vivisectors and their friends in the medical profession. Suppose that the anti-vivisectors, fired with their recent success, should in some future Parliament bring in a bill to prevent cruel experiments on a higher class of animals than they have hitherto sought to protect. Suppose that they should endeavour to suppress the painful practices that still abound in old-school treatment, such as the application of blisters, caustics, moxas, and the actual cautery, and the administration of griping purgatives and



nauseating emetics, unless proof can be given that these painful experiments are of service to the subjects of them, or tend to advance the sciences of physiology and therapeutics. Surely innocent human beings are as worthy of being protected against needless pain as the dogs and cats, the horses, mules and donkeys, which have been lately legislated for. Or would it not be a good thing to protect by Act of Parliament the numerous followers of Hahnemann from psychical vivisection by their old-school colleagues? Why should these defenceless animals be subjected to the cruel and totally unnecessary persecution of being expelled from societies, refused professional intercourse, denounced as pestilent quacks, and held up to the scorn and derision of the world in journals that steadily refuse to grant the slightest redress for the most grievous wrongs? It may be thought that the vivisection of dogs and cats is a kind of retaliation for the cruelties practised by these animals on their victims. We have all witnessed with more or less repugnance the frightful tortures the dog inflicts with keen enjoyment on innocent hares, rabbits, rats, and such small deer; and pussy's objectionable practice of prolonging the tortures of the terrified mouse, should steel our hearts against her own occasional vivisection. But *we* surely have done nothing to deserve the cruel treatment administered to us with evident gusto by our allopathic brethren. May we not hope that those who have secured by legislative means the cessation of needless cruelty towards the inferior animals, will one day turn their benevolent attention to the unnecessary torments inflicted on homœopathists by their powerful and malevolent enemies? We have all been subjected to the moral tortures of allopathic ingenuity, some to a greater, some to a less degree. We have seen members of a medical society rise up and, growling an indignant protest, quit the society in a huff, because we rose to reply to some erroneous statements respecting homœopathy made by one of the members. We have been subjected to the annoyance of coroners' inquests at the instigation of allopathic colleagues who were, of course, actuated by no personal motives, but per-

formed a painful duty on public grounds. We have been degraded before our patients by the refusal of physicians and surgeons to hold professional intercourse with us, or even to examine or operate on a patient unless we were discharged. We have been attacked generally and individually in medical journals, and refused all defensive reply in their columns. In short, we have been morally vivisectioned in the most cold-blooded and heartless manner, and not one useful purpose, either to physiological or medical science, has ever been alleged to have been served by the psychical tortures to which we have been subjected. Our tormentors imitate the fiendish practice attributed to the vivisectioners of administering *Curare* to their victims, which, while suppressing all expressions of pain and struggles of resistance, allows the sensibilities to exist in all their painful intensity. So do our persecutors prevent our cries of agony and indignation being heard by the *Curare* of exclusion from their societies and periodicals, but our sufferings are only aggravated by their denial of the relief of giving utterance to our painful sensations. Here, then, is a glaring instance of cruelty to animals that has not even the shallow excuse of utility to science, which may be recommended to the earnest attention of those who have so successfully agitated against the indiscriminate vivisection of the lower brutes. Those human legislators who have secured a close time even for the sparrow might, one would suppose, obtain a cessation of the indiscriminate and unceasing onslaught on the practitioners of homœopathy, for are we not of more value than many sparrows?

There is not much to record respecting the internal development of homœopathy in this country during the past year. No new medicines have been proved, nor have there been any noteworthy studies of old remedies. What we may call aberrations from the purity and simplicity of Hahnemann's doctrines and practice have cropped up in certain quarters. Thus we have seen attempts by self-styled Hahnemannists to set aside the Hahnemannic selection of the remedy from the totality of the symptoms and to substitute the American innovation of so-called "key-

note" symptoms as the guide to the remedy; but to my thinking these key-notes are clumsy skeleton keys, which are but a poor substitute for the real keys, and they rarely succeed in unlocking the casket of our *Materia Medica* so as to enable us to make a right use of our treasures of homœopathic remedies. From the same quarter proceed the extravagant dilutions of medicines up to the 100,000th and even the millionth and higher degrees of attenuation. The advocates of these ethereal potencies seem to me to attach far greater importance to the alleged degree of dilution than to the drug diluted. In fact, the most innocuous substances only need to be sufficiently diluted to become most potent drugs. Thus, we have read quite lately of marvellous cures effected by the 100,000th dilution of *Sugar of Milk*, and a homœopathic chemist lately told me that he had been requested by a notorious high dilutionist to prepare an exalted attenuation of *pure water*! The chemist declined to comply with this request on the ground that he could only dilute the pure water with impure water, but I imagine his real reason was that he was afraid of the Pharmacy Act, which imposes restrictions on the sale of virulent poisons.

The famous tissue medicines of Schüssler have been adopted to some small extent in this country. According to this method the predominant fixed salts of each tissue of the body are used in the 6th trituration for the cure of the diseases of the respective tissues. It seems to me that the surest way to obtain these salts in their exact chemical form and combination would be to incinerate the separate organs of a healthy human being and to employ the resulting ash as the remedy. A healthy body might be obtained through the instrumentality of Mr. Calcrafft's successor, or by employing astute agents to watch some of the battlefields of the day; for there seems to be always fighting going on in some corner of the Continent, if not in Spain, then in Turkey, or some other part of Europe, where life seems to be held very cheap, and doubtless dead bodies would not be very dear. We might, perhaps, carry Schüssler's principle further than he has done and employ

the ashes remaining from the combustion of the whole body as a sovereign panacea for all diseases. The partisans of cremation have brought the process to such perfection that there could be no difficulty in obtaining the ashes of a complete corpse for therapeutic purposes. I offer this suggestion to the disciples of Schüssler, and in order that they may be able to take full advantage of it, I will forbear to take out a patent for the invention.

I think that in our corporate capacity as a Society we should endeavour to keep homœopathy free from the extravagant deviations into which it may be tortured by the wild speculations of fanatical idealists. Let us imitate the latest fashion of the superior sex, and casting aside the artificial chignons of airy theories and the disfiguring trimmings and trailing adornments of erratic practices, let us present homœopathy in its own fair proportions and graceful outlines, when it cannot fail to obtain the admiration of all who are capable of appreciating the comely simplicity of a beautiful and unadorned truth.

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## REPORT OF THE LECTURES COMMITTEE

*Appointed by the British Homœopathic Society, passed at a meeting held at 4, Granville Place, Portman Square, 27th June, 1876. Dr. YELDHAM in the Chair.*

YOUR committee have to report that during the present session the Lectures appointed were duly delivered as follows :

The Introductory Lecture by Dr. Bayes on Thursday the 7th of October.

Next followed, on succeeding Thursdays, fifteen lectures on the Homœopathic Materia Medica, by Dr. Richard Hughes.

Four lectures on Diseases of Women, by Dr. Matheson.

Four lectures on some Forms of Chronic Bronchitis, and

on the early diagnosis of Tubercle, and on Pericarditis, by Dr. R. D. Hale.

Four lectures on Diseases of the Digestive System, by Dr. Mackechnie.

Four lectures on the Exanthematous Diseases of Children by Dr. Drury.

Two lectures by Dr. J. Drysdale, on the Theory of the Homœopathic Principle. And, finally,

Two lectures on Ulcers of the Lower Extremities, by Dr. James Jones.

In addition to the above course of lectures, clinical instruction has been afforded to such inquiring medical men and students as have, from time to time, frequented the hospital.

The attendance on the above lectures has varied greatly in number; but on the whole there has been an evident increase of interest manifested in the lectures, during the past session, as compared with that of the preceding year.

The number of medical men and students applying for admission to the lectures has amounted, during the past session, to thirty-four; of these thirteen are medical students from one or other of the medical schools of London.

It was decided at the committee meeting of April 26th of the current year to recommend that the present lecture scheme should be embodied into the foundation of a Homœopathic School of Medicine, and a resolution asking for the co-operation of the Board of Management of the Hospital with the British Homœopathic Society in this effort, was laid before a recent meeting and was passed. This resolution was submitted to the Board of Management, but practical difficulties having arisen in the way of any immediate settlement of the kind of co-operation which would be feasible in accordance with the laws regulating the hospital, it is felt by your committee that this question must stand over for the present.

It is therefore proposed that the committee as at present constituted shall be authorised by the British Homœopathic Society to arrange for the delivery of lectures for the session of 1876-7, and that such lectures shall consist

of a course of *Materia Medica* by Dr. Hughes, and of such other lectures as the committee may see fit to recommend.

The whole advertising account for the past session has not yet been obtained ; a small number of accounts still are outstanding. Up to the present date a sum of £41 11s. 3d. has been paid. Towards this item of expenditure £30 was voted at the last annual meeting, and it is proposed to ask the Society to vote an additional sum of £15 toward the larger sum expended, which was chiefly owing to the method adopted of sending a circular announcement of the lectures to every medical man whose name appears in the directory as residing in the London district.

It is also recommended by the committee that, in consideration of the expenses incurred by Dr. Hughes, in his journeys to and from London, in order that he might deliver these lectures, the Society should vote him a donation of £21 toward the expenses and loss thus incurred.

Signed on behalf of the meeting,

WILLIAM BAYES, M.D., *Hon. Sec.*

## REVIEWS.

*Compendio di Materia Medica Pura e di Terapeutica per il Dottore Bernardino Dadea. Vol. I. Torino, 1873-4.*

WE had thought to write a review of this important work when it was complete. The first seventeen numbers forming the first volume of the *Materia Medica* were published with such exemplary regularity that we hoped the following numbers would appear with equal punctuality, and that the whole work would soon be in our hands. But we have for nearly two years received no new number since the first number of the second volume of *Materia Medica*, and we much fear from an announcement that appears on the cover of this print that the author's ill-health is the cause of the regrettable delay.

The plan of the book is excellent. The first part is to consist of a *Materia Medica* of all known medicines that have been proved more or less completely, and which are, therefore, available for homœopathic practice. This is to consist of two volumes. The first volume is complete; it is a portly tome of 1368 pages, and comprises the pathogeneses of the medicines in alphabetical order from *Acalypta* to *Kreosotum*. The pathogenesis of each medicine is preceded by the synonym of the drug, the analogous medicines, its antidotes, its modes of preparation, the most convenient forms for dispensing it, and a very complete list of the sources from which the symptoms are derived. The pathogenesis itself consists of an arrangement according to the usual Hahnemannian schema of all the symptoms derived from physiological experimentation and from poisoning. The symptoms are not numbered, nor is there any

reference of each to its original source, such as we find in Allen's *Encyclopædia*. There is also no attempt to indicate characteristic symptoms by signs or peculiarities of type, as has been done in most of the existing homœopathic materia medica. In short, no criticism is attempted, but the symptoms are merely enumerated under their appropriate headings. Each pathogenesis is followed by a clinical section in which the diseases and morbid states for which the drug is adapted are given with the utmost brevity.

Though inferior to the great American encyclopædia in completeness, we consider this a most creditable work, and as far as it has gone it must be reckoned as the very best *Materia Medica* of homœopathic drugs that has appeared in any language, with the sole exception of the gigantic undertaking of Dr. Allen. Our Italian colleagues are to be congratulated on having among them one who has the ability and the industry of Dr. Dadea, whereby they are enabled to possess such a complete and masterly guide to the knowledge of all the remedies that have hitherto been found of use in homœopathic practice. We trust that the interruption to its publication is only of a temporary character, and that we may soon be able to announce the completion of Dr. Dadea's magnificent design. We look forward with especial pleasure to the appearance of the therapeutic part, which, if executed with the same exhaustive completeness as characterises this first volume of the *Materia Medica*, cannot fail to be of immense value to the practitioner, and a lasting monument to the industry, research, and practical talent of its author.

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*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSEN. Vol. iv, Diseases of the Respiratory Organs.

THIS is a most interesting volume, embracing a variety of subjects. There is first an excellent dissertation on



laryngoscopy and rhinoscopy, with a full account of all the apparatus used in these operations, illustrated by excellent woodcuts. Then follows a chapter on general therapeutics of the respiratory organs, with a minute description of the methods of applying therapeutic agents in the solid, fluid, or atomised condition to the several parts. Following this is a full account of diseases of the nose, including stenosis and atresia of the nasal cavity, coryza, purulent nasal catarrh, diphtheria of nose, erysipelas of nose, ozæna, abscess and ulcerations of nasal cavity, epistaxis, polypi, foreign bodies, and parasites in the nose. As regards ozæna, it is bracketed with rhinitis chronica, or chronic nasal catarrh, as though they were one and the same disease, but certainly many chronic nasal catarrhs are not ozæna, and there are some forms of ozæna which have nothing to do with catarrh. The treatment recommended is, as might be expected, a purely local one, consisting of douches, spray injections of common salt, carbonate of soda, chlorate of potash, sal ammoniac, &c., and in syphilitic cases the local application of a mild solution of corrosive sublimate or calomel, and red precipitate snuff, &c. Of the specific virtues of *Aurum*, *Kali bichromicum* and other valuable internal remedies the author of course knows nothing.

The chapter on membranous croup by Dr. Stein contains, as might have been expected, the latest views on the pathology of that disease. This portion of the essay is well executed, and is very instructive reading. But when we come to the treatment we have not much praise to give. Just before writing upon the treatment the author says:—“If certain physicians—generally homœopathists or hydro-pathists—point to brilliant cures, while practitioners of known ability and honesty confess to the most dreadful losses, the explanation lies simply in the fact that none but swindlers and ignoramus indulge in such vaunts.” Truly a very simple way of accounting for the comparative success of the two treatments. The old, old story. “You, my brethren, who have been my fellow students, perhaps my especial chums at college, have adopted homœo-

pathy in your practice; you say your success in croup is so much per cent., while I who stick to the traditional methods cannot claim anything like that success for my treatment. I could believe your testimony on any other subject, but with regard to this therapeutic method which you have especially studied and practised for so many years, I can only say you are swindlers and ignoramuses.' We wonder how long this style of argument will prevail. We wonder if those who use it actually take it for sound argument. We wonder if they think that others do not detect its dishonesty. However, we have our revenge a few pages further on, where the author recommends strongly the employment of "*frequently changed cold compresses about the neck*" (the italics are his own)—pure hydropathy! and for medicines he gives his preference to *Ipecac.* and *Tartar emetic*—pure homœopathy! Of course he knows nothing of the virtues of *Aconite*, *Spongia*, *K. bich.*, *Iodine*, *Bromine*, and *Hepar*, otherwise his cases would not so often require the operation of tracheotomy as they seem to do.

The next chapter, by Dr. Riegel, is on diseases of the trachea and bronchi. This like all the other chapters is treated with an exhaustive fulness as regards history, etiology, pathology and semeiology that leaves nothing to be desired. Two medicines the author recommends in bronchial catarrh, which—though known to us for their value in other affections—have not yet been thought of in connection with this disease by our school. These are *Apomorphine* and *Jaborandi*. The first is said to be a good expectorant, the latter is used in this disease for diaphoretic purposes. In fetid bronchitis Skoda's remedy of *Turpentine* inhalations is said to be preferable to all the other remedies recommended for this disease, except the inhalation of *Carbolic acid* recommended by Leyden.

In the treatment of bronchial croup the efficacy of *Iodide of Potassium* is attested on the authority of Wunderlich, Thierfelder, Sklarek and others. This is as near an approximation to the homœopathic remedies *Spongia* and *Iodine* as we can expect from our opponents at present.

The chapter on bronchial asthma by the same author is especially full and well written. The occurrence of asthma from the retrocession of chronic eruptions, as was asserted long since by Hahnemann, is admitted. The most recent theories as to the pathological causes of bronchial asthma are given in full detail. There have been so many theories of asthma, none of which have received general acceptance, that it was inevitable that a few more should be added to them in recent times. The most generally accepted theory until quite recently was that the essential element of asthma is to be found in a spasm of the smaller and smallest bronchi. This was opposed by Wintrich, who contended that a spasm of the smooth muscular fibres of the lungs would have a precisely opposite effect to what is observed in asthma. He holds that the asthmatic sufferings depend on a tonic spasm of the diaphragm. This theory was supported by Bamberger and Lehmann, who contributed corroborative facts. But it was opposed by Biermer, who stoutly contended for the bronchial spasm of the older writers. Weber again regarded asthma as a vasomotor neurosis, and gave excellent reasons for his view. Störck alleged that it was due to acute swelling of the mucous membrane of the bronchioles. Leyden asserts that asthma is owing to the irritating action on the mucous membrane of the alveoli and bronchi of some minute octahedral crystals of unknown nature he discovered in the expectoration of asthmatics. As all these theories are supported by arguments and facts more or less convincing, the student may select which he likes, and we can give him this assurance that all will be equally useless in directing him to the proper treatment of the disease. The treatment recommended by the author is as undecided and empirical as can be imagined. *Arsenic*, which homoeopathy has long employed, seems to be the remedy he inclines most to. Leyden acting on his theory of the octahedral crystals being the cause of the attack, and finding that these are soluble in alkalies, tried inhalation of table salt and carbonate of soda 1 to 100. We are told these inhalations appeared to be of service.

The chapter on pleurisy by Dr. Fraentzel is like the others very complete as to pathology, but in the matter of treatment the author shows himself a zealous advocate of the good old plan of bleeding, blistering, and purging. The heroic character of his treatment of this disease will we think astonish some of his allopathic readers. He is also a great admirer of the treatment of serous effusions in the pleura by aspiration, and of purulent effusions by free incision.

On the whole, this volume will well repay perusal as the last expression of the science of the old school on the subjects of which it treats. Our readers who are familiar with the scientific therapeutics of Hahnemann will learn nothing respecting the treatment of the diseases described in the volume, but they will gain valuable information as regards the most recent discoveries in regard to their pathology, and the best methods of making their diagnosis.

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*Diseases of the Hip, Knee, and Ankle-joints with their Deformities. Treated by a New and Efficient Method.*  
By HUGH OWEN THOMAS, M.R.C.S. Liverpool:  
Dobb & Co.

Few subjects have engrossed more constant and extended interest in the surgical world than diseases of the joints; and amongst these especially the hip, knee, and ankle. The authors who have written upon them, as well as the surgeons who have applied themselves practically to their treatment, have spent much time and energy in efforts to elucidate the best means of arriving at a satisfactory cure. The numerous excisions of these joints, together with extensively existing deformities, sufficiently attest the failure of these efforts in too many cases. It is to the treatment of these joints that the author addresses himself, and he claims to have originated a method which gives results far better than those usually attained. The necessity for

rest appears to be present to the minds of most practical surgeons in their writings, but their appreciation of what really constitutes rest, and their methods for securing and maintaining that condition, appear very unsatisfactory and indefinite. Mr. Thomas defines his treatment as consisting of "enforced, uninterrupted, and prolonged rest." In clear language and by means of good illustrations the methods and apparatus employed are demonstrated. It would be impossible without the illustrations to convey an adequate idea of the splints. The principle, however, consists in absolute fixation of the diseased limb in a cheap and easily constructed iron framework. In the case of the hip-joint the splint, which has a posterior application, extends from the lower angle of the scapula to the lower edge of the calf. Complete immobility of the joint is provided for, and after a time in bed, which varies with the severity of the case, a patten of at least four inches in depth is applied to the foot on the sound side, and the patient moves about on crutches. In the case of the knee, the apparatus, extending from an ovoid ring obliquely encircling the thigh at the groin, and having a point of application against the perineum, terminates below in a patten-end. A patten placed beneath the foot of the sound limb gives the patient power to move about. No movement of or pressure on the knee-joint is possible, however, as the pressure passes directly from the patten by means of the iron side-rods to the ovoid ring already described. The apparatus for disease of the ankle is only a slight modification of the one just described.

The means adopted are certainly very complete, and the results recorded very encouraging. Experience only can fairly test their practical superiority to all the other means hitherto employed. They certainly deserve honest consideration and careful investigation. With a view to this, however, there is one point in which the book strikes us as being deficient; there is a lack of sufficient instruction in the application of the apparatus to the patient, and an absence of information on several practical points which will suggest themselves to surgical readers, and which can only be given by one who has

had considerable experience in the use of the instruments. Such information would be a valuable addition to the work, and would lessen the liability to disappointment and dissatisfaction in carrying its directions to a practical test. We must also take some exception to the tone in which former treatment is reviewed. It is quite possible that the methods advanced are indeed superior to those generally adopted, but while others have been acting according to the best of their observation and experience, their efforts should receive fair and courteous mention. Without entering on any argument as to how it acts, practical experience sufficiently attests the great relief following a judicious use of extension, in a large number of cases, and certainly it appears unbecoming to style such proceedings "ridiculous mal-practice."

Extension is, as the author suggests, of value in so far as it produces fixation, and we would add, relieves pain and consequent restlessness. That it fails to maintain a state of absolute and continued rest is obvious, and as this is doubtless the great desideratum, we hope Mr. Thomas's methods may be found to realise it fully. He appears to attach very little importance to medicinal treatment, but to us a sufficient experience affords abundant proof that we have in our appropriate remedies powerful adjuncts to mechanical treatment however skilfully applied.

In one of the cases given by the author an indirect testimony to the value of the homœopathic treatment is afforded. A girl of 14, with disease of the hip-joints terminating in abscesses and sinuses on both sides, had been treated by two allopathic surgeons in succession with medicine and such rest as could be obtained without special surgical appliances. Under them the disease made steady progress till she was put under a homœopathic practitioner, and the deformity which had been increasing now became stationary, and continued so for four years. In consequence of over-exertion the acute symptoms came on again, and the patient was put under Mr. Thomas, who obtained a complete cure, not only of the fresh inflammation, but of the previous deformity by his surgical method

alone. Can we doubt that if the homœopathic practitioner had possessed the same skill the result would have been equally fortunate and much sooner?

We cordially recommend this book to every practitioner, and especially to those living in the country, for any surgeon of common skill with the aid of a blacksmith can make the apparatus at small cost.

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*Essentials of Diet, or Hints on Food in Health and Disease.*

By the late E. H. RUDDOCK, M.D. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1876.

