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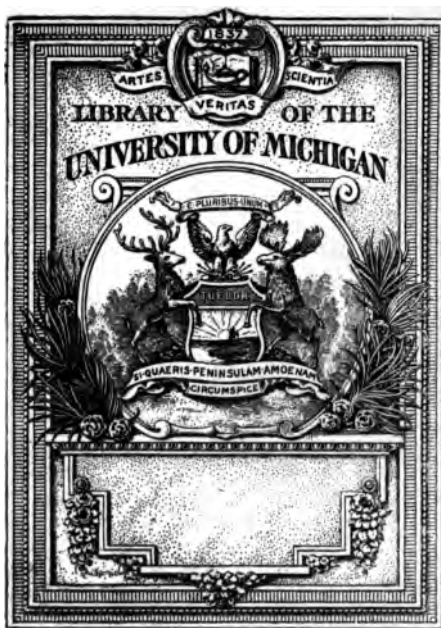
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EDITED BY  
R. E. DUDGEON, M.D.,  
AND  
RICHARD HUGHES, L.R.C.P.

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VOL. XXXVIII.

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THE  
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OF  
HOMŒOPATHY.

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ALLEN'S ENCYCLOPÆDIA.\*

THE publication of the concluding volume of the great undertaking which will henceforth be known by the above familiar appellation imposes a special duty upon us. At the first announcement of the work in 1874 (see our number for April of that year), and at the appearance of each of its successive volumes, we have sought to greet it with our warmest welcome, and at the same time to aid in its perfecting by our strictest criticism. Now that it is all before us, however, it seems right that we should attempt to lay before our readers a deliberate account and estimate of a work which, for many years to come, will be *the* Materia Medica of Homœopathy, at any rate for all of the English speech.

Dr. Allen's work grew out of the necessity which exists for the bringing together of the pathogenetic material we possess wherewith to work the law of similars. Our provings have appeared as they have been made in journals, in monographs, or in such works as Hahnemann's and Jörg's; they are scattered through a series of volumes which every year increases in length, and in proportion

\* *The Encyclopædia of Pure Materia Medica.* A Record of the positive effects of drugs upon the healthy human organism. Edited by T. F. Allen, A.M., M.D. With contributions from Drs. Hughes, Hering, Dunham, Lippe, and others. 10 vols. 1874—1879.

becomes inaccessible to practitioners at large. The need of collections of these records has been felt from the early days of our history, as is shown by the publication of Stapf's *Beiträge* (from his *Archiv*) and Hartlaub and Trinks' *Arzneimittellehre* (from their *Annalen*). It was supplied, on as large a scale as the time required, by the manuals of Jahr and of Noack and Trinks—the former, in its various English dresses, having long been the ordinary text-book for homœopathic physicians in this country and in the United States. Its older editions being exhausted, our enterprising American publishers planned a new one, and sought for professional aid towards having it so edited as to bring it down to the present day. Dr. Allen, into whose hands the work ultimately came, had no difficulty in seeing that Jahr's presentation of his matter was as inadequate as the matter itself was imperfect; and that, to do justice to the requirements of the case, an entirely new work must be set on foot. All extant provings must be brought together, re-translated where necessary, and re-arranged; the old collections from authors must be replenished from later sources, and new symptom-lists compiled from these. The pathogeneses of the new *Materia Medica Pura* must be as complete for their own day as Hahnemann made his for the time of their publication. He offered to undertake this work as editor, and Messrs. Boericke and Tafel accepted its responsibilities as publishers. As soon as the project was known offers of help came in. Dr. Hering undertook to supply the recondite literary information in his possession, Drs. Dunham and Lippe to furnish verifications, Dr. Hughes to revise and illuminate Hahnemann's citations from authors. The first volume, containing 640 pages of imperial octavo, was issued in November, 1874. The publishers hoped then to complete it in five or six similar volumes, and to have the whole out by 1876. Ten volumes, however, have been required to contain the accumulated and accumulating matter, and it was not till last autumn that the tale was complete.

Five years, then, having elapsed between the appearance of the first volume and the tenth, it was to be expected

that Dr. Allen would have fresh material for the pathogeneses of many of the earlier medicines. Accordingly, it is only the first 238 pages of his tenth volume which are occupied with the concluding numbers of his alphabetical series, viz. the medicines from *Tilia* to *Zizia*. The remainder consists of a "Supplement," bearing date April, 1879, and containing additions to the symptom-lists of numerous medicines, with some pathogeneses which are absolutely new. There are, finally, some "Notes and Corrections" supplementary to those issued with the third volume. These last should be, as far as possible, incorporated in the text by all possessors of Dr. Allen's work; and no one should conclude that he has before him the complete pathogenesis of any drug contained in the first nine volumes without looking to see if it has any fresh symptoms in the tenth.