IN homœopathic literature diet has hitherto been considered *solely* as among the causes of disease, and as presenting antidotes to medicines. So our homœopathic dietaries have been generally a mere list of articles of diet, likely to be prejudicial to sick persons, or such as would blunt the sensibility of the system to medicine. We have also a good homœopathic cookery book to aid in the carrying out of these two principles. But little attention has been paid to diet as specially applicable to particular diseases, or even as a means of cure in itself. This book supplies that want, and gives us in a handy form the essentials as it professes in these particulars. We cannot say that the theoretical views are quite up to the day, for they savour too much of the chemical theories of physiology, but this is of little importance, as we think the practical directions are extremely well chosen, and in the main in accordance with the best authorities on the subject. In fact, this little book supplies what as regard diet we would be disposed to put into the third section of the therapeutic part of the *Hahnemann Society's Repertory* if that much wanted work ever comes to completion. We cannot give it greater praise, and cordially recommend it in the mean time.

*Journals of the Quarter.*

FRANCE.—*L'Art Médical*, March—June.—The chief features of these numbers of *L'Art Médical* are the memoir on Calcareous Preparations, by Dr. Imbert-Gourbeyre, which has been translated for our Journal; the continuation of Dr. Jousset's Clinical Lectures, treating here of pelvi-peritonitis, peri-uterine hæmatocele, and eczema; and Dr. Claude's collections of *Materia Medica* where *Cuprum* is finished, and *Vipera torva* begun and ended, a good deal of fresh information about it being contributed. The June number repeats the account of Dr. Frédault's *trimestre* at the Hôpital S. Jacques, which had already appeared in the *Bulletin* of October and November, 1875.

*Bulletin de la Société Médicale Homœopathique de France*, March, April.—These are the only numbers which have reached us since January. The Society—in which M. Champeaux has succeeded M. Gonnard as President—continues the report of its discussions. The retiring President, in his address, may well felicitate its members on the excellent record of experience they are accumulating in the pages of their *Bulletin*. There is nothing of special note in these two numbers.

*Bibliothèque homœopathique*, Feb.—June.—*Coca* is the subject of the "Pathogénésies nouvelles" of these numbers, and Dr. Chargé continues to be the only original contributor to the journal. He has given us here indications for medicines in dyspepsia, and in "angine couennense." In the latter disease he has the highest opinion of the *Cyanide of Mercury*. Dr. Chargé appears in a less satisfactory character in the June number, where, in an article on "Hahnemann et son Ecole," he takes up his lance to tilt with that large section of the school which in France is represented by Dr. Jousset. He quite misconceives the position of his adversary. Because Dr. Jousset asserts that the law of similitude is not the only principle which is available in medical practice, Dr. Chargé thinks it necessary to demonstrate to him, by citing



authorities from Hippocrates downwards, that this law is a true one. Because he maintains that the contrary action of medicines must sometimes be used, Dr. Chargé argues at some length the inadequacy of this law as a basis of medical treatment. Because Dr. Jousset objects to the exclusive use of infinitesimals in homœopathic practice, his opponent thinks that the efficacy of small doses is assailed, and seems astonished that the thirtieth dilution is even recognised on the other side as a reality. If he had followed Dr. Jousset's Clinical Lectures of late, he would have found him no stranger in this region. Dr. Chargé is, in concluding, rather unfortunate in his list of disciples of Hahnemann who have belonged to the somewhat exclusive school which he represents. He includes Fleischmann and Trinks among them, who were assuredly men of a very different stamp.

We are the more sorry for this manifestation of hostility, as in the previous number there was an account of a banquet held to celebrate the birthday of Hahnemann, at which representatives of both divisions of his followers were present, and seemed very happy together.

BELGIUM.—*Revue homœopathique Belge*, March—June.—The April number of this Journal contains a good case of tubercular peritonitis cured by *Iodine*. There is nothing else to notice in the numbers before us.

*La Révolution Médicale*, Feb.—July.—Dr. Flasschoen continues to issue his controversial journal, and—somewhat intermittently—it reaches us for perusal. By expounding "Nos principes;" by exhibiting in numerous citations "Les allopathes panégyristes de l'homœopathie," and "Les allopathes jugés et condamnés par eux-mêmes," by statistics, and anecdotes, and bits of argument, the editor conducts his attack and defence, and does it excellently too. We hope he finds many readers in Belgium.

AMERICA.—*Cincinnati Medical Advance*, May, July.—This time again we begin our notices of American journals with a new name; new, that is, to us, though the

numbers now sent us purport to be the first and third of the fourth volume. The *Advance* is published, as its name implies, at Cincinnati, and its editor is Dr. T. P. Wilson. This gentleman shows his literary powers by contributing to the May number a poetical "Romance of a Poor Young Doctor," which is likely to come home to many a needy waiter for that tide which, taken at the ebb, bears on to fortune. There are practical papers in both numbers by Western men, and controversial ones by the ubiquitous Dr. Lippe. We hope to see more of the *Advance*.

*North American Journal of Homæopathy*, Feb.—May.—The February number of this quarterly contains an article which alone would make it worth possessing. Dr. P. P. Wells, of Brooklyn, long ago contributed to the *American Homæopathic Review* (now defunct) a series of articles on Scarlatina. He has now collected them into one, with much revision and addition; and the complete essay adorns the February number of the *North American*. It is rich in thought and experience; and Dr. Wells can justly feel pride in having been the first to point out the possibilities of *Ailanthus* in malignant scarlatina—a hint which has since borne such abundant fruit. Dr. Raue continues his able studies in "Physiological Psychology," and (in the May number) entirely adopts Beale's protoplasmic theory of life, as lately expounded by Dr. Drysdale. Dr. Ludlam contributes an interesting and lively sketch entitled "Three Months in the Old Hospitals of Paris;" and the editor gives us several valuable translations from German writers of the old school.

In the May number Dr. Lilienthal has "A Study on Phosphorus," based upon a fresh case of poisoning by this substance, which contains some interesting matter. Dr. de Derky, of Mobile, contributes an article on "Impotence and Sexual Irregularities in the Male," comprising a clinical repertory for these troubles which can hardly fail to be useful.

*Hahnemannian Monthly*, Feb.—June.—This journal is growing in value and importance; and, with the *New England Medical Gazette*, stands quite at the head of the

monthly American journals. The advantage of single editorship, when the occupier of the chair is such a man as Dr. McClatchey here in Philadelphia or Dr. Walter Wesselhœft as in Boston, is very apparent.

It is impossible to specify the many valuable papers contained in these five numbers of the *Hahnemannian*. We can only mention, as of especial interest, those on Primary and Secondary Symptoms, which, crowded out of the Transactions of the American Institute, have been published here; and the discussion on the admission of disgusting substances into the Materia Medica aroused by the appearance of *Cimex lectularius* in Allen's *Encyclopædia*. An interesting account is given of a banquet held in Philadelphia to celebrate the jubilee of Dr. Hering's doctorate. On this occasion the honorary degree of all the homœopathic colleges in the United States was presented to him, and many cordial speeches were made. The June number contains some valuable remarks on *Cactus grandiflorus*, by Dr. Wallace McGeorge. He considers a sense of constriction the characteristic symptom leading to its choice; and, guided thereby, has given it with the best results in a case of spasmodic vaginismus. The same number has also an excellent paper on "Individualization," by Dr. Korndæfer, who is evidently receding from the narrow platform on which he has hitherto stood in company with his teachers. There are, moreover, some good cases of dysmenorrhœa with sterility cured by grain doses of *Borax* night and morning.

*Homœopathic Times*, March—May.—This journal continues to be full of practical matter; and the great field of practice opened by the new hospital on Ward's Island supplies it with abundant clinical material. We really think, however, that New York ought to have a journal of larger size and more lasting appearance than the *Times* in its present form.

The March number contains a letter from a young man "to the elder members of the homœopathic profession in New York City," upbraiding them for their want of public spirit, which—making exceptions here as there—would be entirely applicable to London City. We commend it to the

consideration of the men who used to be active in helping forward the cause of homœopathy, but now do nothing but obstruct it.

*American Observer*, Feb.—June.—Dr. Bushrod James continues in these pages his excellent "Manual of Bandaging," with illustrations. It ought to be published separately, and would certainly have a large sale; for its instructions on the subject are the clearest we know of in medical literature.

Dr. Dowling, of New York, contributes to the April and May numbers (the former of which has not reached us) a practical paper on Diphtheria. His remedies are those advocated by Drs. Marcy and Hunt, in their work on the practice of medicine—*Merc. iod.* and *Kali bich.*, both in low triturations; and he claims, like them, a very large success. He speaks highly (as does Dr. Joslin in another place) of inhalations of hot steam to soften and detach the false membrane.

*American Journal of Homœopathic Materia Medica*, Jan., May).—The April number of this journal contains a proving of *Ferrum phosphoricum*, in the second decimal trituration, by Professor Morgan, of Michigan University, which will be of permanent value. In the May number Dr. Farrington propounds the following diagnostic distinction between spontaneous and medicinal cures:—"If left to nature (he says) the symptoms have a certain known course, and disappear in a certain order; whereas the proper homœopathic remedy will prevent the course, and cause the symptoms to disappear in a contrary order. For example, in a case of poisoning by *Rhus*, the vesicular eruption will spread in a certain direction. If, after the use of *Croton tig.*, we find that the course is stopped, and the advanced stages begin to fade first—not those that first appeared, as would be the case if left to nature—we may be sure that our remedy has done the work, and not nature."

*New England Medical Gazette*, Feb.—June.—There is little of importance in the February and March numbers of this Journal; but in April we have an important contribution on *Jaborandi*, by Dr. W. J. Watkins—a proving on

himself, and three cases of night-sweats (one in phthisis, two during convalescence) rapidly checked by the first dilution. We learn, also, that Dr. Gray, of New York, has reached the same fiftieth anniversary of his doctorate as Dr. Hering, and has been greeted on the occasion with similar honours.

In the May number some more statistics are furnished in illustration of the superior efficacy of homœopathic treatment. They come this time from the Michigan State Prison, in which our method of treatment was adopted in 1860-2, and again—after an interval of ordinary treatment—in 1873-4. In the three years, 1857-9, the average number of convicts *per annum* was 435; the total deaths 39; the total number of days' labour lost 23,000; and the total cost of hospital stores 1678 dollars. In the three following years, while homœopathy reigned, the average annual number of convicts had increased to 545; but only 20 deaths occurred, 10,000 days' labour was lost, and 500 dollars expended. A corresponding reduction in the two latter items was manifested when homœopathy was reinstated in 1873-4; but the number of deaths at this time is not given.

In June Dr. Radcliffe, of Brooklyn, reports two encouraging cases of caries—the remedies being *Calcarea phosphorica* and *Silicea*, both in the 30th, which seemed to act better than the 3rd, which was given at the outset. A view is given of the Massachusetts Homœopathic Hospital, now opened in Boston, and of the medical school of the University which is situated close by. The Hospital has room for about fifty beds. It is partially self-supporting; but even while some charge is made for its advantages, it is capable of doing great good. There is a report of a meeting of the Massachusetts Homœopathic Medical Society, at which Dr. Scales related excellent results from *Hecla lava* (3rd trit.) in whitlow and gumboil.

*United States Medical Investigator*, Feb. 1st—June 15th. —This journal continues to be well furnished with practical matter, and—to be execrably printed. We really must remonstrate with Dr. Duncan on this matter. As repre-

sented in his pages, there is not a homœopathist in America or England who understands grammar, spelling, or punctuation. We should be ashamed to put any number of the *Investigator* into the hands of an allopathic practitioner lest he should think we were a set of uneducated men. This need not be: it is not so to anything like the same extent in the other American journals, though improvement even there would not be amiss. We beg Dr. Duncan to see to this matter.

In the number for March 1st we have the examination papers given to the candidates for graduation at the Hahnemann Medical College of Chicago in the present year. They are as thorough as could be desired, save in the department of *Materia Medica*. Here the questions entirely bear upon isolated symptoms of the drugs. There is no evidence that the students are ever taught the general action of a medicine. We cannot commend a system of instruction which leaves each drug in the memory as nothing more than a peg on which certain "characteristic symptoms" are hung.

In the following number Dr. G. B. Palmer speaks highly of *Macrotin* (the "concentrated preparation" of *Actæa racemosa*) as a remedy for delirium tremens, and for the corresponding after-effects of *Opium*, when its habitual use has been discontinued. In that of May 1st is an excellent article by Dr. Helen J. Underwood, on hygienic agents in the treatment of the diseases of women, showing their vast range of efficacy. June 1st brings us a no less valuable paper from Dr. Valentine of St. Louis on *Tabes mesenterica*. He finds *Mercurius*, *Arsenicum*, and *Calcarea* all-sufficient in its treatment. In the number of June 15th we have a "Venereal Clinic," illustrating the practice of Dr. Hoyne, of Chicago. When, however, we find the doctor speaking of a Hunterian chancre appearing eight days after an impure connection, we are not impressed by its cure with *Merc. corr.* 200 in less than a week, and are rendered somewhat sceptical as to the diagnosis in the other cases. Dr. Woodyatt reports further successes with *Physostigma* in acquired myopia.

We have been unable, from want of space, to give any extracts from journals on this occasion.

GERMANY.—*Internationale homöopathische Presse*.—We resume the notices of this journal where we left off in January, viz. at the penultimate number for 1875.

This commences with the therapeutical part of Dr. Goullon's paper on ear diseases, continued through several subsequent numbers. This work we consider so valuable that we have already given a translation of a considerable portion of it, and shall continue to give the remainder in due course.

This and the following number contain a communication by Dr. Käsemann, of Lich, respecting an epidemic of measles that prevailed in Lich and the neighbourhood in the autumn of 1874 to the summer of 1875. He gives ample details respecting the course and progress of twenty-two cases he treated. We can only afford space for his summary of his experience during this epidemic.

The ages of my patients, he writes, ranged from  $\frac{1}{2}$  and  $\frac{2}{3}$  to  $10\frac{1}{2}$  and  $16\frac{1}{3}$  years. In many the course was rapid, so that on the second day the eruption began to pale; usually the hoarseness remained longer. Sometimes the eruption declined more slowly, and then the photophobia remained longer, though the eyes were not much inflamed.

As regards the eruption the most striking anomaly showed itself in one case, where the legs were covered with red patches the size of sixpence, while the ordinary measles eruption prevailed over the rest of the body; and in another case where, two or three days before the breaking out of the measles, many pustules were observed. The desquamation assumed the ordinary bran-like form, and sometimes occurred very soon; thus in the face it was sometimes seen while the rest of the body was in full eruption; sometimes it came on late, especially in one case, where, after strong fever, the eruption began to pale after three days, but was still present for ten days longer and the desquamation began seven days afterwards. In spite of this protracted course, the patient was affected with pains in the ears, and when this went off, with hardness of hearing, which, however, soon disappeared. Occasionally no desquamation was observed.

In most cases the attendant symptom was diarrhoea, which often preceded the attack, and the motions were very frequent; but in only one case was the diarrhoea of a dysenteric character.

A very constant accompaniment was barking cough, with great hoarseness, almost amounting to loss of voice, and pains in the larynx, which was often in a croupy condition. Not unfrequently pains in the ears came on during the measles, but oftener after the attack.

In former epidemics of measles I never saw such various affections of the larynx and bronchial tubes as in the present one; and if this had been the only epidemic I had witnessed, I would have been inclined to agree with those who say that bronchitis is an invariable accompaniment of measles; it was indeed usually but slight, but it was rarely absent. Pneumonic affections were also by no means rare. These can never be said to be free from danger. The tonsils were always exempt from disease. Cerebral affections with delirium and sopor also occurred, but were happily removed.

When the measles are uncomplicated and mild, medicinal treatment is not needed, so that many cases had only dietetic treatment. This consisted especially in moderate temperature of the room and moderate covering of the body, with the simplest food. These things are, however, not always easy to be attained, as the attendants are easily persuaded to keep the patients very warm, for which purpose the room is often heated to such a degree as almost to cause a fit of apoplexy. No wonder that in such cases the children feel the bed too hot and want to get up—a wish that a soft-hearted mother or grandmother cannot readily resist; but they think that they do right when they sit with the child in their lap, half naked and perhaps profusely sweating, close to the red-hot stove, and allay the consequent great thirst with draughts of very cold water, and this notwithstanding hoarseness, rough cough, &c.

If such rude mistakes were not constantly perpetrated, no doubt the course of the disease in healthy children would be undisturbed, for the march of measles is conducted by nature, like the gradual development of a creature, by stages or steps. If in the development of an individual some necessary medium should be wanting, he lags behind, and if nature or art is too liberal, then the development is too rapid and its course



abnormal ; in the case of measles there is a perfect analogy in all respects. Therefore we may think ourselves fortunate if we are in a position to regulate the external conditions, and besides this to select the proper remedies not only for removing the slight deviations from the normal and securing an undisturbed course for the disease, but also for curing such complications which of themselves—even without the accompaniment of measles—are not without danger, especially in the period of infancy.

The list of medicines I employed was not great. In far the greatest number of cases *Bellad.* was given. It is suitable for all the phenomena of cases of moderate intensity, both as regards the fever and the affections of the different organs. Several cases were treated with *Bellad.* only, especially two cases, excepting that in one of these *Phosph.* was given on account of the great hoarseness. When the brain is affected it is particularly indicated. Only in cases where the fever is greater *Aconite* is to be preferred, but only until this is subdued, for this remedy cannot compete with *Bellad.* in respect to the other symptoms. In like manner *Bellad.* is not so good in hoarseness with harsh cough, amounting in some cases to croupy character, in which my chief remedy was *Bromine*. In many such cases it was employed and was of great use ; even when there was moderate fever no other medicine was required. *Drosera*, which I tried in some instances, is not comparable to *Bromine*. On the other hand, *Kali bich.* is preferable when the cough has the character of whooping-cough, *Bromine* when it is more croupy.

I gave *Bryonia* with good results in severe, harsh cough, with difficult expectoration and but slight fever, and especially when the skin was not dry, and the voice, though rough, not exactly hoarse, when the pain was more in the trachea and its branches, without much difficulty of breathing. I should mention an especial indication for *Bryonia*, which I observed on former occasions, namely, when there is a retrocession of the eruption.

Remembering that *Apis* is highly recommended in the treatment of acute exanthemata, I gave it in some slight cases, but I soon discontinued its use, as I saw no good effects from it. On the other hand I must acknowledge its efficacy in affections of the eyes, of inflammatory, erysipelatous and catarrhal character, which frequently appeared as secondary affections. I may say the same of *Pulsatilla*, which used to enjoy a high reputation in

measles, also as a prophylactic, for which I did not employ it, but only in aural affections as complication or secondary disease, in which it proved highly satisfactory; when these had a more inflammatory character, *Bellad.* was preferred. In some cases the pain in the ears was removed by *Pulsatilla*, but when dysecoia supervened, this yielded to *Sulphur*. I was led to prescribe this remedy once by an eczema of the face, and in another case in the period of desquamation. When otorrhœa appeared *Menyanthes trif.* was of service.

I have mentioned dysecoia as a secondary affection, in one case of which I gave *Phosph.* with good effect. The remedy also rapidly removed a high degree of hoarseness, which the parents described as loss of voice. Parenthetically I may mention that I have rapidly cured hoarseness after typhus with *Phosphorus*, and it was the remembrance of this case that led me to select it. The success that ensued led me to give it for the immaterial dysecoia, for its use in which affection the results of its physiological proving point it out. I heard of a case of hoarseness after measles in a child at some distance that lasted several weeks.

*Bellad.* and *Apis* removed blepharitis that occurred as a secondary complaint.

From the cases I have detailed above, my mode of treatment and of selecting the remedy may be learnt. It may thus be observed that my endeavours are chiefly directed to the removal of the predominant complications, so that the process of the measles disease should run its course undisturbed and, as it were, naturally, or that the patients should be preserved from permanent injuries. It is just because I made these things my chief aim that in my cases the abnormal is brought most prominently forward; i. e. those symptoms are adduced for the selection of the remedy which are especially troublesome and are of value for the prognosis. Hence not unfrequently the totality of the picture was not shown with equal minuteness, and I must beg it to be understood that when this minute description is not found, the course of the disease was in other respects undisturbed. Here I must mention that I could not visit all the patients every day, hence I could gather from reports only the main circumstances, and even when I visited the patients I could not insert all their symptoms in my diary. Time would not allow me in every case to write down everything observed at the bedside. Moreover,

at that time I had no intention to publish an account of this epidemic in this journal or anywhere else. This only occurred to me at a later period, and suggested itself to me when I made use of some remedies that do not belong to those usually employed in measles, among those I may specially mention *Bromine*—which was frequently given—and *Kali bichrom.* If in most cases only one or two remedies were used, in some the selection of several was found necessary; thus two cases required a considerable variety of medicines, this I was compelled to do owing to my anxiety about them, for I cannot deny that I was very anxious about the issue, and this anxiety was shared by the neighbours of the patients, who often after a hard night, when some amelioration was observed, would call out to me when I approached the patient's house, "He is saved!" I had sometimes reason to be angry when, after all danger was apparently removed, the disease underwent a fearful aggravation owing to some neglect of the attendants, such as allowing the child to sit up and play. I think I may confidently say that the various remedies were really indicated, and each in its way contributed to the successful result.

So I can look back with satisfaction on this epidemic, for in none of my cases were any evil results left behind, though there was no lack of secondary affections, though these were limited to a few kinds; but no prominent bad effects remained, on the contrary, they were all speedily removed. That which remained longest was in some cases debility and emaciation, but no eye or ear affections nor other ailments, and even in those cases where there was decided scrofulosis this malady did not come more prominently forward afterwards.

In order to characterise the epidemic by its attendant diseases, I may mention the maladies that frequently came under treatment during the measles epidemic. These were: diarrhoea, cholera nostras, dysentery, croup, bronchitis, pneumonia, and whooping-cough. If we place these diseases side by side, and look for a relationship among them, in what respect they, as members of a prevalent morbid genius peculiar to this epidemic, could indicate some common remedy—a so-called epidemic remedy—I would think first of *Bellad.*, though I would not rely solely on that; but in combination with *Bromine* one might safely rely on the treatment of all if they were not of too serious character.

This is chiefly true of whooping-cough, which usually prevails epidemically where measles do; and this circumstance has given rise to the opinion that the two diseases are identical, a notion which Schönlein says is "perfectly unfounded," for they may occur in the same individual in succession. Far from whooping-cough excluding measles, it rather increases the susceptibility of the patient for the contagion. This may be owing to the fact that a person weakened by one disease is all the more liable to be affected by other morbid irritations. Anyway, I cannot regard the relationship of the two diseases as so near that they can be held to be blood-relations, for whooping-cough is to be reckoned rather among the neuroses, whereas measles may be termed an acute blood poisoning. The chief characters of the resemblance may be in this, that each as a rule affects an individual but once in his life, and both are apt to give rise to tuberculous and pulmonary phthisis as their consequences. I had never before seen what occurred in a neighbouring village, viz. whooping-cough following closely upon an epidemic of measles and rapidly attaining to the convulsive stage.

The same remedy that proved useful in measles, viz. *Bellad.*, was equally successful in the first stage of whooping-cough, even when in the interval the lungs were affected with inflammatory catarrh. Only where there is considerable fever *Aconite* must be resorted to. For some years past my next chief remedy is *Kali bichromicum*, from which I have seen much better results than from *Drosera*, even in those cases where hoarseness, the sound of the cough, and the breathing showed an approach to croup. When croup actually supervened, *Bromine* was the best remedy. Thus far the remedies are the same as in measles, but when from delay in seeking medical advice or from neglect of the proper medicines the last stage has got to such a height that the children become blue in the face and are near being suffocated, I know but one remedy, and that is *Cuprum acet.* This is a real specific in such cases, as I have often experienced.

In the second number of vol. vii Dr. Dittmann, of St. Petersburg, relates the following case of diphtheria:

P. P—, the son of a merchant, æt. 9, of lively nervous disposition, delicate form, blond with dark-coloured iris, fell ill on the 26th October with rigor, loss of appetite, sore throat and

some difficulty of swallowing. The child's father gave him *Bellad.* and *Merc.* without relief. I was called in to see him the following morning and found a fully developed diphtheria, dark livid redness of the pharyngeal mucous membrane, very great swelling of the uvula, *veina palati* and tonsils and the characteristic greyish white, irregularly shaped diphtheritic patches here and there, especially on the tonsils and posterior pharyngeal wall, in some places confluent. At the same time fever, rapid pulse, very furred tongue, *factor ex ore* and constipation. Face very pale, expression of eyes dull. The swelling of the tonsils was so considerable that they almost touched one another and rendered the inspection of the posterior wall of the pharynx difficult. In addition there was almost complete aphonia and rough hacking cough, but no difficulty of breathing. Prescription: *Merc. cyanatus* 30, ten globules in half a tumbler of water, a teaspoonful every two hours.

The next day the fever had considerably abated; no further extension of the diphtheritic exudation had taken place. But there was no improvement in the state of the mucous membrane of the throat.

The 20th October the state was unchanged. The hoarseness was so great that it was difficult to understand what the patient said. Low fever with weak, but not quick, but rather empty pulse. I now changed the dilution, and gave *Merc. cyan.* 12. This I did not do, because I thought the 30th dilution too high; for as it had checked the extension of the inflammation and exudation it had been very effectual. I changed the dilution because I have often observed that it is advantageous to change the dilution when the same drug is used for a considerable time.

I went on thus for several days. The diphtheritic exudation did not, certainly, extend in the pharynx, but the affection of the larynx was so severe that in the evening regular dyspnoea came on with a real croupy cough.

On the 6th November I was called to see the patient late at night, and found him in a condition closely resembling a severe attack of croup.

Laboured, throbbing breathing with open mouth with extreme tension of all the muscles of inspiration, he was sitting up with his arms supported. In the countenance an expression of extreme anxiety, prominent eyes, cold perspiration on the fore-

head with burning body; pulse 140. Prescription: *Merc. cyan.* and *Phosph.* alternately every quarter of an hour. After a few hours the state was so much improved that the patient fell asleep, and from the following morning the amelioration proceeded rapidly. But then some days elapsed before the characteristic patches in the throat had completely disappeared. The shallow loss of substance which occurred after the throwing off of the diphtheritic exudation was rapidly cured under the use of *Merc. cyan.*, so that it required much attention in order to observe the rapid restoration of the mucous membrane.

In this No. the indefatigable Dr. Goullon, junr., commences a series of papers entitled "Practical Review of all the Homœopathic Literature from its Commencement till the Present Time." He commences his labour of love with "The results of the homœopathic treatment of the various kinds of dropsy." He takes the medicines in their alphabetical order, and begins with

#### APIs.

##### Generalities.

This remedy has a remarkable effect in serous exudations and prevents their occurrence; in some cases indeed they are reabsorbed when they are the consequence of incurable diseases, as happened in a case of phthisical mesenteric disease. When these exudations take place in the course of inflammatory disease, this remedy acts favourably on the inflammation and helps to remove it.

##### Clinical.

1. V. L—, æt. 20, had suffered for some years from anasarca and ascites. Urine very scanty, breathing oppressed, he can scarcely walk. *Helleb.* and *Nux* did no good.

November 22nd.—*Apis*, half a grain, three times a day.

December 4th.—*Anasarca* diminished, going off. Hereupon pleurisy and violent cough returned. *Apis* removed the serous effusion.

2. A lady who had suffered from tumour of the uterus with frequent violent hæmorrhages, and was confined to bed from weakness for a whole year, got in the end of January a swelling of the leg. The swelling extended from the metatarsus up to the knee, and was very painful. Some lymphatic vessels were likewise affected; they felt like hard cords under the skin and

were very painful. She got *Apis* three times a day, and on the 7th March the swelling of the leg was almost gone, the painfulness disappeared, and the lymphatic vessels were free from pain and hardness.

*Observation.*

*Apis* like *Bellad.* acts on glandular organs (lymphatic glands). Thus, by exciting the absorption in a swollen gland when the latter by its presence in veins gives rise to œdema, *Apis* will indirectly remove the œdema. Perhaps this is the explanation of the influence of *Apis* in the cases cited and in others to be mentioned, which are not model histories of disease in a diagnostic point of view.

3. Another lady who had a large painful swelling of the foot was completely cured by *Apis* (and *Rhus*).

4. Mr. B— suffered sixteen months ago from hydrothorax, and had a recurrence of the disease lately owing to a chill. Great oppression of the chest with violent cough. *Nux* and some other remedies allayed the cough, but the difficult respiration and oppression remained and led to apprehensions of the recurrence of the exudation. *Apis* removed the complaint in a week.

ARSENIC.

*Clinical.*

1. *General Dropsy.*—Christian L—, gardener, æt. 61, of robust frame, had suffered for four weeks from shortness of breath, which, however, did not prevent him doing his work. On the 18th June he got a chill (when heated he washed his feet in cold water). A few hours afterwards swelling of the whole body set in, which increased daily to such a degree that he had to keep his bed, and on the 26th presented the following symptoms :

Swelling of all the body, even of the face; the pitting on pressure in all the swollen parts testifies to the dropsical condition; abdomen very tense, but fluctuation is not distinctly present; the constriction and dyspnœa of the chest became worse after eating and movement; on account of the increased swelling he can no longer maintain the recumbent position; feels altogether better when sitting up; when he coughs he has sore pain in the chest; little appetite; increased thirst; white furred tongue; rare and scanty micturition; occasional rigor; confusion of head; pulse full and irritable; weariness and prostration of the body.

Three doses of *Bryonia* 6, one per diem. Two doses of *Arsenic* 13, also every day, removed the swelling and shortness of breath by increasing the flow of urine. The swelling seemed to be concentrated in the scrotum; this increased while the general swelling diminished. *Helleb.* 3, six doses, removed this trouble, and the patient could be dismissed cured on the 7th July. (*A. H. Z.*, vol. xii, No. 1.)

2. If the cure in the above case could not be ascribed to *Arsenic* alone it can be more confidently in the following case related by Dr. Frank, of Osterode.

Mr. v. B—, dropsical for many years and given up by his medical attendants, had, besides the most extensive anasarca and ascites, gangrenous blisters on the thighs and legs which threatened to break any moment; pale greenish puffy face, hollow and half-closed eyes, open mouth, hanging lower jaw; at the same time violent hiccough, great thirst, and very little appetite. Faeces and urine passed involuntarily, the latter in very small quantities. Sleep for several months very disturbed, restlessness, throwing off the clothes and slipping down to the foot of the bed. The pulse could not be felt, only a sort of trembling movement. Mind very quiet.

*Arsen.* ʒʒ. After eight doses there was a copious discharge of urine. The patient continued to improve under this medicine. After the twenty-first dose this apparently hopeless case was quite cured.

“When dropsy is caused by cardiac disease *Arsenic* is especially useful.” (*A. H. Z.*, xxx, No. 14.)

3. A poor widow, who had formerly drunk much brandy but had latterly entirely left it off, consulted Dr. Weber, of Brilon, on account of dropsical swelling in the legs and abdomen. She got *Arsen.* 30, a drop in eight ounces of water, a spoonful once a day. She was completely cured by this medicine. (*A. H. Z.*, xxxix, No. 1.)

4. In the 42nd vol. of the *A. H. Z.*, No. 7, we find a case of a woman of eighty-nine who for ten years had suffered from hydrops universalis, and after having in vain been subjected to all sorts of allopathic treatment had been given over as incurable.

The lower extremities were swollen like tubs, the abdomen enormously large, tense, fluctuating; weight in the chest; can only maintain a sitting posture; if she lies on the left side feels



like to be suffocated. Pains in abdomen and tearing in legs that allow of no rest by day or night; can hardly eat anything; urine and fæces very scanty and rare.

June 29th.—After *Arsen.* 8 there occurred copious diuresis, the chest was relieved, the legs broke and exuded.

August 13th.—There occurred intermittent fever with cold perspirations, vomiting, and cramps in the calves. *Arsen.* 8, one dose dry and one in water, a spoonful every hour.

16th.—The fever gone, the swelling diminishes daily, painful ulcers appear on the calves, which excrete healthy pus.

September 3rd.—The ulcers healed.

11th.—Can lie on the left side, which she had not been able to do for eight years.

16th.—For some days past another attack of intermittent fever. *Arsen.* as before. After this the whole morbid state gradually disappeared (Schréter).

#### AURUM.

*Aurum oxymercuriale*.—Flenicz first used *Chloride of Gold* in dropsy, and Wendt (*Rust's Magazine*, vol. xxiv) confirmed the excellent action of this remedy, especially in hydrops ascites, even when far advanced.

1. Dr. Fielitz treated a woman, æt. 40, for hydrops ascites, which after a long allopathic treatment had attained a high degree of dropsical accumulation in the abdomen combined with œdema pedum. The remedy was employed after Wendt's formula, 1 grain of *Aurum oxymur.* in 1 ounce of distilled water, 10 drops every three hours, each dose containing  $\frac{1}{8}$ th of a grain. Every other day the dose was increased by 5 drops until the patient took 25 drops per dose. The diminution of the ascites soon commenced with increased secretion of urine, so that the patient in the middle of a cold wet winter was so completely freed from her malady that she soon got quite well and cheerful. (*A. H. Z.*, xvii, No. 16.)

#### Observation.

As simultaneously with Wendt's prescription the patient drank a decoction of *Rad. levistici*, *Onon. spin.*, and *Bacc. junip.* (also in the above case) the question naturally arises, How much had the gold and how much the diuretic drink to do with the cure? The homœopath cannot undervalue the simultaneous

employment of other substances provided they are not of quite indifferent nature. If this cure cannot be called a pure homœopathic one the following leaves no room for doubt :

2. Dr. Loew, of Vienna, relates in his *Contributions from the Homœopathic Hospital of Leopoldstadt in Vienna* a case of morbus Brightii with œdema of the legs. *Arsenic* was useless. under *Aurum* 6 a great effect was observed in a few days.

Under its use the digestive functions soon became regular, vomiting and diarrhœa ceased, the urine gradually lost its albumen and became more copious, the swelling constantly decreased. After five weeks every trace of albumen in the urine was gone, and the patient was so thoroughly cured that she was able to return to her usual occupation.

Dr. Loew calls *Aurum* one of the most suitable remedies for dropsy (along with *Ars.*, *Chin.*, *Iodine*). It proves a particularly powerful remedy in secondary abdominal affections, especially when it is necessary to act profoundly on the organism, as has been proved by repeated observation and experience. (*A. H. Z.*, liii, No. 5.)

#### CAINCA.

Larger doses of *Cainca root* cause pains in the stomach, vomiting, colic, and diarrhœa (somewhat like *Bryonia* and *Coloc.*), increased urinary secretion, and menstrual flux. Small medicinal doses only cause increased secretion of urine. The allopathic school only employ *Cainca* as a diuretic in anasarca.

#### Clinical.

A woman of 60 years suffered from symptoms of incipient hydrothorax ; constant want of breath increased by walking, and especially by going up-stairs ; at night, soon after lying down, increased dyspnœa ; she must sit up for fear of suffocation ; also during the day sometimes fits of suffocative dyspnœa ; legs œdematous to above the knees.

*Arsenic* 30 for eight days did nothing more than alleviate the nocturnal dyspnœa and put an end to the attacks of suffocation by day.

*Cainca* 30, three doses every eight days. The good effects soon appeared in diminishing the swelling ; that decreased every day, so that during the whole summer the patient felt very well

and could easily follow her usual occupation in her hilly garden without observing any want of breath. (*A. H. Z.*, viii, No. 20.)

#### CANTHARIDES

is useful in dropsy depending on renal disease. The symptoms are thus described by Dr. Kurz:—Sometimes after chilliness a dull pain in the renal region, feeling of weight there and pain on moving (stooping), either dysuria or frequent micturition, purple-coloured and sometimes bloody urine. Less constant symptoms:—Violent dull pain in the upper part of the body, nausea and vomiting; great tendency to head affections and inflammatory conditions, especially in the serous membranes. In almost all cases the urine contains much albumen, with small amount of urea. Christison, Bright, and Bostock, by means of *Nitric acid*, discovered a principle in the serum of such patients similar to urea. (*A. H. Z.*, vi, 22nd June, 1835.)

#### KALI CARBONICUM.

##### *Clinical.*

1. Dr. Hermann relates a case of far-advanced hydrothorax (in which four allopathic doctors had pronounced sentence of death); the patient draws his breath with difficulty and anxiety, and already shows the Hippocratic countenance. The treatment was only undertaken with hesitation and without much expectation of good. *Kali carb.* (and *Puls.*) cured Count Ronneker in four weeks. (*A. H. Z.*, vi, No. 18.)

2. A cowherd came to Dr. Weber, his body, legs, and scrotum were all dropsically swollen. *Kali carb.* 30. In six days he again showed himself without a trace of the dropsical swelling. He continued after that quite well, and only died at last of old age. (*A. H. Z.*, xxxix, No. 1.)

#### COLCHICUM.

##### *Olinical.*

*Tinst. sem. Colchici* in the dose of 5 drops, night and morning, was prescribed for an old man suffering from a continual cough, excited by scraping in the chest, accompanied by much expectoration, especially troublesome at night, making him sit up; along with this there was often œdema of the feet and hands with symptoms of hydrothorax. The medicine had the

effect of keeping away the disease for three years. Contrary to the doctor's orders the patient took the medicine for four weeks, gradually increasing the dose to 80 drops. (Elb, *A. H. Z.*, xxvii, No. 18.)

## DIGITALIS.

*Clinical.*

Hydrothorax in a man *æt.* 68, that had come on slowly, but now presented the appearance of a very acute affection at its climax. *Digit.*  $\phi$  one drop every two or three hours, increasing the number of drops. On the fifth day so much better that he could take a drive for an hour. The medicine was given, but seldomer, for other fourteen days. Then on account of abdominal sufferings (constipation, swelling of the hepatic region) he got one grain of *Calomel*, triturated for half an hour with two drachms of *Milk sugar*, as much as would lie on the tip of a penknife, every two or three hours. This produced several soft stools with relief.

A few drops of *Tinct. China* on account of stomach troubles, and for the still remaining hepatic affection 5 grains of *Sulph.* triturated with 2 drachms of *Milk sugar*, a knife-pointful every two or three hours. In a few weeks the cure was perfect.

"In commencing hydrothorax in persons not far advanced in life, especially in wine or brandy drinkers, the pure tincture of *Digitalis* alternately with *Tinct. Scilla Kalina*, or, when the torpid character is well marked, *Tinct. Scilla K.* alone, 15 drops three times a day, proved very beneficial, often effecting a complete cure." (Lobethal, *A. H. Z.*, xiii, No. 28.)

In the same place he says:—"In hydrothorax *Digitalis* is an invaluable remedy, but only in large doses, 5 to 10 drops several times a day."

## FERRUM.

*Generalities.*

In general, says Marcus, those dropsies only are suitable for *Iron* which proceed from a general cachexy, but are not dependent primarily on disease of a particular organ, but come on after loss of blood, insufficient nourishment, &c. They generally occur in females, and resemble chlorosis.

*Clinical.*

One ascites and two anasarcas in females. One of the latter

was a woman living in the greatest misery, who had suffered from leucorrhœa since her confinement. The whole body was very pale, the cervical and vaginal glands much swollen, appetite almost nil, thirst increased in the evening; pulse quick, weak. She got 2 to 8 grains of *Limat. ferri*. (*A. H. Z.*, xxxii, No. 18.)

#### GRAPHITES.

##### *Clinical.*

The son of a day labourer, æt. 5, was affected with general dropsy after some acute exanthema whose nature could not be precisely ascertained. He was so swollen that he looked like a corpse about to be decomposed. He could not move a limb, and did not even emit a groan. A large round blister that seemed about to burst occupied the prepuce, the legs and scrotum also shone like a mirror. In the pathogenesis of *Graphites* we read (S. 296), "the prepuce swells up like a large blister without pain." *Graph.* 30 in globules. After four days Dr. Weber saw the patient. He looked no longer as if dying, but sat up and was quite free from dropsy. The swelling in these few days had vanished as if by magic. He is now twenty-three years old and has always enjoyed perfect health.\* (*A. H. Z.*, xxxix, No. 1.)

#### HELLEBORUS.

##### *Generalities.*

The pathogenesis of this medicine gives various important indications for dropsy: weariness, paralytic weakness, heaviness in all the limbs with painful sensitiveness of the muscles, and dread of movement. Pale colour of skin. Sudden dropsical swelling of the skin. Anasarca, especially after suppressed exanthemata. Feeling in the swollen parts as if they were too heavy. Great sleepiness. Soporose recumbency. Confused dreams. Coldness of the body, cold feet and hands. Rigor. Extreme anxiety. Sad disposition. Weight in the abdomen. Fulness. Ascites. Frequent call to make water. Dark urine. Quick respiration. Difficulty of breathing as from constriction of the chest. Complete constriction of the chest and impeded respiration. Hydrothorax. Feet heavy and tired.

\* Notwithstanding the scanty details of this case (no mention is made of any critical discharges by the bowels or kidneys) it is worth recording, especially as many similar cases of cures by the analogous medicines, *Arsenic* and *Iron*, are recorded.

*Clinical.*

In a woman, æt. 50, who suffered from anasarca and ascites, *Helleb. nig.* alone removed the disease. After taking the medicine (12 globs.) the limbs which had been cold grew warm, perspired, the urine increased, and she remained well three years. Hydrothorax that then came on was relieved considerably by *Ars.*, *Bry.*, *Hell. nig.*, *Chin.*, and *Senega.*

## CAMPHOR.

In the *A. H. Z.*, v, No. 7, we find two interesting clinical observations by Dr. Baertl, of Treviso :

1. This patient had suffered long from serous diarrhœa. His motions were not so very frequent, but he suffered much from tenesmus in the rectum. To this was added a cough accompanied by stitches in various parts of the chest, and sometimes with dyspnœa. The cough, which was at first dry, was afterwards attended by copious expectoration, especially at night. Towards evening, dry heat, especially in the hands and feet, ending with general cold perspiration. The patient grew thin, though the appetite continued good, and at length he got general dropsy. In this state he passed water seldom, and then but little at a time. The urine when first passed was red, and on standing deposited a thick opaque sediment. The patient, who is enormously swollen, is languid and irritable. He got *Spirit. vini Camphor.*, a drop on sugar every five minutes. Gruel.

After taking the medicine a few hours he began to make water copiously, the urine was paler, had little and then no sediment, the dropsical swelling and the other morbid symptoms were much better. As the improvement went on the *Camphor spirit* was given seldomer, and at length quite discontinued. The patient now gradually recovered under a liberal diet.

2. The other patient had several similar symptoms, especially great laziness. He had previously got a too large dose of *Hyoscyamus*, which was followed by complete suppression of the urine, with great vesical tenesmus. *Camphor* was administered as an antidote. He got a drop every five minutes until improvement occurred, on which not only the painful urging to urinate without result was removed, but he had copious excretion of urine, and the complete cure of the disease followed.

## LYCOPIDIUM.

*Clinical.*

A man, æt. 37, suffering from ascites, with œdematous swelling of the lower extremities, had been several times tapped, at first every six weeks, latterly every four weeks, and the quantity of fluid drawn off each time was considerable. A fortnight after the last paracentesis the patient considered he was more swollen than ever. Hence he sought help from homœopathy.

His face was pale and features sunken, considerable emaciation of the upper extremities, great dropsical swelling of the lower, and of penis and scrotum, good appetite with obstinate constipation—after drastic purgatives only small unsatisfactory stools—attacks of colic in the afternoon lasting almost till bedtime, dark urine, depositing a copious red sediment, about a pint in the twenty-four hours, smooth deep red tongue, pulse 104. Disposition which had formerly been choleric is now mild and patient.

After *Lycopod.*  $\frac{3}{4}$  the evening attacks of colic went away, he had a stool every one or two days, the interval between one evacuation and another became always shorter, and after eight to ten days he had at least one stool per diem. At first the motions were clay coloured, but they became darker, and after three to four months brown. The urinary secretion increased, so that after three or four weeks he passed about a quart in twenty-four hours, and there was no sediment.