Taking, now, a survey of the whole work, we would first speak of its *materials*. In our comment on the specimen medicine (*Aconite*) first furnished, we made the following suggestions:

"1. That the materials of the collection shall consist only of such provings, &c., as are *on record*."

This was to exclude symptoms privately supplied to the authors, and only introduced as from "H. N. S., 40th dil.," "T. C. D., 60th dil.," and so forth. It was obvious that he might be flooded with such dubious observations, and that his readers would have no means of checking their value. In the reproduction of *Aconite* in his first volume, Dr. Allen has supplied references which show that these symptoms *are* on record; and he has throughout his work adhered consistently (with a few well-warranted exceptions) to the salutary rule we ventured to lay down. Our school has thus been spared the incorporation of the multitudinous pathogenetic effects which Dr. Swan and some like-minded persons imagine they have elicited from attenuations of different kinds of *milk*!

"2. That the bracketing and correcting (where necessary) of the symptoms taken by Hahnemann from authors be done with the utmost thoroughness."

Dr. Allen has since left this part of his work entirely in the hands and to the responsibility of one of the editors of the *British Journal of Homœopathy*, so that we cannot criticise it in our present article.\*

"3. That no mere 'clinical' symptoms be admitted."

The editor had some difficulty in bringing himself to abandon altogether these fascinating but illegitimate additions to the *Materia Medica*. His first and second volumes contained a few, but in June, 1875, he announced, in the *Hahnemannian Monthly*, that "in future no symptoms will be admitted unless they have been obtained by proving the drug." The misleading effect of admitting these is seen in the pathogenesis of *Benzoicum acidum* contained in the second volume. Here, S. 66 ("extensive ulcerations of the tongue, with deeply-chapped or fungoid surfaces") and 175 ("troublesome, constant, dry, hacking cough, after suppressed gonorrhœa") are purely clinical, as reference to the original will show; but they have escaped the distinguishing cipher, and, till the corrections in the last volume appeared, they have stood as pathogenetic effects of the drug.

We have thus every reason to be satisfied with Dr. Allen's collection of material for his work, as his mode of proceeding has become conformable to our initiatory suggestions. We have, however, one exception to take. It is not to his admission of the provings of *Cimex lectularius* and the similarly nasty substances which Dr. Mure has introduced into our *Materia Medica*. Dr. Dake has stoutly protested against the insertion of these: we agree with him in disliking them, but we do not see how Dr. Allen could reject them. It is otherwise, however, with the symptom lists of Houat. In our twenty-seventh volume we gave an account of the first part of the *Nouvelles Données* of this writer, and showed the utterly untrustworthy, and indeed impossible, character of the pathogeneses therein furnished. We were sorry, therefore, to find in Dr. Allen's first two volumes Houat's symptoms of *Anantherum*, *Belladonna* and *Bufo* given without a word of caution, as a list of

\* See our vol. xxxiii, pp. 308 and 461.

observed effects of these substances. In the third volume an improvement was made. Under *Cubeba* we read, as an 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." Such relegation to a separate category was next best to entire omission, which we should have preferred; and it was again performed in the fourth volume as regards *Curare*. In the fifth, however, we had to express our regret at finding the pathogenesis of *Kali iodatum* spoiled by the incorporation of these apocryphal symptoms; and probably our remonstrance did not stand alone, as Houat's contribution to our knowledge of *Piper nigrum* was omitted altogether from the seventh volume, and his symptoms of *Robinia* and *Sarracenia* were treated in the eighth like those of *Cubeba* and *Curare* in the third and fourth.

So far, then—save as regards *Belladonna* and *Kali iodatum*—no harm has been done to those who intelligently use Dr. Allen's *Encyclopædia*. When, however, we heard that an index to his work was in preparation, we felt anxious lest it should refer to Houat's symptoms as if standing in the same category with the rest; an error which (we may say) the compilers of the *British Repertory* are sedulously avoiding. Dr. Allen has dispelled our fears, however, in a paper he has published in the August number of the *North American Journal of Homæopathy*, entitled "Shall Houat's provings be considered reliable?" His conclusion, after examination of the facts, is—"It is quite evident that Houat's collection (with the exception of his provings of *Belladonna*) has no place in a pure *Materia Medica* (*his symptoms will not appear in the index to the Encyclopædia*, for the editor of that work is unable to distinguish the pure from the impure)." We cannot agree with him in excepting the symptoms of *Belladonna*. He