The accumulation of fluid decreased in the same order in which it commenced; hence first the œdema of the genitals, then that of the lower extremities and the back, and lastly, the ascites went off, though this last only to a certain extent, *i.e.*, about half the fluid disappeared from the abdomen. The pulse fell gradually to 84, and the tongue after three or four months had regained its natural colour. The action of the *Lycop.* was exhausted by the end of the fifth week. *China* and afterwards *Mercur.* produced but little change, and it was only on repeating the *Lycop.* that amendment again went on, but only for a short time, and to a less extent than before. Towards the end of the third month no further amelioration took place, on the contrary the swelling of the abdomen rather increased. Urine again darker with copious sediment, and only to the amount of a pint

daily. A number of remedies produced only a transient effect, but the pulse remained under 84, and the urine did not become darker. The patient has now been six months under treatment, he can go up and down stairs without assistance, his tongue has its natural colour, no recurrence of colic. From fifteen to twenty minutes after eating stomachache. The flesh has gained in quantity and is firmer, and he has no dropsical effusion except in the abdomen. This case shows the advantageous effects of *Lycopod.* which effected a partial cure (Jeanes, *Hom. Practice of Med.*).

2. *Lycopodium* is not suitable for all dropsies. The true indications for its use are clearly seen in the following case:

A peasant woman, *æt.* 35, was happily delivered of twins after a tedious confinement, but had a severe miliary eruption with fever and many other troubles; she made but a bad recovery. Then occurred long-continued pains in the limbs and back, head, teeth, and abdominal ailments terminating in cachexy that threatened to turn into general dropsy. Six months after her confinement she got *Merc.* 6 on account of vertigo, headache, puffy face, jerking pains with swelling of gums, shooting in the limbs down into the points of the fingers, and as no improvement ensued she got *Lycopod.* 27.

Schelling, of Berneck, to whom we owe the details of the case, noticed the following morbid features:—The patient is swollen almost all over the body, the face pale, puffy, the skin of hands and arms lax, soft, but swollen, the abdomen large, tense, feet and legs œdematous; on walking the patient feels fluctuation in the belly, as if water moved about there. At the same time she complained of griping in the bowels, pressure and weight in the chest, flatulent distension of the stomach and bowels, rumbling in the belly (after *Lycop.* these symptoms as well as the vertigo diminished, and a copious flow of urine took place); appetite good, but on account of the oppression in the epigastrium she feared to eat much. She is very weak, so that she cannot perform her household duties; she must let her arms fall down when she tries to raise them, the legs are heavy and trembling. The swelling does not pit much, is not hard, the dorsum of the feet is most œdematous, the legs less so. Percussion of the abdomen shows imperfect undulation, and then only on the hypogastrium; in the middle of the abdomen it is rather



tympantic. In addition the patient suffers from congestions, digging and twitching in the scrobiculus cordis, with heat, flushings, nausea, vertigo, and stupid expression. Sleep very disturbed, anxious, full of dreams; skin dry; pulse weak, not quick; disposition sensitive, anxious.

Although at first sight the totality of the symptoms, the etiology, the cachexy, the swelling of the integuments, with the dyspnœa and anxiety, seemed to point to dropsy both of the abdomen and of the rest of the body, yet more careful examination did not admit of the diagnosis of actual ascites. The swollen integuments (with the exception of the actual œdema of the feet), the flatulent distension of the upper part of the abdomen, the flatulence itself, and other symptoms, rather relegated the case to one of those affections that depend on flatulence, known to the ancients by the name of windy dropsy. According to Hippocrates, *hydrops siccus* (*Aphor.*, iv, 12.).

In consequence of the favourable action observed from the administration of *Lycopod.* on the 7th November, the same remedy was given on the 24th Nov., 3 drops of *Lyc.* 27 in six ounces of water every three hours.

7th December.—During the first days much flatus came away, upwards and downwards, with great relief. The anxiety and flushings were much diminished, but the patient suffers much from toothache, and the gums are swollen.

In the mouth and throat much mucus; swallowing difficult. Much eructation of wind; abdomen still distended. Palpitation on any exertion, but slight in degree. Motions dry; urine pale, but frequent. The back still painful. The weakness of limbs and swelling less. Repeat *Lycop.*

12th December.—Remarkable amelioration ensued. The swelling diminished daily, the anxiety and flushings quite gone, appetite and sleep returned to the normal, abdomen soft. Again *Lycop.*

A few days after this the patient felt quite well, so that no more medicine was required. (*A. H. Z.*, xxv, No. 24.)

#### PRUNUS.

“It is an excellent remedy in dropsies, and in many cases the only appropriate and curative medicine; it is especially applic-

able in anasarca after any debilitating chronic diseases, and particularly in those connected with cachectic affections."

*Clinical.*

In a far-advanced œdema pedum in a girl æt. 14, dependent on hypertrophy of the heart, where all hope of relief, not to say cure, had long departed, the effects of *Prunus* were marvellous; for under the use of this remedy not only did the œdema disappear, but the heart's action was ameliorated to such a degree that the girl was again able to get up and go out.

In another similar case it was equally successful. (*A. H. Z.*, xxix, No. 12, Dr. Hartmann.)

**RHUS.**

*Clinical.*

A farmer was affected with general dropsy. The scrotum also was swollen, and from the prepuce there hung a moderate-sized long-shaped blister. *Groph.* was of no use.

Five weeks elapsed in the fruitless employment of various remedies. The whole *Mat. Med. Pura* and the *Chronic Diseases* appeared to contain no medicine suitable for the case. In the meantime the scrotum daily increased in size and is now of considerable dimensions.

Dr. Weber lighted as if by accident on the following characteristic symptoms of *Rhus*:—"Tympanitic swelling of the genitals, especially of the scrotum, which becomes constantly larger," &c. Under *Rhus* 30 (glob.) the swelling of the scrotum was in a few days diminished to one half. The man recovered in a short time, and has since then remained well. (*A. H. Z.*, xxxix, No. 1.)

**CORTEX SAMBUCCI INTERN.**

corresponds to dropsies complicated with pulmonary affections.

**OL. TEREBINTHINÆ.**

Dr. Altmüller says:—Turpentine showed great remedial powers in ascites and anasarca without the aid of any other medicine. (*A. H. Z.*, xv, No. 8.)

**VERATRUM.**

*Generalities.*

From *Ver. officinale* are obtained the well-known *Semina sabadilla*, and from these *Veratrin*,

First a word relative to *Veratrin*. "*Veratrin*," says Fricke, "appears to cure dropsy perfectly, when with the occurrence of the dropsical effusion the dropsical morbid process is extinguished and we have only to do with the removal of the morbid product foreign to the organism, and this is especially the case when rheumatism and gout are the exciting causes." (*Med. Corresp. Bl. des Würtemb. ärzt. Vereins*, xvii, No. 21.)

"Genuine *Veratrin*," says Ebers, "acts on the urinary secretion in many cases with magical power, and the rubbing-in of an ointment composed of 5 grs. *Veratrin* in 2 drachms of fat, on the inside of the thighs (two to three times in the twenty-four hours), or in the back or even in the epigastrium and round the umbilical region cause diuresis, so that the patient is constantly excited and commences to grow weak, and the dropsy, even in the form of a collection of water in the abdomen, disappears in a short time. When, however, there are organic affections, high fever and a great prostration of the forces, *Veratrin* will not cure the disease."

Magendie and Turnbull gave the remedy internally  $\frac{1}{15}$  to  $\frac{1}{30}$  gr. in *Alcohol*, or in the form of ointment (*A. H. Z.*, xxxii, No. 24).

*The dropsy of scarlatina* has not an unfavourable prognosis. According to Kafka (*Hom. Therap.*, II, p. 364), homœopathy possesses in *Hep. Sulp. Calc.* 3, an almost specific remedy, which may be given prophylactically, as also when dropsy is present. This is owing either to a simple (convalescence) anæmia or depends on a croupy inflammation of the kidneys. In the latter case we observe, in addition to a diminished urinary secretion, pain in the renal region, and we find in the urine albumen, blood-corpuses, and fibrinous cylinders.

In addition to *Hepar* we must sometimes give *Arsenic* (where there are tendency to syncope, great thirst, diarrhœa, diminished appetite and prostration) or *China*.

In a very malignant epidemic (at Stadtremsda) I found *Bryonia* of use.

Bähr, who does not mention *Hepar*, directs our attention to *Helleb. nig.* on account of its direct relation to the kidneys. It only corresponds to acute dropsy (*Die Therap. nach der Grundsätzen der Hom.* II, p. 672).

Besides these, *Canth.* and *Tereb.* are deserving of attention as renal remedies. According to Jousset (*Elements de Méd. prat.*,

i, p. 137), we should employ *Oanth.* when, in addition to bloody urine (which does not contra-indicate the use of *Arsenic*), there are tenesmus and hot scalding urine.

In the fifth volume of the *A. H. Z.* (130 K., 1834) there is an article by Dr. Knorre, of Perna, on dropsy after scarlatina, which gives evidence of an acute gift of observation at the bedside. He arranges the scarlatina dropsy into—1. Hydrops anasarca. 2. Hydrops ascites (generally with anasarca). 3. Hydrothorax. 4. Hydrops cerebri acutus. The first form is the most frequent. Knorre considers the neglect of the dropsy, "this most dangerous enemy of the whole scarlatina disease," as very objectionable. He remarks, that it is sometimes the dropsy that first convinces the relations that some trifling eruption or other unimportant symptom must be regarded as scarlatina. "The danger and the uselessness of the medicines is in direct proportion to the duration of the disease" (*i. e.* of the dropsy). The anasarca and ascites are the least important, the other two much more so.

Knorre gives and recommends in acute dropsy (*h. anasarca* and *h. ascites*) *Helleb. nig.* as an excellent remedy. On the other hand, in hydrothorax which showed itself by severe oppression of the chest, short, quick, difficult breathing, heat and general perspiration, anxiety, constant, short, dry, shaking cough, where the patients were compelled to lie or sit with the upper part of the body elevated, *Merc. sol.* 1 or 2, 1 to 2 gra. per diem, was of more use than *Helleb.*

If we give *Helleb.* in chronic cases we must not hesitate to give a strong dose and repeat it frequently; but even in such cases *Merc. sol.* is, at least, as useful.

Owing to the close relationship that *Mercury* and *Hepar* have to one another, the employment of the one is greatly corroborated by the utility of the other. So that it is no contradiction when Kafka praises *Hepar* with the same warmth as Knorre does *Merc.*\*

Warm baths should not be undervalued if no contra-indication exists and the child is in the stage of convalescence. They excite a greater cutaneous action and increase the appetite. The

\* In a later article Knorre says that general dropsy, anasarca, ascites dependent on hepatic disease, indicate *Merc. sol.* in large and repeated doses. The same remark applies to *Prunus sp.* (*Kurz, A. H. Z.*, vi, No. 22.)

diuretic properties of such baths are well known; their temperature must be 28° R. The length of time the patient must remain in them will be determined by the individual circumstances. Young children should be put to bed after the bath, whereby the perspiration will be maintained beneficially.

Dr. Mayländer, of Berlin, gives the history of two cases of double ovarian tumour in which he operated successfully, both making excellent recoveries.

In No. 5 are some interesting cases by Dr. Carl Koeck, of Munich. The first was a curious case of paralytic affection in connection with the catamenia. The patient, a married lady, had for a year, that is, shortly after her marriage, been subject to the affection for which she had been treated ineffectually by several professors and other less distinguished physicians. Her age was twenty-three, small of stature, with black hair, and rather stout, full strong pulse, healthy appearance. Since her marriage the menses had always been copious and long continued; they also came on too soon. She was weak, had lost her appetite, suffered from stomachache, bitter taste, and pain in the back; bowels very constipated, often for eight or ten days without a motion. She also suffered from severe headaches, but her worst symptom was this:—Some days before the menses she had a creeping sensation in the legs that grew worse, and on the occurrence of the period became almost like a paralytic feeling. On the second day of the flux she must sit constantly on the sofa with *dead* feet, and could not walk a step. For this she had been faradised, purged, and had taken quantities of *Epsom salts*. She got *Nux vom.* 2, a drop in water every night and morning. The second monthly period after this treatment she had entirely lost the paralytic sensation, the appetite was restored, and the constipation gone. She remained well, and since then has had two children.

The next case was that of a married man, who attributed his disease to having slept in a bed which had previously been occupied by a man affected with syphilis. From this alleged cause his penis had inflamed and ulcerated. The sore had been treated with caustic by an army surgeon, but

the ulcer continued to grow bigger. He had mercurial ointment rubbed in, but the disease continued to increase, when he came under homœopathic treatment. Without inquiring particularly into the truth of the alleged cause, it was evident that the patient had a syphilitic affection, and that he had been treated with *Mercury*. The penis was much swelled and red (the swelling was fifteen centimètres in circumference). The glans was ulcerated from the corona to the urethral orifice, it had deep fissures, everted edges, and was covered by a black fetid mass, mixed with pus. The prepuce was all eaten away, not a fragment of it remained; at both sides of the frenum, which was eroded on the right side, there came shreds of black, fetid, sphacelated tissue. The skin of the penis behind the glans was painful to touch. Three days previously there had been severe hæmorrhage from the ulcer, and the doctor had proposed to amputate the penis as the only way of saving him. This his wife would not consent to, so he came under homœopathic treatment. The mouth and fauces are intensely red, the tonsils swollen and ulcerated. The remedy chosen was *Nitr. acid.*, which was given in the 2nd dilution internally, and a lotion of *Acid. nitr. 1<sup>x</sup>* was applied to the sore three times a day. Under this medicine the ulcer speedily grew clean, healthy granulations formed, and after three months' use of this remedy the whole disease was cured.

A poor actress had for three years suffered from the most horrible pains; they were so violent that she had often to leave the stage, and at last she was altogether dismissed from the theatre. The pain was in the right side. It preceded from the foramen supraorbitale, extended to the whole of the orbit, over the forehead and the right parietal region. It always began at midnight, grew worse towards morning; she had at the same time vomiting and thirst. Under *Arsen. 6* the pains subsided, and soon disappeared never to return.

A post-office employé had ever since he had been in the post office been affected every Saturday with such violent neuralgic pain in the head that he was unfit for his duties

on that day. The day before he had premonitory symptoms. About 5 p.m. there occurred yawning and transient nausea; before midnight he slept well, but after midnight he woke with the most excruciating pains; they occurred at 2, 3, or 4 a.m. On the Saturday morning they became worse, and went off gradually towards evening. On the Sunday he was always quite well. While the pain lasted he could eat nothing, but lay all day in bed groaning. The pains were burning, tearing, or throbbing, and spread over the right side of the head, beginning at the right side of the crown and frontal bone, over the right eye, that wept constantly. He could not bear daylight; he had twitching in the facial muscles; pulse very quick. He got *Sol. Fowleri* 6, two drops night and morning. This soon made the pains go off, and to the astonishment of his colleagues he came the next Saturday to his work. The neuralgia soon disappeared completely.

*Allgemeine homöopathische Zeitung*.—We resume our periscope of this periodical with the twentieth number of the 91st volume. The first paper is by Dr. Linck on Darwinism and homœopathy, in which the writer says that Hahnemann was a Darwinist by anticipation, and that homœopathy is Darwinism in medicine. We are unable to see it, nor do the author's somewhat rhapsodical utterances carry conviction to our mind, but we trust that homœopathy will prove itself the fittest medical system by surviving, whilst other systems gradually disappear.

The report of the meeting of the Homœopathic Society of Rhineland and Westphalia, is continued in this and the four following numbers. Dr. Krummacher stated that he had cured a number of cases of intermittent fever with *Arsen.* 12. Stens, sen., related a case of ague which had been well dosed with *Quinine* without benefit. The patient was a strong man, but was much reduced by the long continuance of his fever. The three stages, rigor, heat, and sweat, were well marked. The *thirst* had this peculiarity, that it was intense before and during the rigor, less during the heat, and *almost* absent during the sweat. He gave

the patient *Arnica* 1 four times daily. In three days he was perfectly cured.

Weber related a case of asthma of great severity. The patient was a schoolmaster, set. 40. The disease was owing to emphysema, and he had also slight bronchial catarrh. The attacks had lasted ten years. They continued for forty-eight hours at a spell, always commenced during sleep, either at night or during the siesta. He had one or two per month. Better in summer. He had to rise from his bed and remain during the attack seated at a table. The chest felt as if inclosed in a wall, the respiration hooping, and could only be performed with the greatest effort. He was restless and anxious. *Arsen.* did little or nothing. He was somewhat relieved by *Sulphur*. Injections of *Morphia* prescribed by an allopath gave relief in a few minutes; the internal exhibition of small doses of *Morphia* was of no use. Some relief was obtained by dry cupping on the chest. *Carbo veg.* 80, given for months every night, was the most successful remedy. After eleven days he had a slight attack, and in the next five months two slight attacks (seven weeks after leaving off the *Carbo*). Then no attack for six and a half months; after this—the remedy having been discontinued—a pretty severe attack. Now he has had no further attack for half a year, although he has had several attacks of catarrh.

Stens, sen., saw a case of asthma in a lady that only occurred during thundery weather. The attacks were so severe, that the eyes protruded, and doors and windows must be opened wide, to enable her to breathe. *Silica* 80 was of service in these attacks.

Weber related a case of paralysis of the nerv. oculomotorius of the right side, depending according to the diagnosis of a distinguished oculist on a tumour at the base of the brain. The case was apparently cured by *Calc.* and *Sil.* 200. When the oculist who had diagnosed the intracranial tumour saw that the case was cured, he said that his diagnosis must have been wrong, and that it must have been a rheumatic affection that got well of itself.

Stens, jun., related a case of rheumatism in the shoulder



in a lady of 48, whom he had already treated with partial success for dyspeptic sufferings and migraine, with *Narvom.* 30, and *Sulph.* 30. The rheumatic attack, which was in the right shoulder, came on after a walk through a damp meadow, when her feet had got wet. Strong movements of the arm increased the pain, which was of a drawing, tearing description, whereas slighter movements caused relief, in consequence of which she never kept her arm still. The affected part was somewhat sensitive to touch. She perspired much from 2 to 6 a.m., during which the pain increased. She complained of a numb feeling in the right hand, and weakness of it so that she could not lift even light objects. She had general prostration and inclination to sit down. She got *Merc. sol.* 3, *Rhus* 1, *Bry.* 1, *Arnica* 2, *Ledum* 3, and *Colch.* 2, without benefit. Her anæmic condition and Schüssler's recommendation led Stens to give *Ferr. phos.* 6 trit. night and morning. After using this remedy for six days she got rid of all her pains. She had previously been treated for three and a half months, and besides the above internal remedies, had employed all sorts of external remedies such as embrocations with *Petroleum*, *Arnica*, and *Turpentine*, and also hydropathic appliances without any result.

The same practitioner gave the details of a case of varicose ulcer in the leg that had lasted for six years. The patient was a robust man of 50, and the ulcer commenced with a bluish pimple over the internal malleolus, and spread thereon, so that when he came under Stens's treatment it occupied almost the whole of the front and inner surface of the leg, and a portion of the dorsum of the foot. It was not very deep, and passed gradually into the healthy skin so that it had no hard callous border. Its surface was of a dirty greenish-yellow colour, and covered with a yellowish serum. The patient complained of nocturnal itching that often kept him awake for hours, and also of heaviness and stiffness of both legs which rendered it almost impossible for him to stand. In rainy weather these subjective symptoms increased. He had employed all sorts of external and internal remedies without avail,

and Stens gave him *Sulph.*, *Merc.*, *Sil.*, *Rhus.*, *Calc.*, *Lycop.*, *Graph.*, *Arsen.*, *Hamamelis*, and various external remedies without benefit. At last he advised the patient to bathe his leg up to the knee in a very diluted solution of common salt (1 gramme to a litre of water). After using this every evening for some days, the ulcer improved in appearance, but the burning and itching at night increased to such a degree that the bath had to be discontinued for six days. After this he took the bath only once every six days. After four such baths the whole leg was covered with healthy skin, and has so remained for five months. The only application to the leg consisted of a simple rag dipped in oil. He got no internal remedy. He thinks the salt was truly homœopathic, as it has among its pathogenetic effects marked heavy feeling of the legs.

Another case related by Stens, jun., is of *vesical catarrh*. A clergyman, aged 73, had suffered for about a year from this disease, which continued to grow worse. Nothing could be ascertained as to its cause. For the last two months he was unable to pass water without the catheter. He was subject to violent urging to make water, when only a few drops came, so that he had to be catheterized as often as four times a day. The operation caused intense suffering. The urine was turbid, of yellow colour; showed a mucous sediment on standing and alkaline reaction. The last few days there had been pus in the urine. The vesical region was very sensitive to the touch. The patient was much reduced by his sufferings. He had previously been stout, now he was nothing but skin and bone. Latterly he had considerable fever in the evening. Appetite nil, bowels regular. The calls to make water were more frequent at night, which disturbed his sleep very much. He had also bronchial catarrh with expectoration of greenish-yellow sputa the last three weeks. His state was very sad, and the medical man who had hitherto treated him gave a very bad prognosis, in consequence of which he resolved to try homœopathy. Stens prescribed a suitable diet, but allowed coffee and claret, and he gave *Canth.* 30, one drop, every night. Under this remedy the

necessity for using the catheter gradually ceased, the urging to urinate went off, and on the fourth day he passed a considerable quantity of urine naturally. On the sixteenth day the catheter was no longer required. The turbidity of the urine and the mucous sediment lessened. As, however, some turbidity remained *Canth.* 3 was taken for a fortnight without diminishing it. The urine, however, became clear after the use of *Pulsatilla* 2, morning and evening, for six days. The gravel symptoms all disappeared, and the patient was able to perform all his church duties as well as ever.

Hendricks gave the history of a case apparently of carcinoma of the liver. The liver was much enlarged; it extended to an inch below the navel, was very hard and nodulated, not very sensitive to pressure. In the epigastric region there was a swelling the size of a hen's egg of doughy consistence, and in the middle a space about the size of a sixpence which seemed to contain fluid. The patient vomited after every meal, and threw up besides the food a quantity of fetid slimy sour stuff which fermented after a quarter of an hour. He had no appetite, slight diarrhoea, violent thirst, insomnia, and he was weak and emaciated. *Hydrastis* 2, at first 1 drop three times a day, gradually increased to 5 drops, in three months removed the hardness of the liver and reduced its size to the normal. His weakness still continuing he got *China* for some time, which restored his strength so that in a month he was able to resume his occupation and walk for half an hour at a time. He was able to eat his meals in comfort without any vomiting. He died two months afterwards of bronchial catarrh.