argues their harmoniousness with the known action of the drug; but this will not substantiate a list of 393 symptoms purporting to have been obtained by him between August and November with the 15th dilution, and containing (among other symptoms) "tettery eruptions, with scabs, scales, and ulcerations, on the scalp," "eyes projecting, sparkling, furious, sometimes expressionless, dull, and clouded," "face pale, yellow, earthy." Nor can we accept the explanation of the symptoms ascribed to other drugs, by which Dr. Allen endeavours to save Houat's credit. That writer admits the incorporation of clinical symptoms into his lists; and it is this "abominable fallacy," as Dr. Allen justly calls it, "which has poisoned the fountains of our Materia Medica from Hahnemann to the present," that has (in his opinion) "rendered Houat's provings unreliable as guides to the true homœopathist, though they may be of some value to the empirical." We cannot think that they are thus explained. To Houat's symptoms of *Sarracenia* Dr. Allen appends the note: "Most astonishing, and apparently impossible.—T. F. A." But are they less astonishing or more possible if regarded as clinical symptoms? Are we really to believe that this almost inert vegetable substance has cured, in Dr. Houat's hands, "hard nodosities and tumours of the tongue;" "inflammation and swelling of the spermatie cords and testicles, with burning and pulsative pains;" "the uterus swollen, as if filled with cysts;" "deformity of the thorax and back, as in rachitis;" "emaciation;" "anasarca;" and similar conditions profusely scattered about its long symptom list? Are we to accept, on Houat's authority, a power on the part of *Cubeba* to cure—not the familiar gonorrhœa with which it has long been associated—but mania, marasmus, hæmorrhages, and partial paralysis? To this we are committed if we suppose the catalogues now in question to consist of genuine "clinical symptoms." Nay: it is far wiser and safer to reject them altogether as fabrications, and the greater the scorn and indignation with which we do it the less likely is the imposture to be repeated.



We pass now to Dr. Allen's *presentation* of his matter. We found in his specimen medicine too little information as to the authorities for, and subjects of, the symptoms obtained by proving, while those observed in poisoning cases were thrown together indiscriminately under the head "toxicological." This last we could not approve, and we desiderated fuller and more detailed information in the section "authorities." The improvement which has taken place in this respect as the work has gone on is very great. Compare (for instance) the "authorities" section for *Agaricus* in the first volume with that for *Natrum muriaticum* in the sixth. We mention these two as having both been re-proved by the Austrian Society. For *Agaricus* we have a bare list of forty-eight names, and are told in a note that 12 to 30, and 48, are Austrian provings. Where these are to be found, who the experimenters were, what doses they took and how often,—of all this no account is given. Turn to *Natrum muriaticum*, and in the list of authorities itself we come upon "Nos. 8 to 43 from the Austrian provings, *Oest. Zeit. f. Hom.*, vol. iv." Then follows the catalogue of names, the doses taken by each and their repetition being stated. If the same person tested both the crude salt and its attenuations his symptoms at the one period have a mark to distinguish them from those of the other; and if he were the subject of any existing or habitual derangement of health this is stated in a note. Hahnemann's notes, moreover, which were omitted from the specimen medicine, have (as we suggested) been uniformly given.

We must now say a word upon the markings of the symptoms. In his original preface, the editor explained the significance to be attached to these. "Symptoms which have been repeatedly cured by the drug are distinguished by stars, with italics, or full-faced type; the latter class is most important. Symptoms in italics, without stars, have been repeatedly observed upon provers, but not yet verified on the sick." In obtaining these "verifications" he acknowledges the help of Drs. Dunham and Lippe. The contributions of the former reach to *Lycopo-*

*dium*, when they were terminated by his lamented death ; a fly-leaf, containing the numbers of the symptoms marked by him, was supplied to all subscribers to the work. Dr. Lippe, who had already sent the editor the numbers of the symptoms in his 'Text-Book' which he had himself verified, now undertook to go over Dr. Allen's MS. and add his stars, which he has done from *Manganum* onwards. Besides these, "other verifications have been inserted by the editor, after consulting nearly the whole of the homœopathic literature." The extent of the examinations thus made, and the amount of the yield, may be estimated by the article "Clinical Symptoms of *Lycopodium*," contributed by Dr. Allen to the *North American Journal of Homœopathy* for August, 1877. These verifications constitute a valuable feature of the *Encyclopædia*, and a beginning student might do worse than make a list of them, at any rate for the principal medicines, or learn them by heart.