Weber had been able to stop the vomiting in a case of cancer of the stomach by means of *Carbolic acid*, 1 in 500, without, however, warding off the fatal result.

Hendricks related the histories of two cases of diphtheria which ended suddenly and unexpectedly in death.

Krummacher strongly recommended *Lachesis* 12 in diphtheria and malignant scarlatina.

Orth extolled *Carbolic acid* in diphtheria.

Stens, sen., communicated a number of observations.

1. A case of migraine in a lady of 45, of robust constitution and choleric sanguine temperament. She had suffered from these headaches from her girlhood, at first every four weeks, afterwards every fortnight, and in the last years almost every day. After any great exertion or mental excitement she must go to bed for a couple of days. She retched and vomited bile and then the attack terminated. She was in consequence unable to attend to her duties. The pain was chiefly in the forehead, was aching throbbing, and at length she grew sick and vomited. *The attacks commenced in the occiput, then spread to the front of the head, and when at its height the occiput was free from pain.* This peculiarity led to the selection of *Petroleum 4*, every three hours, for a fortnight. The first day the pain was much relieved; on the third day it was completely gone. For two months she has had no attack. Her mother had been subject to similar attacks until her death.

2. A woman, æt. 50, had for years suffered from pain in the occiput, the pain aggravated by shaking the head; no vomiting. *Petroleum 4* cured her in a fortnight.

3. A case of occipital headache in the integuments of the head; the pain was as if screwed together. *Rhus* was here the remedy.

4. Another case of occipital headache in the integuments, always relieved by drinking coffee. One dose of *Chamomilla 30* removed the headache; there was no relapse.

5. A young lady who had suffered for more than a year from the most violent headaches, which came on after lying down at night with rigor and chilliness all over. The forehead was chiefly affected. At the same time pains in the lowest cervical vertebra that rose up to the cerebellum and thence spread to the forehead; warmth relieved. The pain in the nape was described "as if some one seized hold of and dragged out the fibres." She had used many remedies without avail for more than a year. She had leucorrhœa and was very weak. One dose of *Silica 200* completely cured her.

6. A man had suffered for nine months with inflammation of the right eye. The cornea was opaque. He had severe pain above the eye in the region of the frontal sinus. Photophobia, though he could only see a glimmer of light. An oculist treated him with daily instillation of solution of atropine without relief. The constitution was scrofulous; he had scars of old suppurated glands in his neck. Perspiration of the feet, to which he had formerly been subject, had ceased when the eye affection commenced. This led to the administration of *Silica*, 30th trit., a dose once a week. At the same time foot baths of hot dry bran up to the knees. After fourteen days the sweat on the feet reappeared and the eye began to improve. Now the patient is free from inflammation of the eye and pain. The opacity of the cornea is not gone but improved.

7. A girl of 16 had suffered nine months from redness of eyes with photophobia, and at the same time violent toothache and faceache. Pains aggravated by heat, relieved by cold. She was easier lying on the affected than on the painless side. An oculist had twice punctured the cornea. She got *Bryonia* 9, a drop every fourth day. The two first doses relieved her materially. The improvement went on, and she is now quite well.

8. In scrofulous ophthalmia *Hepar* is the best remedy. It should be occasionally alternated with *Merc.* 3.

9. A case of lupus in a schoolmaster. The whole face was corroded, and there were tubercles on the face with ulceration of their apices. Suppressed perspiration of feet. *Silica* 30 improved him. In a case of lupus exedens of the nostrils *Thuja* 30 effected a cure.

10. *Ozæna scrofulosa* in a girl of 12, with intolerable fœtor of the discharge, was completely cured in a few weeks by *Aur. mur.* 3, 4 drops in 10 spoonfuls of water, a spoonful every night and morning.

11. A similar case in a boy cured by *Aur. met.* 4.

12. A case of *ozæna* in the wife of an officer was cured by *Aur.* 4, at first 1 drop, then 10 drops every evening.

13. A gentleman was thrown from his horse and his knee inflamed and was much swollen. He was treated

allopathically without relief. Stens was called in and found the knee swollen and painful, but not red. *Calomel* 1 was sprinkled on a rag, and this tied over the knee at night. The following morning the swelling was gone.

14. A case of stomachache with constant irritation and occasional vomiting of greenish-yellow stuff; the stomach painful at every step. Cured by *Bryonia*  $\phi$ , several drops in water.

15. A man had for several years suffered from distension of the abdomen, sometimes in the stomach and sometimes in the bowels, with violent eructations, coming on about 4 a.m. and lasting for two hours. Somewhat relieved by drinking warm fluids. Cured by *Veratrum* 30 in a fortnight.

16. A man,  $\text{æt. } 30$ , with phthisical symptoms (constant cough with expectoration of blood and fetid pus), with loss of appetite, thickly furred tongue, complaining of constant pain in the chest, and especially in the gastric region, which is painful to pressure. Spleen affected, splenic region painful, and peculiar irritation in the chest proceeding from the left side. He got *China* 1, 2 drops every three hours. He immediately began to improve. This medicine was continued until his perfect recovery. He became as well as he had ever been.

17. A person of phthisical habitus, pale, without appetite, constant hacking cough, sometimes with expectoration of blood, nocturnal perspiration, night disturbed by cough, tickling irritation in the larynx. He got *Kali bich.* 30 at night and a carefully regulated diet, chiefly of milk. He was completely restored.

18. A painter had long suffered from severe aching pain in the last left rib anteriorly. Cured by *Arnica* 1 in a few weeks.

19. Quartan ague in a woman that had lasted for several years without intermission. She had formerly suffered from herpetic eruptions. During all three stages she experienced intense thirst. After *Natr. mur.* 400 the attacks gradually subsided, and she became affected with vesicular eruption between the fingers which gradually disappeared.

20. Kidney affection. In dropsical conditions depending on affection of the kidneys with albuminuria, in the exudative stage, *Bryonia* acts better than *Arsen.* Hendrichs remarked that in kidney affections after scarlatina *Bryonia* was of no use, but *Hepar* was the remedy.

21. Epistaxis. A young man had suffered for years from bleeding of nose (cachectic constitution; lame from previous scrofulous disease; he went on crutches). After *China* had been given without effect, he got *Acid. sulph.* 1 three times a day for several weeks. Perfectly cured.

Orth communicated the following cases :

1. A man, aged 50, had a hard, large swelling of the testicle. It had lasted two years; exciting cause unknown; he had never had gonorrhœa. The swelling had come on gradually, was at first painless, but latterly had become very painful; the pains spread along the seminal duct, so that he could not follow his business. He got *Chin.* 3, *Conium* 6, and lastly, *Aur. met.* 30, 10, and 6. In two months the swelling had completely disappeared, all except some hardness of the epididymis, which gradually went off under the continued use of *Aurum.*

2. Johanna R—, aged 6, came under treatment on the 30th November, 1874. The parents stated that for several days the child had lost appetite and was very cross; she had kept her bed since yesterday. She was feverish, coughed a little, complained of headache, tongue moderately furred; bowels confined. *Arsen.* 3.

2nd December.—Fever stronger, headache as before; tongue more furred, yellowish-white; no stool. *Bryonia* 3.

4th.—Fever very violent; tongue furred, yellow, dry. Fœtid diarrhœa since yesterday. Delirium at night. *Rhus* 6.

5th.—Patient lies in profound stupor, mouth open, tongue and all the buccal mucous membrane covered with thick dry fur. Lips chapped, breathing stertorous, fever very high. Diarrhœa, motions passed unconsciously. *Opium* 30.

6th.—Condition unaltered. Conjunctiva bulbi highly injected, much purulent mucus in the canthi.

7th.—No improvement. Patient very restless since yesterday; raves unintelligibly day and night, her cries are heard in the next house. Legs, arms, and head in constant jactitation; has given herself a wound on the forehead by knocking her head against a sharp corner of the bed. *Stramon.* 6.

8th.—After having taken a few doses of the *Stram.* she became quieter, and slept a little in the night. Fever not so high; tongue not quite dry, the fur begins to be detached in shreds. She lay quiet without noticing or speaking.

9th.—Fever more moderate, quieter. No motion since yesterday. No more discharge from the eyes; conjunctiva not injected, but the look still staring; notices nothing. A pustule on the right cheek. *Stram.* continued.

10th.—Improvement continues, fever quite gone, tongue clean. She knows those about her, makes signs with her hands, as she cannot speak but only utters unintelligible sounds. The pustule on the cheek has become an ulcer with a blackish scab; similar pustules since yesterday on the right thigh. *Causticum* 30 was given for some days, and completed the cure, so that on the 15th she could leave her bed. A fortnight thereafter others of the family were affected with typhoid.

Dr. Kafka continues his reports of cases cured or benefited by *Mezereum*. A case of syphilid or tertiary syphilis, in which *Mezereum* was administered, is given, but as the case had not terminated we need not dwell upon it. The next case is that of a lady of thirty, who complained of frequent twitching in the left upper eyelid. This was particularly troublesome when she was engaged in needlework. In other respects she was, though pale, quite healthy. She had been treated without benefit by an allopathic oculist. After an attack she experienced some aching in the outer canthus of the affected eye. At night she was not troubled. Weather and mental emotions had no effect on the complaint. The twitching was worst in the morning. *Rhus*, *Rhododendron*, and *Magn. mur.* did nothing for her, but *Mezereum* 3 twice a day speedily cured her.



In Nos. 22 and 23 Dr. Goullon relates at great length the history of a case of chronic urticaria cured by *Apis* 6. The patient was a young man of twenty-eight, who had been wounded in the war of 1870, and since that time had acquired a yellowish complexion. In 1871 he had a regular attack of jaundice. The disease, which came on after this, consisted in swellings of various parts of the body, limbs, and face, that came on suddenly and took their departure with equal rapidity, generally in twenty-four hours, but sometimes lasting three days; when the swelling was at its height it was accompanied by great itching, but no pain. Weather had the greatest effect on the disease. In stormy variable weather it was always worse. It was aggravated by the heat of bed and relieved in the open air. He had also a herpetic eruption on the legs that was sometimes better, sometimes worse. He had been subjected to various allopathic treatment without any good result. Under Goullon's care he got a variety of homœopathic remedies without much improvement. The swellings sometimes affected the face, bunging up one or both eyes; sometimes they appeared on the chest, sometimes on the feet, so that he could not put on a boot. At last Goullon gave *Apis* 6 night and morning. This produced such a good result that he was soon entirely cured of his troublesome affection.

In No. 23 and several subsequent numbers appears an essay by Dr. Mäylander on the symptomatology, diagnosis, and treatment of interstitial and subperitoneal fibroma of the uterus, which was read at the meeting of the Central Homœopathic Society of Germany.

The 92nd volume contains the masterly prize essay of Dr. Goullon, junr., on *Thuja occidentalis*, which deserves translation in its entirety as the best monograph we possess on this valuable remedy.

In No. 1 Dr. Kafka relates the following curious and rare case of periodical pyalism. The patient is a forester, aged 50, very emaciated. Until nine months ago he enjoyed good health. At that time, in consequence of some dietetic error or exposure to cold, he was attacked one evening with sickness, attended with great secretion of

saliva, which lasted several hours. Similar attacks occurred every fourth day; sometimes one day earlier, sometimes one or two days later. Severe attacks are accompanied by vomiting of food and mucus, never sour, but always of insipid or chalky taste. The quantity of saliva excreted during an attack was from two to three pounds; it was limpid, slightly viscid, and with a chalky taste. During the attack he could not sleep, as he must be constantly spitting. The salivation was attended with unquenchable thirst, and the patient became prostrated and exhausted, the extremities cold, the bowels uneasy, and inclination to go to stool. After an attack, which lasted from six to eight hours, he was so weak and fatigued as to be unfit for his duty. He lost appetite and spirits, and became hopeless of a cure. Urine and stool were normal; sleep in the periods of remission refreshing. Pulse weak, 92. Some parts of the spine rather tender. He first got *Ipec.* 3, a dose night and morning. A week of this medicine reduced the salivation to one half and the attacks to three and four hours. Another week of the medicine delayed the attack two days and reduced the quantity to one pound. On taking the medicine a third week he had a severe attack after five days, which lasted six hours, with vomiting, and the quantity of saliva secreted was increased. He then got *Tart. em.* 3, two doses per diem, which had a temporary good effect. *Natr. mur.* 6 given next had the same result. It was evident that none of the remedies prescribed was permanently beneficial; so a new remedy was sought for. *Granatum* showed the following symptoms in its pathogenesis: "Nausea, with flow of water into mouth, frequent spitting, rumbling in bowels, frequent ineffectual call to stool, chilliness, cold hands and feet, cross temper, and uneasiness." This seemed to be the simillimum for the complaint. It was accordingly administered in the 3rd dilution twice a day. After taking this medicine for several days no further attack was experienced, so after a week it was given but once a day; the patient gained in strength, and was completely cured.

Dr. Sybel relates with much detail two cases of extensive

pleuritic exudation, in one combined with albuminuria, apparently of scarlatinous origin, in which *Acid. sulph.* proved curative.

In a report of a meeting of the Berlin Homœopathic Society there was a discussion on syphilis. Sorge mentioned that *Copper* was a valuable remedy in this disease. He gives it in the *Solut. Cupr. acet. Rademacheri*, several drops two or three times a day, in cases that have already had too much *Mercury*, and in which improvement will not take place by the ordinary means. All are agreed that in recent cases *Mercurius* in low attenuations was the best remedy; none had seen any good results from high attenuations of *Mercury*. Sorge treated a case of a young man who wished to marry, but could not obtain the young lady's father's consent to the marriage until Sorge should pronounce him sound. The patient got for a whole year *Merc. corr.* 2<sup>x</sup>, ten to twelve drops twice a day, so that in all he took about thirty grains of *Corrosive sublimate*—rather a large quantity. However, the patient got quite well, married, and begat healthy children.

Windelband had often given *Iod.* 1 with good effect. A fellow student had formerly suffered from epilepsy which began with an aura in the foot. If he then buckled a strap which he kept for the purpose tightly round his thigh he escaped the threatened fit, and could loosen the strap two hours afterwards without danger. He contracted syphilis, since which time he remained free from epilepsy, but had the disease for years in the most virulent form. *Iodine* was the chief remedy that cured him. He is now married and has healthy children. He treated two cases of *ulcus durum* with *Iodiform* externally, and the patients remained perfectly well. In a hospital in Berlin two cases of fresh preputial chancre without implication of the glans were treated by excising the part. The wound healed and no further disease was observed.

Dr. von Grauvogl contributes a paper that runs through several numbers, and is distinguished by all his originality and acumen. Though it is long we shall endeavour to give the substance of it. It is nominally suggested by von

Gruzewski's work on the *Incompetence of the Proofs for and against Homœopathy* which we noticed in vol. xxxii, p. 653. Dr. von Grauvogl, unlike the other critics of that work, approves of his attempt to furnish an incontrovertible proof of the truth of homœopathy, only he says that the author has failed to furnish this incontrovertible proof, and he proceeds to attempt it himself. He says that the author is quite right in saying that the proof furnished must fulfil the five main principles laid down by Hahnemann:—1. The law of similars; 2, the proving of medicines on the healthy; 3, the administration of a single medicine; 4, the smallness of the dose; 5, the repetition of the dose after making pauses to show how after each amelioration if the medicine is discontinued an aggravation will ensue. To these Grauvogl adds that the diagnosis of the disease treated must be so precise as to be capable of no doubt. He then adduces examples which he thinks fulfil all these desiderata:—1. *Arnica* and its specific action on wounds; 2. *Silica* and its molecular influence on chondrosis; 3. *Thuja* and its peculiar relation to the connective tissue.

The results of *Arnica* provings on the healthy offer an array of symptoms so similar to traumatic fever and septicæmia by purulent infection, that hardly a better description of these states is to be found in works of surgery and obstetrics, and where there is traumatic fever there must have been previously or still present wounds; consequently *Arnica* is indicated according to the law of similars in wounds and not only in their consequences, and in this respect it is an old and renowned homœopathic remedy. Traumatic fever runs its course at first without any rise of temperature, which cannot, therefore, be accepted as the invariable sign of fever. It begins at once after every considerable mechanical injury, with which the whole habitus of the wounded person is shaken and often altered, so as to be unrecognisable. This condition improves manifestly under the use of *Arnica*, as also all signs of actual absorption of the decomposing elements of the secretions from the wound. Of all the ordinary mechanical injuries, compound fractures give the most profuse suppuration, and the attendant lacerations of the soft parts, that are often

very extensive, like large operation wounds, predisposed to the occurrence of pyæmic or septicæmic fever. We do not always see these cases at the commencement, in the country generally not till after the lapse of several days, after the country doctor has done his best, and then we meet with most extensive suppurations. Such cases are especially suitable for the Gruzewski experiment. If we give *Arnica* 30<sup>x</sup>, four to five drops every hour, and apply compresses moistened with the same dilution, then the patient feels a considerable alleviation of his pains in two or, at most, four or five hours, and the following day the suppuration is manifestly diminished. It decreases daily, and after a few days is reduced to a small quantity, during which time the wounds become cleaner. Things go on much more rapidly if we give every hour four to five drops of the 1<sup>x</sup> dil. and the same as a compress. On the following day, at latest in twenty-four hours, the suppuration is, as a rule, reduced almost to nothing, and the most favourable condition in every respect established. In the military hospitals I directed the attention of the surgeons to the efficacy of this treatment, and showed them that this favourable effect would at once disappear and a large quantity of pus be found on the bandages on leaving off the *Arnica*. This happened constantly, so that the very next day the former quantity of pus was there and the wounds of the soft parts gaped again, after they had nearly closed, so that I could not withhold any longer the employment of *Arnica* internally or externally. The renewed employment of this medicine had the same effect as before, and the cure took place in the shortest space of time, and to the astonishment of the allopathic lookers-on, without further suppuration, granulation, or retraction of the edges of the wound, therefore quite differently to what they had hitherto been taught and had observed. I had ample opportunity of seeing the same thing during the French war, but I found no imitators. The effect of *Arnica* in all sorts of wounds consists in this, that not only does the exudation of white corpuscles and the mortification of the injured parts, and consequently all suppuration cease, but that the intercellular fluid dries up by continually parting with water to the blood-vessels and lymphatics; that in consequence of this the inflammatory swelling of the wound generally declines after a few hours; therefore all the wounded part consolidates, and the edges, when they can be brought together, agglutinate

very rapidly, or when that is not the case, spontaneously approach ever nearer to union, whilst the loss of substance is supplied without suppuration or rank granulations. For these reasons the primary inflammation cannot extend, and where there is no inflammation there is no fever; further, when there is no water there is no pus, no absorption of injurious substances: thus diphtheria and septicæmia cannot occur. The relapse on leaving off the *Arnica* and the benefit on resuming it can always be seen. Too long continued use of *Arnica*, especially externally, causes erythema with formation of vesicles; internally, in fractures of the bones it causes a soft and scanty callus. It is doubtful if Lister's vaunted carbolic-acid method can show such favourable results as the *Arnica* treatment.

The second illustration given by Dr. von Grauvogl is the cure of chondroma or enchondroma by *Silica*. Chondroma is a disease easy to recognise in its commonest form. It is most frequently met with on the phalanges and metacarpal and metatarsal bones of hands and feet. Sometimes several and even many are to be seen on one finger or toe. They are round or oval, knobby, generally hard swellings of various sizes, sometimes breaking and ulcerating, sometimes remaining for years unaltered, and always on examination found to be intimately connected with the periosteum. Not long ago von Grauvogl saw one connected with the pericranium, the size of a child's head, beginning above the ear and extending down to the larynx; it was in some parts quite hard, in others softer. It had been treated with all sorts of *Iodine* preparations, but continued to grow, so that it occasioned whistling breathing and threatened suffocation. The allopaths wished to operate, but von Grauvogl advised the contrary. It was but little moveable except in one place towards the occiput. After using *Silica* for eight days the whistling breathing and threatening suffocation quite disappeared, sleep and appetite returned, and a continued use of the medicine effected a perfect cure. If in cases of ordinary enchondroma we give *Silica* 30 four or five drops a day, the patient soon feels better. But still quicker results are obtained if we give *Sil.* 10 or 6, four or five drops

every hour, and still quicker if we give *Sil.* 3rd trit., a small portion three or four times a day; only in the last case we must be on the outlook for physiological symptoms of *Silica* and discontinue it for a time until these symptoms disappear. We can here make the experiment of leaving off the medicine, when the progress towards cure will be arrested, to go on again on renewing the medicine.

The last illustration offered by v. Grauvogl is in respect to *Thuja*. He says, if we take four or five drops of *Thuja* 30<sup>x</sup>, two or three times a day, in a fortnight or at latest in three or four weeks, we shall find that the nails of the fingers and toes become much softer than before. This softening process extends to the tendinous structures, especially of the fingers and hands, and in the case of delicate females the tendons become so soft and pliable that the fingers can be bent in all directions in the most singular manner. But this softening is produced not more rapidly if we give the 6<sup>x</sup> or 3<sup>x</sup> dilutions; the lower dilutions seem to act less rapidly. On himself v. Grauvogl observed from the 30<sup>x</sup> and 3<sup>x</sup> dilutions nothing except this softening of the nails, and this was not greater with the 3<sup>x</sup> than with the 30<sup>x</sup>. On leaving off the medicine the nails grew hard again in twenty-four hours, but they often took longer to recover.

In No. 6 we have a report of the meeting of the Berlin Homœopathic Society of 1st December, 1875. Dr. Sorge related the case of a young man who several days after coitus was affected with a soft chancre of the prepuce. He first got *Merc. viv.* 2, which was followed in a few days by tearing in facial bones, swollen tonsils and gums, and increased size of the chancre. The cause of this aggravation seemed to be that some time previously the patient had been treated allopathically for peritonitis by *Mercury*. Under *Tinct. Cupri acet. Rademacheri* 1 externally and internally he was speedily cured.

At the meeting of the Austrian Homœopathic Society of the 19th November, 1875, Dr. Gerstel communicated the results of a proving of *Mezereum* in the 1st, 3rd, and 7th dec. dilutions on himself. The chief action of the medi-

cine was on the skin. Soon after taking it he experienced violent burning itching, compelling him to scratch; a prickling as from lice in the hairy scalp, the eyebrows, the external ear and often all over the body, as bad by day as by night. The slight itching goes off on scratching; when it is deep seated, the scratching must be continued until blood comes; warmth aggravates, and so does the night time; it only occurs in places where there is little adipose tissue. The epidermis is raised in vesicles, and afterwards desquamates in scales; there are sugillations and liver marks which scale off. When the exudation lies deeper, there occur heat vesicles with an oily viscid fluid, regular pustules which form scabs. These phenomena occur chiefly in places destitute of fat. There is coldness, rigor, chilliness all over the body or on some parts of it, without alteration of temperature. This seems to be owing to a nervous affection, as there is no desire for warmth and no dread of cold. The chilliness is accompanied by thirst, explained by the watery contents of the blood being lessened by the exudations. *Mezer.* is of use in the pruritus senilis of thin persons.

In No. 7 Dr. Mossa gives a case of delirium tremens in a hump-backed man, accompanied with retention of urine that yielded to *Stramonium* 3.

In the meeting of the Berlin Homœopathic Society of 5th January, 1876, Mayländer mentioned a case of scrofulous glandular swellings in the neck that had long been treated ineffectually by allopathic remedies, and under *Carbo animalis* 6<sup>x</sup> grew much smaller in fourteen days, then became painful and the remaining swellings suppurated and were finally cured by *Hepar*. He also gave the history of a case of chronic diarrhœa that had long been treated allopathically. It had lasted one and a half years, and was sometimes bloody. A swelling the size of a fist was felt in the transverse colon, which was probably owing to former ulceration and thickening of the connective tissue. Under *Merc. sol.* 3<sup>x</sup> the swelling abated, and the diarrhœa was cured in a fortnight.

Fischer related a case of chronic diarrhœa in a child of



three years in which *China* had been given without permanent benefit. There was fever and slight icterus; *Acon.* was given, the child had an attack of diphtheria after which, as the diarrhoea persisted, *Sulph.* 30 was given, and the diarrhoea soon ceased.

Sulzer related a case of a child two and a half years old who, since his ninth month, when he was weaned, had constantly suffered from thin, watery, but purulent diarrhoea. He had also great swelling of the cervical glands which had commenced to inflame latterly. He had taken many homœopathic remedies without avail. Under *Natr. phos.* 6<sup>r</sup>, four times a day, the glands soon ceased to be inflamed and the swelling went away, but the diarrhoea persisted. *China* 3<sup>r</sup> two drops four times a day soon cured the diarrhoea.

Deventer recommended in chronic diarrhoea with attendant liver affection *Chelid.* 2 and 3. This was followed by a few foetid diarrhœic motions, after which the patients were soon cured.

In No. 11 we have an account of the curious pathogenetic effects developed in *mother-of-pearl* turners, who carry on their work in an atmosphere thickly laden with the dust of the *mother of pearl*. The most general affection of the workers is a bronchial catarrh which attacks them in the early period of their work. Many get used to the irritation and gradually lose the cough. But the peculiar affection of the bones only attacks young persons before the completion of their osseous system. These are often affected with relapses on resuming their work. The first symptom of the disease is pain that is localised in a particular bone, and is described by the patients as of a rheumatic character. At first the pain is not increased by pressure on the bone. Soon the general health becomes affected. Then occur fever, anorexia, thirst. The feeling of heat alternates with chilliness, the urine is scanty and dark coloured, and deposits a sediment. Some cases admitted into the hospital showed a considerable rise of temperature. The pain soon becomes more intense, a swelling appears on the bone always at the end of a diaphysis, none in the middle of the bone or in an epiphysis. This swelling is periosteal, and pains on the

slightest pressure. At first the swelling is soft, even fluctuating, but there is seldom any abscess. When it has lasted some time it becomes firm and may even become of bony hardness. The swelling may then extend to the epiphysis, and inflammation of the joint may occur, ending in suppuration. The ages of those affected were from fifteen to seventeen. The disease always commenced with osteomyelitis, and appeared in the most various parts of the osseous system, as the inferior maxilla, the radius, ulna, fibula, metatarsal bones, scapula, humerus, &c. The observer, Dr. Gussenbauer, ascribes the disease to thrombosis of the small vessels, due to the mechanical obstruction caused by the fine dust of the *conchiolin* of the mother-of-pearl, but it seems more probable that it is owing to a specific action of the dust. Probably we have in mother-of-pearl dust a valuable remedy in osteomyelitis. As the mother-of-pearl closely resembles in chemical composition the oyster shell from which our *Calc. carb.* is prepared, it may be found that this effect on the bones is but a higher degree of pathogenetic action than has been obtained by us with our well-known homœopathic remedy, which in its pathogenesis offers indications of a somewhat similar action in the osseous system.

Dr. Pröll communicates a case of chronic ovarian affection in a girl twenty-five years old, brunette, with bright red complexion and not very mild disposition. The menses had disappeared after a chill, and in spite of allopathic remedies had not returned for six months. On coming to Nice with a family the menses returned. During the period of the cessation of the menses she was unable to lie on either side. This did not go off when the menses returned. She had constant dull pain in the region of both ovaries, and could not bear strong pressure there. Her morning urine was always quite colourless, and had been so for many months. She was troubled with a brownish-yellow, acrid leucorrhœa. Constipation for two or three days followed by hard evacuations. She got *Kreos.* 10, 3 globules before every meal. In two days the pains grew less, the leucorrhœa diminished and less acrid; she could lie on the left side for

a short time. She now got *Kreos. 2* once a day, and on this the morning urine became of normal colour. In fourteen days she could lie on both sides, the leucorrhœa was quite gone, and also the pains in the ovaries. In short, she was quite well, and remained so.

Dr. Liedbeck, of Stockholm, writes that he suffered much from shortness of breath, which, according to the diagnosis of all his colleagues, was caused by fatty heart. After trying various remedies without good result, he was completely cured of his dyspnœa by *Arnica 1*, which he found recommended for fatty heart in Kafka's *Therapie*. He employed the same remedy in the case of two friends similarly affected, and in both cases it produced the best results.

At the meeting of the Berlin Homœopathic Society of January 19th some interesting cases of rheumatism are related. Windelband treated a case of severe articular rheumatism. The patient, twenty-six years old, had eight weeks previously suffered from a violent febrile affection, with frequent attacks of transient redness in various parts of the body, followed by six or seven varioloid pustules that terminated the disease. Eight weeks later he had a violent attack of articular rheumatism that affected almost all his joints, then pericarditis came on followed by pleuropneumonia. Various remedies were given without effect, until at last *Iod. 2<sup>x</sup>*, five drops every hour, brought speedy relief, and ultimately a perfect cure. He had also used an ointment composed of *Digitaline* grm. 0.2 dissolved in diluted alcohol, and mixed with 30 grms. of lard; this was spread on linen rags and laid on the affected joints, covered over with oiled silk.

Sulzer cured a case of severe rheumatism of the right shoulder-joint in a shoemaker, aged forty, with increased temperature, full, rapid pulse, thirst, anorexia. The shoulder was swollen, red, and so painful that he could not remain in bed, but had to lie on a sofa propped up with pillows. Under *Ferrum phosph. 6<sup>x</sup>* he rapidly improved, and the rheumatic inflammation soon disappeared. Another case was that of a girl, aged seven, who had suffered for three

days from acute articular rheumatism passing rapidly from one joint to another. It first attacked the knee-joints, then both ankles and the right wrist. The slightest movement, even the vibration caused by a person walking across the room, caused great aggravation of the pains. Pulse 130; temperature high. *Bryonia 2<sup>x</sup>* soon cured her.

Jacoby related the case of a gardener who had previously suffered from gouty inflammation of the big toe joint. Inflammation again set in, and fistulous openings appeared in the joint. A surgeon proposed amputation of the joint. Then Jacoby was called in. He found a fistulous opening in the neighbourhood of the great toe joint, extending into the sole of the foot. He gave *Aq. silicata 3<sup>x</sup>* and *Sabina 2<sup>x</sup>* alternately. Under this treatment the fistula healed up, and the inflammation disappeared.

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## CLINICAL RECORD.

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### *A Case of Diphtheria.* By Dr. LEADAM.

Master M. T—, æt. 7, son of a clergyman, living in a good well-conditioned house in Queen's Gardens, was attacked on the 24th of April with general swelling of the ears and throat glands, which was considered as a severe cold and treated domestically for several days, when I was called.

The tonsils and cervical glands were enlarged, a thick coryza was passing from the nostrils, and thickish mucus from the eyes, the secretions were all of a fœtid character, and the boy was very somnolent and lay on the couch in a semi-comatose condition, not speaking and scarcely bearing to be examined. There was no apparent *ulceration* in the throat, nor any detached portions of membrane nor yellow washleather appearance, but all the secretions seemed loose and unattached, and the malodour was intense. At first sight the case looked like glanders, so much so

that we tried to find out whether the boy ever went into the stable, or in walking along the pavement had the sneezing of a horse affected with influenza come upon him, but could not. No deafness had occurred then ; that day week the fœtor was greatly aggravated and a complete explosion of diphtheria took place. The throat was lined with yellow matter like washleather, the *velum palati* looked raw, the tonsils also were covered with yellow deposit, and the ears pained him whenever the throat was examined, so that he used to put his hands tightly over them and cry after stretching his mouth open, and a great deal of bloody fœtid secretion was mopped out of his throat. Pulse was feeble. Bowels open once naturally.

I used as a local application *dilute Muriatic acid*, with which I mopped out the throat night and morning with a thick camel's-hair brush and the nurse did it at other times. Strong beef tea and port wine and water were got down at intervals, and *Phytolacca decandra* No. 1, one drop in a teaspoonful of water, was administered *every hour night and day, from the beginning*.

This treatment, with a very careful nurse, was continued for a week. Dr. Dudgeon saw the case with me on the 8th of May, and the report is that "he sleeps well. Takes strong beef tea and Brand's meat jelly. Tongue tolerably clean. The fœtor much subsided. Continue the treatment."

10th.—Takes his nourishment and port wine with water, as it hurts his throat pure. Tongue a little furred. Continue the *Muriatic acid dil.* Continue the *Phytolacca* 1, one drop for a dose.

11th.—Slept. Bowels open. The throat looks greyish or ash coloured, all over the right side of the *velum*, like a thin greyish film. The uvula seems to have *sloughed* off. Tongue has a moist fur on it. He is obstinate in not taking his nourishment so well. Pulse more feeble, and he complains of his ears hurting him when he swallows and when he stretches his mouth open. Continue *Phytolacca* 1 every hour, and the acid.

12th.—A smaller thin, grey, or ash-coloured film over the right half of the *velum*. Wiped it away with the camel's-hair brush and *dil. Muriatic acid*; he has eaten an egg for breakfast and some thin biscuit, also a whole mutton chop. Very tired and languid in the afternoon. Pulse improved. On looking into the throat the *velum* showed a clean irregular margin; the

*uvula* having gone, the voice is *slightly hard and grating*, and the sloughy condition of the edge is stopped. The nose discharges very little. *Phytolacca* 1 as before, but every three hours. *Arsenicum* 3 gtt. 1, every other three hours in alternation.

13th.—A good night. Had some port wine this morning, and an egg and some toast for breakfast and milk and water. The throat has a quantity of thin mucus in it, which I brush off with the camel's-hair brush and acid as before. No action of the bowels *for five days*. Pulse stronger. Tongue cleaner. The line of the velum more correct, but the voice hoarse. Complains of pain in the ears when the throat is mopped, likes cotton wool put in the ears directly. This boy never talks, but has a guttural hoarseness. He seems to be always a boy who was fond of meat and has a craving for it now.

14th.—Is cross and feverish. Walks better about the room, and takes to his proper amusements. Opens his mouth well, and has less pain in the ears. The cavity of the throat encroached upon by the sloughing extends to the roof of the mouth, and a grey, ash-coloured film shows all down the right side of the velum as far as possible down the throat into the gullet. Eats heartily. Takes his wine now night and morning. Rep. *Phytolacca* 1. Rep. *Arsenic* 3.

15th.—Sleeps well. Is voraciously hungry. Is better today, but the pulse varies, especially if the supply of food is not kept up and his wine. The throat looks very clean and healing. The drink comes through his nose. Bowels open naturally. Dr. Dudgeon saw him a second time and gave him *Nitric acid* 3, *tertiis horis*.

16th.—Slept all night, having eaten a second chop for supper. Tongue more coated. Countenance lighter, but the fauces are lined by more thick slime than yesterday; had to mop it out well. Hands very cold and is fretful. *Phytolacca* 1 and *Nitric acid* 3, in alternation.

18th.—Was restless, did not like his wine. Tongue coated. The sloughing not done with down the throat on right side. Bowels relaxed yesterday. *Hepar* 5 ter in die. *Phytolacca* 1 ter in die.

19th.—Tongue heavily coated, and the sloughing going on. Feverish. Appetite diminished. To omit the chop and port wine. Rep. *Hepar* and *Phytolacca*.



the pains in his head are very, very bad, and they torment him these two years; they are truly fearful in the night; he also complains of pains in the long bones, worse at night and worse in the left side of the body. On examining the hairy scalp three *tophi* are discovered about the size of hazel nuts; there is also a large *tophus* in the region of the left frontal protuberance, about the size of a split walnut, but rather flatter. ℞ *Merc. cor.* ʒ. ʒ, one pilule every four hours.

25th.—No better. Pergat.

May 6th.—No better. ℞ *Acidum nitricum* ʒ. ʒ, one drop every four hours.

9th.—No better; the pains at night are unbearable. Pergat.

16th.—No better. ℞ *Aurum muriaticum* ʒ. ʒ, one pilule every four hours.

23rd.—No better. Pergat.

30th.—No better. Pergat.

June 6th.—Seems a little better. Pergat.

13th.—Better. Pergat.

20th.—Better. Pergat.

29th.—The three hyperostoses on the hairy scalp have almost disappeared; the large *tophus* on the forehead is much smaller, but it does not appear to be decreasing so rapidly as it was. ℞ *Aurum met.* ʒ. ʒ, one pilule every four hours.

July 6th.—Pergat.

13th.—The frontal *tophus* is increasing; the pains in the bones of the skull continue very bad; they are worse after sleep, whether by day or by night, but they never leave him entirely. His head is much less sore than it was, so that he can bear the pressure of his hat. ℞ *Aurum mur.* ʒ. ʒ.

20th.—Continues to improve. His head is much smaller, so that his hat fits him again. Pergat.

27th.—Still improving; the frontal *tophus* very much smaller; those on scalp entirely gone. Pergat.

August 3rd.—The frontal *tophus* has entirely disappeared; the pains in the skull and long bones still continue, but they are not so bad; he feels very much better in himself; his appearance is not nearly so cachectic. He continues under treatment; but this will be of but little interest.

The chief interest of the case to my mind lies in the effect of the gold on the hyperostoses of the cranial bones; for we have



here a pathological basis, and we are not treating mere symptoms. Moreover the 3<sup>x</sup> dilution must commend itself to the weak in faith quoad the dilution, yet the one thousandth part of a grain or drop can hardly be deemed an allopathic dose by reasonable men. Let us therefore admit that our patient's hyperostoses were syphilitic, that they were cured with the aid of *Muriate of Gold*, and that the dose was sufficiently small to be a homœopathic one.

But is Gold homœopathic to this manifestation of syphilis? Or, indeed, is Gold homœopathic to syphilis at all? A short inquiry into this point may be profitable.

The most ready reasoning would be to compare its action to that of Mercury, their remarkable similarity being admitted. Thus, Mercury is homœopathic to syphilis; Gold acts like Mercury; therefore, Gold is homœopathic to syphilis.

*Headache* is a very prominent symptom in the pathogenesis of Aurum.

*"Boring in the different parts of the cranial bones."*

*"The bones of the head pained him on lying down."*

*"Boring in left side of frontal bone."*

It is therefore quite evident that Aurum has an undoubted action on the bones of the head. That syphilis has likewise an undoubted action on the cranial bones will not be readily gainsaid after one visit to a pathological museum with only a side glance at the syphilitic craniological department.

But symptom 79 in *Hahnemann's Pathogenesis of Aurum foliatum* is very weighty, viz. *"Small, bony tumour on the upper part of the left side of the forehead."* In the original it stands, *"Kleine Knochen-beule, links oben an der Stirn."*

Then, again, Hahnemann's 80th symptom, *"Small, bony tumour on the right side of the vertex, with boring pain, that grows worse when the tumour is touched."* My patient's bony tumours were also more painful when touched, so tender, indeed, that he could not bear the pressure of his hat.

In fine, Gold produces hyperostoses of the cranial bones, and Gold cures hyperostoses of the same bones.

## MISCELLANEOUS.

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*Hahnemann Publishing Society.*

THE following circular has just been issued by this Society :

This Society has been established in England on the model of the *Sydenham Society* ; that is, it is composed of members who pay a guinea subscription, and for this they receive a guinea's worth of books or other printed matter at about cost price.

Its objects are:—The publication of English, and the translation of foreign, well-arranged practical homœopathic works, which, though essential to the English homœopathic practitioner, are expensive to print and of so limited a sale as to deter publishers from bringing them out at their own risk. See *Monthly Homœopathic Review*, viii, 458.

In the old school, where the workers are numerous, a sufficient number of works are presented to the Society to enable it to supply a guinea's worth each year, and the subscription is annual ; but in the new school, where the workers are (at least in England) necessarily few, a sufficient number of works are not presented annually, hence the subscription is not *annual* but *occasional* ; that is, a fresh subscription is called for only after the previous one has been exhausted, by the member having been supplied with a guinea's worth of books at about cost price. This must, of course, occur more or less frequently, according to the amount of matter presented to the Society for publication or translation. The number of members in the *Sydenham Society* enables it to pay for the work done for it ; and with a slightly increased number of members the *Hahnemann Publishing Society* will be able to do the same ; even now it is prepared to make small grants to meet certain expenses of workers.

The *first* and most important work for a homœopathic practi-

tioner to possess being a PURE MATERIA MEDICA, the Society first addressed itself to this object. Now, the essentials of a *pure* materia medica are that it shall be a record of the pure effects of the drug; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connections of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug. These essentials have been carefully kept in view in the preparation of the materia medica being issued by the Society—*The Hahnemann Materia Medica*; and it will be found that they have been strictly carried out with the five medicines already presented to the members; the groups of the symptoms have not been chopped up and dismembered as in other Homœopathic Materia Medicas, but given whole and entire as they occurred. This is, however, *the only materia medica in which this plan has been followed*. See “‘Introduction’ to *Hahnemann Materia Medica*.”

As it is necessary not only to have a general idea of the morbid state producible by drugs, but to be able to adapt the particular symptoms producible by drugs to the particular symptoms presented by patients,

The *second* most important work for the homœopathic practitioner to possess is a COMPLETE AND HANDY REPERTORY, or index to these symptoms in the *Materia Medica Pura*; the Society therefore next addressed itself to this object. Now, the essentials of a complete and handy repertory are, that its arrangement shall be such that any symptom may be quickly found; and when, and wherever, found, the symptom shall be complete, with all its essential connections, and with all its conditions and concomitants, and its locality, distinctly and fully given, and yet the book itself be of such a size as to be easily handled. These essentials have been carefully kept in view in the preparation of the Repertory being issued by the Society—*The British Repertory*—and it will be found that they have been strictly carried out in the fifteen chapters already presented to the members. It may be said, it is impossible to give every symptom in the materia medica under all the separate headings of all its parts, of all its conditions, all its concomitants, all its connections, and all its localities, and yet “the book itself be of such a size as to be easily handled.” True, it had previously

been found to be impossible ; but this difficulty has been overcome in the *British Repertory*, and this has been done without interfering with the general usefulness or easy reference ; it has been accomplished by printing in the ordinary type only the word looked for, and filling in all the other parts of the symptom in cypher : by this means the word looked for is found as in other repertories, but each time the *whole* symptom is filled in by cyphers, so as to be given in full each time, but to occupy only little space. Thus, if a *pain* be looked for it will be found in full in ordinary type, but the condition, the concomitant, and the locality are given in cypher ; if the *condition* be looked for it will be found printed in full as usual, but the pain, the concomitant, and the locality are given in cypher ; if the *concomitant* be looked for it will be found printed as in other repertories, but the pain, the condition, and the locality are given in cypher ; and so if the *locality* be looked for it will be found printed in full, but the pain with its conditions and concomitants are given in cypher : hence each time any part of any symptom is looked up, the *whole symptom*, with all its natural connections, is presented to the eye of the practitioner in a very small space. And *this is the only repertory in which this is the case*. Speaking of this repertory, Dr. Constantine Hering says :—" A number of real, *i. e.*, *well-educated physicians*, have performed the laborious task, with the evident intention of giving the homœopathic practitioners a better work than any former, even in the German literature, and in a more concise form a repertory, which is more complete than any other. . . . This repertory might be the turning-point in the course of our art in England and here, and prevent the rapid 'going down' which has become apparent of late years."—*American Homœopathic Review*, 1858-9 ; vol. i, p. 518.

Now, besides the indications for the use of drugs presented in their pure effects on the body and mind, there are an immense number of very useful indications derived from the *usus in morbis* ; and though these "clinical indications" should be carefully excluded from the materia medica, and the repertory thereto, they should not be neglected. The Society has, therefore, addressed itself to the collecting and arranging of these in repertorial form, in the THERAPEUTIC PART of the *British Repertory*. The British Homœopathic Society has given a grant of

£100 towards the expenses of this work. For the plan and illustrations of this work, see *British Journal of Homœopathy*, xxxi (1878), p. 385; and *Monthly Homœopathic Review* (1870), xiv, p. 468; (1871) xv, pp. 89, 321, 651; (1873) xvii, pp. 524, 684, 720; see also *British Journal of Homœopathy*, xxix, p. 140.