This, then, is the work which Dr. Allen has given us. Before concluding our survey, let us concentrate our attention upon a particular medicine. Dr. Dunham did this as regards *Aconite* on the appearance of the first volume ;\* let us do it now for *Belladonna*.

The article upon this drug appears at p. 67 of Dr. Allen's second volume. Some corrections are made in it at p. 639 of volume iii, and p. 657 of volume x ; the latter volume also contains an addition to the pathogenesis. With its predecessor it gives *Belladonna* 2681 symptoms, derived from 285 distinct observers, and this excludes all effects of *Atropia*, which has an article to itself.

We will first make Dr. Allen's own corrections. They are only fourteen in number, and chiefly consist of single letters or figures. Where whole numbers have to be altered, it is through a reference having been made to Hahnemann's pathogenesis, and inserted without being made to correspond with the fresh numeration of the *Encyclopædia*. The only considerable error (evidently of a copyist) is in S. 2312, where we are told (in vol. x) to read

\* *North American Journ. of Hom.*, Feb., 1875.

for "worms in" "warmth out of all the pores," which is certainly a very different thing.

The first paragraph refers the plant to its Linnæan and natural orders, and gives its English and German domestic names, with its mode of preparation for homœopathic practice. We next have the list of "Authorities." Of these, the first eighty-five are stated to be from Hahnemann's pathogenesis in vol. i of the *R. A. M. L.* His own name and those of his fourteen fellow-provers stand as they are given by him, for we have no information about them. But after each of the remaining names, which belong to authors from whom he has quoted, a clause follows, stating the circumstances of their observation, whenever, that is, their originals were accessible. In the case of Greding, from whom so many symptoms are taken, we have a list of the patients in whom they appeared, and the reference of each symptom to him is accompanied by a mention of the case in which he observed it. As his patients consisted of epileptics, epilepto-maniacs, and pure maniacs, it is of obvious importance to have this knowledge, that we may know how to estimate epileptiform and maniacal phenomena when ascribed on his authority to the drug. We then have a series, mostly of poisoning cases, taken from the various collections which have been made (as Hencke's in the *Vierteljahrschrift* and that of the *Hahnemann Materia Medica*), and from general medical literature, English, American, French, and German. Of the care here taken we have an evidence in the following observation:—"141 to 176 are taken from Roth's *résumé* in *J. de l. Soc. Gal. (Mat. Med.)*, 4, 402, where references are furnished, but no details. On subsequent critical research, most of these additional authorities given by Roth have been found to refer to the effects of *Bell.* when given to patients; they are therefore omitted, though the subsequent numbering could not be changed without great trouble." It was this pathogenesis, we may note, on which Dr. Espanet founded his study of *Belladonna* noticed in our July number last year. To each of the names here given a statement is made of the subject of the poisoning

or proving; and it is only in the last—"Macfarlan, proving with the 6<sup>m</sup> (Fincke)"—that we have to regret the introduction of an unpublished observation of sufficiently dubious value.

Let us now test the accuracy of Dr. Allen's translations and quotations as regards this medicine. It would be tedious to do so throughout its range; we will take, therefore, two limited sections—those containing the symptoms of the abdomen and of the sexual organs respectively.

S. 1363 to 1461 comprise the section "Abdomen,"—Hahnemann's corresponding tract containing 56 symptoms. We have begun by ascertaining how these have been reproduced. Six we find omitted, viz. S. 660, 665, 669, 673, 681, and 687; and we cannot say that any are mere duplicates, so as to warrant their being passed by. Of the remaining 50 the rendering of 44 seems unexceptionable, but with six we have to find some little fault. Thus: in S. 1387 (corresponding to Hahnemann's S. 638) "abdomen" should be "duodenum" (Zwölffingerdarms). In S. 1435 (S. 646 Hahn.) "in the evening" is omitted. In S. 1430 (S. 647 Hahn.) it should be "hard," not "heavy" weight. In S. 1414 and 1449 (S. 644 and 648 Hahn.) "abdomen" should be "hypogastrium" (Unterbauch, a word Dr. Allen translates thus in every other place of its occurrence). In S. 1458 (675 Hahn.) "grosse Stiche" should hardly be rendered "severe:" the word seems rather to express the breadth (as it were) of the needle which pierced the parts.

We have next 8 symptoms taken from other parts of Hahnemann's schema, on the ground of their having some relation to the abdomen. The rendering of one only of these we have to criticise, S. 1363 (623 Hahn.). Dr. Allen gives it—"Fulness below the short ribs when stooping; fulness at the pit of the stomach and darkness before the eyes." In the original, however, the semicolon occurs after "Ribben:": it is the fulness at the epigastrium and clouding of vision which occur on stooping.