The benefits of forming a Society of this kind are, that a fund is provided to meet the expenses of publication, the works are published as economically as possible, and they are supplied to the members without trouble to them, and at about cost price: thus, books sold to non-members at 18s. are sold to members at from 9s. to 15s.; those sold at 7s. for 5s. 6d.; those at 4s. for 2s. 6d., and so on. It is earnestly hoped, therefore, that every homœopathic practitioner will join the Society, because, to carry out its objects, and fully reap the advantages it offers, and to enable it to pay for the work done for it, it is necessary that the number of its members should be large. There are in Great Britain over 300 professed homœopathic practitioners, and yet only 88 are members of this Society; though to every one of them its works are absolutely essential to accuracy of practice! If those who are not members have purchased its publications they have each paid for them about 17s. more than they would have done had they been members, besides having withheld from the Society the assistance of their countenance and support; and they have so far retarded the progress of our noble cause. All that is necessary to constitute membership is to send the name and address and a guinea to the secretary, Dr. JOHN W. HAYWARD, 117, Grove Street, Liverpool (if P. O. O., made payable at Myrtle Street), and he will forward the books as they are published. Let it, however, be remembered that it is not only members that are wanting, but it is *workmen*; indeed, the funds are in excess of the demands for them; it is workers that are wanted; and it is earnestly hoped that not only will members suggest works for the Society to publish or translate, but that they will themselves also assist in completing the *Materia Medica*, the *Repertory*, and the *Therapeutics*' work of the Society. The work offers choice calculated to meet the tastes of all:—There is *materia medica* work, which will suit those who have a taste for the real groundwork and science of homœopathy; there is *repertory* work which will suit those who delight in truly symptomatic treatment; and there is the *clinical*

work which, as well as suiting those who delight in keynotes, will also offer an opportunity to the older practitioners, whose long experience has taught them many very valuable clinical indications.

These three spheres of works are confided to three committees:—I. The “Materia Medica Committee,” of which Dr. Dudgeon is convener. II. The “Repertory Committee,” of which Dr. Dudgeon is convener. III. The “Therapeutic Committee,” of which Dr. Pope is convener. And all work presented to the Society is finally submitted to IV, the “Printing and Publishing Committee,” composed of the president, vice-president, and the treasurer and secretary.

The works already (1876) published by the Society are :

1. The *Hahnemann Materia Medica*, containing:—*Kali bichromicum*, by Dr. Drysdale ; *Aconitum*, by Dr. Dudgeon ; *Arsenicum*, by Dr. Black ; *Uranium nitricum*, by Dr. E. T. Blake ; and *Belladonna*, by Dr. R. Hughes.
- II. The “BRITISH REPERTORY,” containing:—Chaps. i, “Disposition ;” ii, “Mind ;” iii, “Head ;” iv, “Eyes ;” v, “Ears,” by Dr. Dudgeon ; vi, “Nose and Smell ;” vii, “Face and Neck ;” viii, “Teeth and Gums ;” ix, “Mouth and Tongue ;” x, “Throat ;” xi, “Appetite, Taste, and Digestion ;” xii, “Acidity, Nausea, and Vomiting ;” xiii, “Stomach,” by Drs. Drysdale and Stokes ; xiv, “Abdomen,” by Drs. Drysdale, Stokes, and Hayward ; xv, “Stools and Anus,” by Dr. H. Nankivell.
- III. The “THERAPEUTIC PART,” specimen chapters:—“Bronchitis,” by Dr. R. Hughes ; “Jaundice,” by Dr. J. Gibbs Blake ; “Acute Rheumatism,” by Drs. Drysdale and Blake ; “Obesity,” by Dr. Ker ; and “Morbid Growths,” by Dr. Black.

The work now in hand is *Materia Medica*:—*Natrum muriaticum*, by Dr. Galloway ; *Naja tripudians*, by Dr. Pyburn ; *Crotalus*, by Dr. Hayward ; *Phosphorus*, by Dr. Burnett ; *Iodine*, by Dr. R. Hughes ; *Mercurius*, by Dr. Hawkes ; *Conium*, by Dr. D. Dyce Brown ; *Nux vomica*, by Dr. Charles Jones, of Albany, U.S.A. ; *Actæa* and *Æsculus*, by Dr. H. M. Paine, of Albany ; *Pulsatilla*, by Dr. Woodward, of Chicago ; *Colocynth*,

by Dr. Nichol, of Montreal, Canada; and *Sepia*, by Dr. Gale, of Quebec. **REPERTORY**:—Supplement to Chapters I, II, III, by Dr. Dudgeon. **Chaps.**—Female Genitals, by Drs. Drysdale and Stokes; Male Genitals, by Dr. A. C. Clifton; Urinary Organs, by Dr. Simpson; and Skin, by Dr. J. Blackley.

As work urgently wanting doing the following may be named: *Materia Medica*—*Agaricus, Aloe, Ammonium carbonicum, Antimonium carbonicum, Antimonium tartaricum, Argentum nitricum, Arnica montana, Berberis, Bromium, Bryonia, Cantharis, Chelidonium, China, Clematis, Coccus, Colchicum, Cuprum, Cyclamen, Digitalis, Gentiana cruciata, Graphites, Hyoscyamus, Ipecacuanha, Juglans, Kali nitricum, Mezereum, Opium, Plumbum, Rhus, Sulphur, Thuja, Tilia, and Zincum.* All these are powerful and well-proved medicines, and their present lists of symptoms, arranged on the plan of the Hahnemann *Materia Medica*, would bring them into the place in practice they richly deserve. **REPERTORY**.—Chapters: Chest, Heart and Lungs, Back, Upper and Lower Extremities, Sleep, and Fever. **THERAPEUTIC PART.**—Any of the diseases, or classes of the disease, named in the Registrar-General's Nosological Tables.

It will be seen that there is a wide range of work, and that every homœopathic practitioner of any ability may find something to do to help on the art by which he lives and by which he wishes to build up a name and fame. We say to all—old and young, English, American, German, and French, and, indeed, to every homœopathic practitioner in the world—to every one who lives by homœopathy or loves our noble science—to all, we say, Help us. To each one we say, Will *you* undertake to collect and arrange the symptoms of one of the well-proved drugs? If you will, write to that effect to the Convener of the *Materia Medica* Committee, Dr. DUDGON, 53, Montagu Square, London. Will *you* undertake one of the remaining chapters of the Repertory? If you will, write to that effect to the Convener of the Repertory Committee, Dr. DRYSDALE, 36A, Rodney Street, Liverpool. Will *you* undertake to collect and arrange the clinical, non-pathogenetic, indications for the treatment of any particular disease? If you will, write to that effect to the Convener of the Therapeutic Committee, Dr. A. C. POPE, 2, Finsbury Circus, London. The Society is not limited, however, to these three spheres of labour,

but is prepared to publish other original or translated work approved of by the Printing and Publishing Committee.

*Note to our American colleagues.*—To you we earnestly appeal. To you we say,—Join us, help us. The Society's work is not British, it is homœopathic, and intended to meet the necessities of homœopathic practitioners all over the world; and its completion will do much towards perfecting our noble art, and rendering it capable of being practised with accuracy and certainty. The work requires *your* help. America has many young, energetic, enthusiastic, and capable practitioners and students well suited to the work, and the work offers choice to all. Send your name and subscription, about \$5 75c., to the Secretary, and mention the work you will undertake.

Signed, on behalf of the Society,

RICHARD HUGHES, L.R.C.P., *President.*

HERBERT NANKIVELL, M.D., *Vice-President,* and

JOHN W. HAYWARD, M.D., *Treasurer and Secretary.*

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*A Preface to a Preface. A Reply to the Review of the new Translation of the 'Organon,'\* by C. Wesselhoeft, M.D.*

WHEN an author sees his production in print, he generally observes blemishes which to undo or repair he would gladly sacrifice much. This is my sentiment in regard to the *Organon*. Were it a book of less consequence, the following remarks would be superfluous. One who criticises errors in others' writings should expect to have his own works closely examined, and confidently expect that flaws will be found and exhibited to those whose notice they might otherwise have escaped. This is as it should be. The best course for any criticised author to take, is fearlessly to acknowledge his shortcomings, and this I mean to do at the outset, in order more effectually to disarm criticism where it appears ill-adapted to the case.

\* See July number of the *Brit. Journ. of Hom.*, p. 560. [This paper was forwarded to the *Month. Hom. Rev.*, whose Editors think it would more fittingly appear in our columns, in which opinion we quite concur.—Eds.]



If any one thinks he sees in my retranslation of the *Organon* the assumption of a task in the progress of which I did not fully measure my ability with the importance of the undertaking, he is excusable; for he could not know the misgivings and doubting, the beginning and hesitating for years at the threshold, for fear of doing indifferently what others might perhaps do so much better. Readers must therefore be told now that the retranslation was not of my seeking. It was a task urged upon me which I resisted for a long time, and finally only acceded to it when assured of the necessity. The book was out of print and much needed. How much it was needed became apparent when a class of a hundred students were expected to be familiar with the book and could not obtain it. It was then that I grew bold enough to agree to finish the task.

Now for the confession of my errors. I plead guilty to having used the adjective "instinctive" instead of the adverb instinctively. In reading and re-reading the very frequent expression "instinctive vital force," that adjective inadvertently took the wrong place, and was overlooked in proof-reading.

Furthermore, I admit a deviation from the original in regard to two words in the last clause of § 202 which reads at present: "a case of this kind is then incorrectly defined in popular phrase by saying that the topical medicine had driven the whole disease back into the system, upon the nerves." This sentence is to be corrected by substituting the word *local*, instead of "whole," and by inserting *or* between "system" and "upon."

Fortunately none of the above errors obscured the meaning of the paragraphs which contained them. I have discovered other errors, clerical and typographical (five besides the above two), which in a future edition, already much needed, will all be carefully corrected.

As for the other points to which my reviewer takes exception, I must decidedly express my opinion to the contrary, and show cause why.

The *examples of homœopathic cures* were omitted because I neither wished to take from nor to add anything to the fifth edition, endeavouring to adhere closely to the original. Besides examples of homœopathic cures by the old school were few at Hahnemann's time; since then they would, if collected, fill many volumes.

The title of the book was a point of solicitude. Here too, I preferred to adhere to the original. If Hahnemann had intended to say "Medicine" instead of "Art of Healing" he would have done so, for the German affords the same term as the English language. Medicine is an ambiguous term. At Hahnemann's time it referred more directly to the use of drugs, or medicine proper, than it does now; nevertheless, he did not choose the term "medicine." It had already begun to mean a good many other things, anatomy, physiology, surgery, midwifery, &c. Today "medicine" has in the old school almost no bearing on what it suggests, but refers to a host of surgical specialties or crude empirical methods of applying unknown medicines. Hahnemann's fine sense of linguistic propriety prompted the exclusion of such categories; he therefore fell back on fundamental principles, the object of medicine, that is, *healing* by means of medicine proper and the principles governing it. Hence *Organon of the Art of Healing* was retained as the most appropriate and less ambiguous title, and most literal version of *Organon der Heilkunst*.

I can nowhere find that Hahnemann called this book the *Organon of Medicine*, as stated by my reviewer.

*Footnotes*, when not too long or numerous, should be placed at the foot of the page as insisted on by the reviewer; but when they are almost as voluminous as the text, often occupying many pages, when the text is contained in a single line, they had better stand by themselves. I may add that this was no autocratic act of mine, but the result of suggestions from the publishers and Dr. Hering, who himself pointed to *Humboldt's Cosmos* and other works as examples worthy of being followed in this regard.

It is extremely flattering to a German to be credited with elegance of construction; but it would be painful to any translator to have been found guilty of sacrificing to style the precise meaning of the author. The seven errors already alluded to are so far as discoverable the only inaccuracies. They have only in one instance, *unnoticed* by the reviewer, inadvertently misstated the meaning of the author. The others fortunately do not disturb the sense, and have already been discussed.

A literal mode of translation never suffices to give the exact meaning of an author, especially if that author is Hahnemann. At first my translation was literal, but it satisfied neither myself

nor others. Like Dr. Dudgeon's, it was full of Germanisms, which, though less objectionable to those quite familiar with German, are wholly unintelligible to those who are not. Dr. Dudgeon's is a masterpiece of literal translation; I can understand it perfectly, but the greater portion of English-speaking students find it too difficult.

It is said that I have *quite missed the meaning* of the last clause of § 90 by overlooking the word "hievon." That assertion looks so serious that I repeat the whole paragraph:—"After having taken notes of the patient's statement, the physician should proceed to make a memorandum of what he has himself observed upon the patient, and inquire as to the peculiarities of the patient in times of health." In literal accordance with the words of the text, the last lines of the paragraph should read: "and inquire which of these (hievon) peculiarities (*i. e.* symptoms) were observable in times of health."

If Hahnemann referred entirely to the observation of morbid signs (see footnote 78), it is puzzling to know what morbid signs or symptoms a person could have in health. A healthy person may have certain peculiarities, however, which Hahnemann wished to have considered in connection with the morbid signs found in sickness, that is all. The sentence, therefore, as rendered by me, though not literal as to words, is quite simple, intelligible, and perfectly faithful to Hahnemann's *precise* meaning.

Another great error! In § 187 Hahnemann says, "*bloss oder fast bloss,*" which means "exclusively or almost exclusively," as my reviewer correctly observes. But as a thing cannot be exclusive and almost exclusive at the same time, I ventured to conclude that it was either one or the other, and that in all probability "external affections dependent on internal causes were, according to ancient custom, treated *almost exclusively* by surgical means." It is thus that translation *of the meaning* into another language brings to light little incongruities of authors.

Any one reading this review without comparing the original must think the translator to be a most untrustworthy individual. Let me implore the reader to make the comparison, and he will agree with me, and smile at the fastidiousness of my reviewer.

I am said by my reviewer to have *asserted that mine is a perfectly correct translation.* If the generous reader to whom I

appealed in my preface, and to whom I appeal again in my distress, will do me the favour to refer to page viii of the preface, he will see that I only *endeavoured* to do my best.

The chapters on *mesmerism* were *not omitted*, or relegated, as stated by my reviewer. They were placed by themselves in a separate section, on which account I am said to have "relegated" them to an appendix. This section was translated carefully and conscientiously along with its footnotes. Far from being banished or suppressed as might be inferred from the review, this subject was made more prominent than in the original. Few readers of the *Organon* even knew of the existence of such an ending to the *Organon*. Every intelligent physician should be able from personal observation to give his entire assent to Hahnemann's statement concerning mesmerism; he confines himself strictly to the limits of commonly observed facts, there is nothing mysterious in it. But the subject has no bearing upon homœopathy, which foolish people often seek to affiliate with mesmerism; and as this in its turn is associated in the minds of the superstitious million with spiritualism, and this with legerdemain, there is danger of seeing the art of healing become associated with epidemic superstitions which flourish in all countries.

Therefore, instead of allowing a few remarks on mesmerism to remain as a sort of conclusion to the reasoning of the *Organon*, I thought it best to bring them to light openly and squarely, and to make them prominent by a *distinct heading* referred to in the Index, so that all could see them; but, at the same time, to declare my personal conviction that they have no bearing on the art of healing under the rule of *similars*.

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*British Homœopathic Congress.*

THE Congress of this year was held at the ancient city of Bristol, on September 21st, under the presidency of Dr. Hayle, of Rochdale. In point of attendance, it was one of the most successful gatherings we have had, nearly sixty medical men being present.

The proceedings opened at 10 o'clock with an address from the President, on "The Medical World; its parties, its opinions, and

their tendencies." This essay will well bear comparison with those which have previously been delivered from the chair of the Congress; it was full of subtle thought and graceful expression. After hearing and acknowledging it, the Congress proceeded to business. It elected its office-bearers and place of meeting for next year (Liverpool being the spot, and Dr. Pope the president); it received the report of the Hahnemann Publishing Society, which was of a favourable character; and then Dr. Bayes rose to elicit its judgment on the proposed School of Homœopathy for London. An unexpected display was made of objection to the identification of the School with the London Homœopathic Hospital, mainly on the ground of the too close connexion of that institution with the British Homœopathic Society. It was finally decided, however, to omit all expression of opinion on the question one way or the other; and a resolution "That a School of Homœopathy shall be formed in London" was unanimously accepted. The details of the government and working of the proposed School were discussed, but it was resolved to leave them in the hands of a Committee to be elected by the subscribers to the School funds, which, we may mention, have already reached a considerable amount.

Next, on the motion of Dr. Hughes, the Congress invited the World's Homœopathic Convention of 1881 to meet in London, and appointed a Committee to confer on the subject with that appointed at the meeting in Philadelphia.

Luncheon time having now arrived, the members adjourned by invitation) to take that meal at the house of Dr. Eubulus Williams, who entertained them right royally.

On re-assembling at 2.30, the Congress took into consideration certain resolutions brought forward by Dr. Hughes with the object of developing a closer organization of British homœopaths, and giving them more frequent opportunities of meeting one with another. It appeared from the discussion, however, that there was neither ripeness nor wish for organization, and that those present at least were content with the opportunities of meeting which they now enjoy, so the resolutions were withdrawn—to be again brought forward, we trust, at no very distant date. The ever-green Dr. Sharp then read a paper containing some further experiments and remarks in reference to what he calls "antipraxys"—that is, the (supposed) opposite

action of large and small doses. The new medicines tried with this thought in view were *Castor oil*, *Matricaria Chamomilla*, and *Myrica cerifera*. An interesting proving of the first trituration of *Castor oil* on a healthy man was related, in which it caused constipation. But a caution as to single experiments was afforded by the paper next read by Dr. Nicholson of Clifton. The author had repeated Dr. Sharp's provings of *Aconite* in various doses, but had failed to obtain the same results. Other objections to Dr. Sharp's "antipraxy" as explanatory of homœopathic action were made by Drs. Drysdale and Hughes; and Dr. Nicholson's experiments (which were made with the aid of sphygmograph and thermometer) were warmly commended.

This ended the work of the Congress; and its proceedings terminated with the usual dinner, where all went merry as a marriage bell.

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## OBITUARY.

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### DR. FRANZ HAUSMANN.

ON the 22nd June, Dr. F. Hausmann, Professor of Homœopathy in the Buda-Pesth University, died of blood poisoning incurred when dissecting. Dr. Hausmann was the President elect of the German Homœopathic Congress of this year, and was well known by his numerous writings and his able physiological researches. He fell a martyr to his zeal for science.

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### DR. JOHN RYAN.

ON the 7th August Dr. Ryan, who has so long been one of the editors of the *Monthly Homœopathic Review*, died in London, at the age of 66. An interesting biography of our lamented colleague will be found in the September number of the Journal he conducted so long and so ably.

## BOOKS RECEIVED.

*Ziemssen's Cyclopædia of the Practice of Medicine.* Vol. XI.  
'Diseases of the Peripheral Cerebro-spinal Nerves.'

*Practical Notes on the New American and other Remedies.*  
By R. TUTHILL MASSY, M.D. Third Edition. London: Gould,  
1876.

*On some of the Diseases of Women; their Pathology and  
Homœopathic Treatment.* By DR. DUNCAN MATHESON. Lon-  
don: Leath and Ross, 1876.

*Essentials of Diet; or, Hints on Food in Health and Disease.*  
By the late E. H. BUDDOCK, M.D. London: The Hahnemann  
Publishing Company, 1876.

*Effects of Inspiration, as relating to various Diseases of the  
Lungs and their Treatment, particularly Consumption.* By LOGAN  
RUSSELL. London, 1876.

*Diseases of the Hip, Knee, and Ankle-joints, with their Defor-  
mities, treated by a New and Efficient Method (enforced, uninter-  
rupted, and prolonged rest).* By HUGH OWEN THOMAS, M.R.C.S.  
Liverpool: T. Dobb & Co., 1876.

*Datta's Homœopathic Series.*

*La Revolution Médicale.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*The American Journal of Homœopathic Materia Medica.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*The Homœopathic Times.*

*Allgemeine homöopathische Zeitung.*

## INDEX TO VOL. XXXIV.

---

- Acne, kal. bromid.* in, 335  
*Aconite*, allopathic discovery of anti-febrile powers of, 182; —, in sleeplessness, 164; —, in prostatitis, 371  
 Address at World's Homœopathic Convention, by Dr. CARROLL DUNHAM, 577  
 Address at Annual Assembly of British Homœopathic Society, by Dr. DUDGON, 660  
 Ague, treatment of, 161  
*Ailanthus* in scarlatina, 156  
 Albuminuria, *hepar* in, 156; —, *bry.* in, 726  
 ALLEN's *Encyclopædia of Pure Materia Medica*, 301  
*Ammonia, carbazotata* of, in chronic headache, 386  
*Amyl nitrite* in sea sickness, 357  
*Apis* in dropsy, 701  
*Araucarium tela*, in intermittents, 367  
*Argentum nitricum*, Dr. COOPER on, 174; —, in nervous affections, 347; —, in ophthalmia neonatorum, 383; —, in gastric ulcer, 485  
*Arsnica* in ague, 719; —, in boils and lichen, 360; —, in wounds, 731; —, in asthma from fatty heart, 733  
*Arsenic* and its compounds, by Dr. BERRIDGE, *App.*, 193  
*Arsenic* in ague, 718; —, in dropsy, 701; —, in phlebitis, 164; —, in hydrocele, 332; —, in paralysis of bladder, 161; —, in scaly skin diseases, J. G. BLACKLEY on, 508  
 Asthma, *carb. v.* in, 161, 719; —, *silica* in, 161, 719; —, *china. ars.* in, 167; *arsnica* in, 735  
 Atomistic method of Burggræve, 338  
*Atropin* in neuralgia, 167  
 Auditory nerve, hyperæsthesia of, *mus v.* in, 164  
*Aurum* in syphilitic hyperostoses, 742; —, in dropsy, 701  
*Baptisia*, fatidity an indication for it in typhoid, 334  
 Baths and waters, BRAUN on, 548  
 BAYES, Dr., introductory lecture by, 77; —, letter about the London Homœopathic Hospital from, 190; —, on the differential symptomatology of *naja* and *crotalus* poisons, 204; —, letter on the School of Homœopathy, 397  
 Belgium, discussion on homœopathy in, 338  
 BERRIDGE, Dr., letter from, 188; —, pathogenetic record by, *App.*, 193; —, estimate of British homœopathy by, 373  
 BLACKLEY, Dr. J. G., on *arsenic* in scaly skin diseases, 508; apparatus for determining amount of urea, 518  
 Bladder, *castâ.* in disease of, 155; —, paralysis of, *ars.* in, 161  
 BLAKE, Dr. E., on lung rest and lung exercise, 650  
 Boils in meatus, *picric acid* in, 357  
*Bombis mori* in gonorrhœa, 169  
 Bones, inflammation of, *symphytum* in, 378  
 Boston University School of Medicine, 345  
 BRAUN on baths and waters, 548  
 Bronchocela, cases of, 406-12  
 BROWN, Dr. DYCE, on pelvic hæmatocele, 99; —, homœopathy in the light of common sense, by, 119  
 BRUNTON and FAYRE on *naja* and *crotalus* poisons, 217  
 BRYCE, Dr. W., on *hepar sulphuris*, 489  
*Bryonia* in albuminuria, 726; —, in gastralgia, 725  
 BURNETT, Dr., on the homœopathic treatment of insanity, 470; —, syphilitic hyperostoses cured by *aurum*, 742



- Cactus* in œdematous wrists, 483; —, characteristic indication for, 690  
*Cainca* in dropsy, 705  
*Cajeput oil*, proving of, 360  
*Calcareo carbonica*, in sleeplessness after gastric fever, 136; —, in ganglion, 150; in stroma, goitre, and scrofula, 401; —, in epilepsy, 416  
 Calcareous preparations, IMBRET-GOURENNE on, 401  
*Camphor* in dropsy, 709  
*Cantharis* in croup, 154; —, in disease of bladder, 165; —, in dropsy, 706  
*Carb. a.* in glandular swellings, 735  
*Carb. veg.* in asthma, 161, 719  
 Caries, *calc. phos.* and *sil.* in, 692  
 Cellulitis, *merc.* and *sil.* in, 164  
 Cephalalgia periostitica, *mez.* in, 162  
*Chamomilla* in headache, 723  
 Chancres, phagedœnic, case of, 716  
 Charities, HARRIS on the organization of our medical, 314  
*Chelidon.* in diarrhoea, 736  
 Clinical therapeutics, 627  
 Chicago, Hahnemann College of, 344  
*China* in neuralgia, 167; —, in gastralgia, 725  
*Chin. ars.* in asthma, 167  
 Chondroma, *sil.* in, 733  
 Chorea, cases of, treated by *verat. vir.*, 273, 276  
 Choroiditis serosa, *gelsemin.* in, 354  
 Cincinnati, Pulte College of, 346  
 Cleveland Homœopathic Hospital College, 346  
 CLIFTON, Dr. G., on *sulphate of zinc* in nervous headaches, 108  
*Coca* in fatigue, 163  
*Coffea* in marasmus infantum, 367  
*Colechio.* in dropsy, 706; —, in strangury, 161  
 Colic, periodical, *coloc.* in, 166  
 Colleges, Homœopathic, in United States, 343  
*Colocynth* in periodical colic, 166  
 Common sense, homœopathy in the light of, by Dr. D. BROWN, 119  
 Congress, British Homœopathic, 178, 755  
*Conium*, physiological effects of, 18; —, vertigo and amaurosis caused by, 18; —, analysis of symptoms caused by, 27; —, therapeutic effects of, 37; effects on genital organs of, 37; effects on breasts of, 46; —, conclusions respecting, 50; —, in recent gonorrhœa, 169  
 Convention, World's Homœopathic, 1  
 COOPER, Dr., on *arg. nitr.*, 174; —, on the action of *veratrum viride*, 272; —, clinical lectures by, 482  
 Cosmetics, poisonous, ROSENTHAL on, 623  
 Cough, *kal. dich.* in, 725  
*Crotalus* and *naja* poisons, Dr. BAYES on, 204; —, BRUNTON and FAYRE on, 217  
 Croup, *canth.* in, 154  
*Cundurango* in stomach affections, 347  
*Cyanuret of mercury* in diphtheria, 147, 169, 687, 699  
*Cyclamen* in enteralgia, 172  
*Cyclopædia of Practice of Medicine*, ZIMMSEN'S, 302, 679  
 DADREA'S *Compendio di Materia Medica Pura*, 678  
 Delirium tremens, *stram.* in, 151, 735; —, *macrotis* in, 693  
 Detroit Homœopathic College, 346  
 Diabetes mellitus, by Dr. MAGDEBURG, 67; —, improved by *arsenicum*, 70, 72; —, *phos. ac.* in, 354  
 Diarrhoea, *ferrum* in, 150; —, *sulph.* in, 161; —, *merc.* in, 735; —, *sulph.* in, 736; —, *chel.* in, 736  
 Diet, RUDDOCK on, 686  
*Digitalis* in dropsy, 707  
 Diphtheria, *nitric acid* in, 127; —, *cyanuret of mercury* in, 147, 169, 687, 699; —, *sulph. ac.* in, 152; —, *carbolic acid* in, 159; —, *kal. phos.* and *nat. mur.* in, 159; —, *salicylic acid* in, 166, 170; —, *iod.*, *apis*, *brôm.*, in, 170; —, *kali permanganicum* in, 386; —, Dr. LEADAM on a case of, 739  
 Dose, KUCZINSKY'S rule for the, 160; —, SOHNKEDER on the size of the, 432  
 Dropsy, GOULLON on homœopathic treatment of, 701; —, *apis* in, 701; —, *ars.* in, 702; —, *aurum* in, 704; —, *cainca* in, 705; —, *canth.* in, 706; —, *kal. carb.* in, 706; —, *colch.* in, 706; —, *dig.* in, 707; —, *ferr.* in, 707; —, *graph.* in, 708; —, *hell.* in, 708; —, *camp.* in, 709; —, *lyc.* in, 710; —, *pruss.* in, 712; —, *rhus* in, 713; —, *ol. ter.* in, 713; —, *cor.* in, 713  
 DRUBY, Dr., on the *Homœopathic Pharmacopœia*, 398  
 DUDGEON, Dr., physician or homœopath? by, 243; —, address by, 660  
 DUNHAM, Dr. CARROLL, address by, 577

- Ear, therapeutics of diseases of, by GOULLON, 444'
- Ear, diseases of, *acon.* in, 447; —, *ambra* in, 448; —, *arnica* in, 448; —, *asarum* in, 451; —, *aurum* in, 452; —, *bell.* in, 452; —, *borax* in, 455; —, *calc. carb.* in, 456; —, *caust.* in, 460; —, *chel.* in, 462; —, *coff.* in, 462; —, *croton* in, 466; —, *elops* in, 466; —, *ferrum* in, 593; —, *graphites* in, 596; —, *hepar* in, 599; —, *iodine* in, 601; —, *kali carb.* in, 603; —, *lycop.* in, 605; —, *mangan.* in, 608; —, *merc. sol.* in, 610; —, *mexer.* in, 614; —, *nit. ac.* in, 616; —, *nux vom.* in, 617; —, *petrol.* in, 621
- ELB, Dr., death of, 155
- Encyclopadia of Pure Materia Medica, ALLEN'S, 301
- Enteralgia, *cyclamen* in, 172
- Enuresis, *equiv. hyem.* in, 392
- Epilepsy, *calc.* in, 416
- Epistaxis, *ac. sulph.* in, 726
- EPFS, Dr. R., on ovarian dropsy and ascites, 120
- Equisetum hyemale* in enuresis, 392
- Eucalyptus* in vascular tumour of female urethra, 376
- Euphorbium* in bloody gonorrhœa, 169
- Euphrasia* in paralysis of third nerve, 377
- Eupion*, proving of, by Dr. WAHLE, 136; —, therapeutical uses of, 347
- FAYRE and BRUNTON on *naja* and *crotalus* poisons, 217
- Ferrum* in diarrhœa, 150; —, in dropsy, 707
- Ferr. phos.* in pneumonia, 165
- Fever, intermittent, *codweb* in, 367; —, *quinine* in, 388; —, *nat. mur.* in, 391, 725; —, *ars.* in, 718; —, *arsica* in, 719; —, treatment of, 161
- Fever, typhoid, Mr. KINGDON on, 285; —, case of, 726
- Fissure of anus, *sedum acre* in, 333
- Fistulas, *sil.* in, 738
- Ganglion of wrist cured by *calc. carb.*, 150
- Gastralgia, *dry.* in, 725; —, *ver.* in, 725; —, *chin.* in, 725
- Gelsemium* in choroiditis serosa, 354
- Geranium* in sick headache, 372
- Glanderine* in osæna, 372
- Glandular swellings, *carb. ars.* in, 735
- Glaucoma, *phos.* in, 167
- Goitre, *calcareo* in, 401, 406-12
- Gonorrhœa, remedies for, 168
- GOULLON on the therapeutics of diseases of the ear, 444
- GOURBEYRE, IMBERT, on the death of Socrates, 18; —, on calcareous preparations, 401
- Graphites* in dropsy, 708
- GRANVOGL on incontrovertible proofs of homœopathy, 730
- Gynæcology, homœopathy in, Dr. SKINNER on, 319
- Hæmorrhoids, bleeding, *hamam.* in, 332
- Hahnemann Publishing Society, 746
- Hahnemann's gonorrhœal syringe, 178
- HAHNEMANN'S *Organon*, WESSELHOEFT'S translation of, 560
- HALE, Dr. E., *Materia Medica* by, 122; —, on chairs for pharmacology and provings, 439
- HALE, Dr. R. D., four lectures on diseases of the respiratory organs by, 119
- Hamamelis* in hæmorrhage, 153, 161; in bleeding piles, 332; in leucorrhœa, 353
- HARRIS on the organization of our medical charities, 314
- HAUSMANN, Professor, death of, 757
- Hay-fever cured by *sticta pul.*, 168
- Headache, *carbazonate of ammonia* in, 386; —, frontal, *sil.* in, 723; —, nervous, *sulphate of zinc* in, 108; —, occipital, *petrol.* in, 723; —, *rhus* in, 723; —, *cam.* in, 723
- Headaches, Dr. SHULDHAM on, 120
- Heart disease, *lycopus virg.* in, 388
- Heart, fatty, *arnica* in, 738
- Hecla læva* in exostosis, 386; —, in whitlow and gumboil, 693
- Helleborus* in epidemic mania, 165; in dropsy, 708
- Hemicrania, FISCHER on, 129; —, remedies for, 133; —, *geranium* in, 372
- Hemlock*, SOCRATES' death by, 18
- HENDERSON'S explanation of the sudden subsidence of the fever in pneumonia, 308
- Hepar sulph.*, Dr. BRYON on, 489; —, in mercurial abuse, 493; —, in albuminuria, 156; —, in pyothorax, 161

- Homœopath or physician? by Dr. DUDGEON, 243
- Homœopathy, its name and relation to medicine, by Dr. C. WESSZLHOEFFT, 56
- Hospital, Homœopathic, of Pesth, statistics of the, 147
- Hospital, Homœopathic, of Sechs-haus, report of, 153
- Hospital, Homœopathic, at New York, 179
- Hospital, London Homœopathic, report of, 522; —, annual general meeting of, 526; —, report of in-patients treated at, 542
- How best to study homœopathy, by Dr. BAYES, 77
- Hydrocele, *ars.* in, 332
- Insanity, Dr. BURNETT on the homœopathic treatment of, 470; —, cases of, 471, 473
- Intestinal spasms, *opium* in, 150
- Iodiform* in ulcus durum, 730
- Iodine* in chronic jaundice, 381; —, in pneumonia, 161
- Jaborandi*, DEUSCH'S experiments with, 157; —, in night sweats, 691
- Jaundice, chronic, *iodine* in, 381
- Joints, diseases of, H. O. THOMAS on, 683
- Kali bichrom.* in cough, 725
- Kali brom.* in acne, 385
- Kali carb.* in dropsy, 706
- Kali permanganicum* in diphtheria, 386
- Keratitis, *sil.* in, 724
- Keynote symptoms, 355
- Kissingen waters, Dr. WELSCH on, 139
- Knee, inflammation of, *calomel* in, 724
- Kreosote* in ovarian affections, 737
- KYNGDON, Mr., on typhoid or enteric fever, 285
- Lachesis* in phlebitis, 164
- Lactuca virosa* in gonorrhœa in females, 169
- Laryngeal disease, case of, 151
- Lauroc.* in retention of urine, 161
- LEADAM, Dr., case of diphtheria by, 739
- Lectures at the London Homœopathic Hospital, 190, 195
- Lectures Committee, report of, 675
- Ledum* in punctured wounds, 337
- Leucorrhœa, *hamamelis* in, 353
- Lichen, *arnica* in, 360
- Life Assurance, Homœopathic, 383
- Liver, carcinoma of, *hydrastis* in, 722
- London Homœopathic Hospital, letter from Dr. BAYES about the, 190
- LORD'S *Veterinary Vade Mecum*, 121
- LOUISE LATEAU, discussion upon, 336
- Lung rest and exercise, by Dr. E. BLAKE, 650
- Lupus, *sil.* in, 724; —, *thyj.* in, 724
- Lycopodium* in black ulcers, 164; —, in dropsy, 710
- Lycopodium* sporules, microscopic structure of, 183
- Lycopus virg.* in heart disease, 388
- Macrotis* in delirium tremens, 693
- MAGDEBURG, Dr., on diabetes mellitus, 67
- Mania, *plat.* in, 173
- Mania, epidemic, *helleb.* in, 165
- Marientbad waters, KISCH on, 143
- Materia Medica*, by Dr. E. HALE, 122
- MATHESON, Dr., and the London Homœopathic Hospital, 396, 525
- Maxillary bone, inferior, *sympā.* in inflammation of, 380
- Measles, KÄSERMANN on an epidemic of, 691
- Melos majalis* in strangury, 169
- Menstrual colic, *vibur. op.* in, 163
- Mercurius* in cellulitis, 164
- Merc. protiod.* in nasal catarrh, 387
- Mezereum* in pruritus senilis, 162; —, in cephalalgia periostitica, 162; —, KAFKA on, 727; —, GERBEIL on, 734
- Michigan, University of, homœopathic professors in the, 365; —, 574
- Migraine, *petrol.* in, 723
- Missouri, Homœopathic College of, 345
- MOLIN on ostitis media purulenta, 141
- Montevideo Asylum for the Insane, 187
- Morality of pædoctony, by Dr. W. B. A. SCOTT, 250
- Mother-of-pearl*, pathogenetic effects of, 736
- Myopia, *physostigma* in, 390, 693
- Naja* and *crotalus* poisons, Dr. BAYES on, 204; —, BRUNTON and FAYRE on, 217
- Naja tripudians*, Dr. RUSSELL'S proving of, 205

- Name of homœopath, Dr. WESSELHOEFT on the, 56; —, Dr. DUDGEON on the, 243
- Natrum muriaticum* in intermittents, 391, 725
- Natrum sulph.* in otalgia, 372
- Nervous affections, *arg. s.* in, 347
- Neuralgia, *china* in, 167; —, *atropin* in, 167
- New York, homœopathic institutions of, 341; —, homœopathic college of, 344; —, college and hospital for women of, 346
- Nothing new under the sun, 177
- Nux vom.* in hyperæsthesia of auditory nerve, 164; —, in strangury, 161
- Ophthalmia neonatorum, *arg. s.* in, 383
- Opium* in intestinal spasms, 150
- Osmic acid*, proving of, by Dr. BRAUER, 138
- Otalgia, *natr. sulph.* in, 372
- Otitis media purulenta, by Dr. R. MOLIN, 141
- Ovarian dropsy and ascites, by Dr. R. EPPS, 120
- Ovarian affection, *kreos.* in, 737
- Ozæna, *glanderine, k. bich.,* and *k. carb.* in, 372; — *aur.* in, 724
- Pædoctony, the morality of, by Dr. W. B. A. SCOTT, 250
- Paralysis of third nerve, *sulph.* in, 377
- Paralysis in connection with menses, 716
- Pelvic hæmatocele, by Dr. D. BROWN, 99
- Pemphigus foliaceus cured by *Thuja*, 138
- Pesth, opposition to homœopathy in, 153
- Petroleum* in occipital headache, 723
- Pharmacopœia, British Homœopathic*, Dr. DEUBEY on the, 398; —, notice of, 563
- Philadelphia, Hahnemann College of, 344
- Phlebitis, *ars.* in, 164; —, *carb.* in, 164
- Phosphoric acid* in diabetes, 354
- Phosphorus* in weak heart, 167; —, in glaucoma, 167
- Physician or homœopath? by Dr. DUDGEON, 243
- Physostigma* in myopia, 390, 693
- Picric acid* in locomotor ataxy, 342; —, in boils in meatus, 357
- Platina* in pruritus vaginæ, 169; —, in mania, 173
- Pneumonia, *bromide of calcium* in, 166; —, *iodine* in, 161; —, *ferr. phos.* in, 165; —, latest allopathic views on and treatment of, 302
- Polypus uteri cured by internal remedies, 170
- Preface to a preface by Dr. C. WESSELHOEFT, 751
- Prostalgia, *ars.* in, 117
- Prostatitis, *aconite* in, 371
- Prunus* in dropsy, 712
- Pruritus senilis, *mezer.* in, 162
- Pruritus vaginæ, *platina* in, 169
- Psoas abscess, *symphytum* in, 378
- Ptyalism, case of, by KAFKA, 728
- Puleatilla* in amenorrhœa, recommended by an allopath, 168; — and *Tellurium* in ear affections, 356
- Pyothorax, *hepar* in, 161
- Quinine* in ague, necessity for, 383
- Research in medicine, 573; —, Hahnemann's merits in, 574
- Respiratory organs, diseases of, 679
- Rheumatism, *ver. vir.* in, 165
- Rheumatism in shoulder, *ferr. phos.* in, 720, 738
- Rhus* in dropsy, 713; —, in headache, 723
- ROSENTHAL on poisonous cosmetics, 623
- ROTH, Dr., on the treatment of lateral curvature of the spine, 633
- RUDDOCK on diet, 686
- RYAN, Dr., death of, 757
- Saccharum lactis* used as a remedy, 383
- Salicylic acid* in diphtheria, 166, 170
- Scarlatina, *ailanthus* in, 156
- Scarlatina dropsy, treatment of, 714
- SCHNEIDER on the size of the dose, 432
- School of Homœopathy for London, 193, 397
- SCHÜSSLER'S tissue remedies, 627
- SCOTT, Dr. W. B. A. on the morality of pædoctony, 250
- Scrofula, *calcareas* in, 481
- Sea sickness, *amyl nitrite* in, 357
- Sedum acre* in fissure of anus, 333
- Selection of the remedy, by Dr. T. SIMPSON, 266
- Senega* in loss of voice, 163
- SHULDHAM, Dr., on headaches, 120
- Silence, the conspiracy of, 181

- Silica*, aggravation by, 155; —, in asthma, 161, 719; —, in cellulitis, 164; —, in chondroma, 733; —, in fistulas, 738; —, in frontal headache, 723; —, in keratitis, 724; —, in lupus, 724
- SIMPSON, Dr., on the selection of the remedy, 266
- SKINNER, Dr., homœopathy in gynecology, 319
- Sleeplessness, *calc. carb.* in, 136; —, *acon.* in, 164
- Snake poisoning, report of Calcutta Commission on, 210
- SOCRATES, IMBERT-GOURBEYRE on the death of, 18
- SORGE, address by, 365
- Spine, lateral curvature of, Dr. ROTH on, 632
- Sticta pul.* in hay-fever, 163; —, in buritis, 355
- Stomach, spasm of, *sax vom.* in, 137
- Stramonium* in delirium tremens, 151, 735
- Strangury, *coch.* in, 161; —, *sulph.* and *sax v.* in, 161
- Struma, *calcoarea* in, 401
- Sulphur* in diarrhoea, 161
- Sulph. ac.* in epistaxis, 726
- Symphytum*, in inflammation of bones, 378; —, in psoas abscess, 378
- Syphilis, *cupr.* in, 730, 734
- Syphilitic hyperostoses cured by *Aurum*, Dr. BURNETT on, 742
- Tarantula*, poisoning by, 373
- Tellurium* in ear affections, 356
- Terebinth.* in dropsy, 713
- Testicle, swelling of, case of, 726
- Teucrium marum verum* in nasal polypos, 166
- Thuja*, effect on nails of, 734; —, in lupus, 724
- THOMAS, H. O., on diseases of the joints, 683
- Ulcer, gastric, *arg. n.* in, 485; —, varicose, case of, 720
- Ulcers, black, *lycop.* in, 164
- Ulcer durum, *iodiform* in, 730
- Ultimate molecules of matter, size of, 393
- Uranium nitricum*, glycosuria caused by, 70; —, in diabetes, 70, 72, 163
- Urea, Dr. BLACKLEY's instrument for detecting amount of, 518
- Urethra, vascular tumours of female, *eucalyptus* in, 376
- Urine, retention of, *lawroc.* in, 161
- Urticaria, *opis* in, 352, 728
- Verat. alb.* in dropsy, 713; —, in gastralgia, 726
- Veratrum viride* in rheumatism, 165; —, Dr. R. T. COOPER on, 273; —, in chorea, 273; —, in congestive fevers, 390
- Vertigo and amaurosis caused by *conium*, 18
- Vesical catarrh, case of, 721
- Veterinary Vade-mecum*, by R. P. G. LORD, 121
- Viburnum opulus* in menstrual colic, 163
- Voice, loss of, *senega* in, 164
- WESSELHOEFT, Dr., on homœopathy, its name and relation to medicine, 56; —, Dr. DUDGEON's reply to, 243; —, Hahnemann's *Organon*, by, 560; —, reply to review of his translation of the *Organon*, 751
- Whitlow, *Hecla lava* in, 692
- World's Homœopathic Convention, 1; —, work of British homœopaths in connection with, 12; —, Dr. C. DUNHAM's address before, 577
- Wound of head, case of, 156
- Wounds, punctured, *ledum* in, 337
- Wrists, œdematous, *cactus* in, 482
- ZIEMSEN'S *Cyclopaedia of Practice of Medicine*, 302, 679
- Zinc phosphide* in nervous affections, 384
- Zinc sulphate of*, in nervous headache, 108; —, in locomotor ataxy, 335