Of the remaining symptoms, 20 are from Houat's manufactory. Of their value (remembering that they

purport to have been obtained from the 15th dilution in three months) we may form an idea from the first and third—"Swollen, painful liver, presenting swellings like abscesses," "Cramps of the liver (!), involving the chest and exciting paroxysms of cough and suffocation." We advise the student to draw his pen through the whole of them. The others are derived from several poisonings and provings—consisting, from the former source, mainly of meteorism, with occasional pain and tenderness, from the latter, of various sensations connected with flatulence.

We pass now to the sexual organs. *Belladonna* has but slight pathogenetic influence upon these. Hahnemann only gives them 30 symptoms out of his 1440, and Dr. Allen can add but 5 more from poisonings and provings—two of which are merely general statements. The inexhaustible invention of Houat, however, fills his section with 20 others, which may share the fate of his abdominal symptoms, to which they are fully comparable. Of Hahnemann's 30, 11 are not found here. Of these, 8 have been transferred to other parts of the pathogenesis; but the change cannot always be commended. For instance, Dr. Allen retains S. 789, which states that during the menses great thirst was experienced by one of Greding's patients taking the drug; but he omits S. 786—8, which affirm the same thing as to other coincident affections. Still less defensible is the omission of S. 795. This has, indeed, been given among the abdominal symptoms (S. 1451); but it so obviously belongs to the female sexual organs that it should have been repeated or referred to here. The leaving out of Hahnemann's symptoms 771, 781 and 785 has not even transference to explain it. Of those remaining, we have some fault to find with five. In S. 1614 (777 Hahn.) "tumour" seems almost too large a word for the "Knoten" of the original. In S. 1629 (784 Hahn.) the reference is wrongly given to Langhammer: it is one of Hahnemann's own observations. S. 1645 is a repetition of S. 1638, and has no existence in the original. S. 1637 and 1647 are placed by Dr. Allen among those of the *female* sexual organs; but in Hahnemann's list they occur

in the midst of those of the *male* genitals, and he seems to have intended that the two should follow one another in separate categories.

The results of our examination have hardly been as uniformly favourable as we could have wished ; but how few, after all, are the errors, how admirable the general accuracy of the compilation ! A new translation of Hahnemann's pathogeneses is certainly not rendered supererogatory by what Dr. Allen has done ; but for all else his work may be accepted as both complete and trustworthy. When he has completed its practical usefulness by the index to its ten volumes now preparing under his superintendence, he will have furnished to homœopathic literature a contribution which will long remain its central feature, its most valued possession ; and will have inscribed his own name among those most cherished in the annals of our history.

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## THE REGENERATION OF MATERIA MEDICA.

By J. P. DAKE, M.A., M.D., Nashville, U.S.A.

### I.

IN the study of the science of numbers we first learn the properties and powers of numerals, considered by and among themselves, and thus gain a knowledge of *pure mathematics*.

Going farther, when we bring these numerals into use in the measurement of land, the navigation of seas, and the study of movements among bodies on the earth and in the heavens, we gain a knowledge of *mixed* or *applied* mathematics.

This distinction has long been recognised as not only proper but necessary to a clear understanding of things mathematical. And the order has been, from the begin-

ning of mathematical science, first the pure, and then the mixed. I speak of science here as the orderly arrangement of elements empirically discovered, brought before the mind in a comprehensible and useful shape.

Arithmetic, algebra, geometry, trigonometry, conic sections, the calculus, these belong to *pure mathematics*.

Surveying, navigation, natural philosophy, astronomy, these are representatives of the *mixed*.

One well acquainted with the properties and powers of numerals in their varied relations to each other may pass on readily to their applications and uses where measurements of any kind are to be made in the avocations of daily life.

So, in medicine, we must first learn the absolute properties and powers of various drugs, as shown in the healthy human organism, and the knowledge thus gained we term Pure Materia Medica.

In proceeding farther, when we bring the pathogenesis thus learned into comparison with the manifestations of disease in the sick, obeying the law *similia*, and cures result from the drugs employed, we are led to a knowledge of Mixed or Applied Materia Medica.

Here, as in mathematics, the order is, first, the pure, then the mixed; first, a knowledge of how the drug by itself affects the human organism when in health, and afterwards how it affects it in disease.

The human organism in health is not exactly the same medium or reflector of drug influence that it is in sickness. The difference in the character of results is well marked and appreciable, the former being direct, simple, and positive, while the latter is indirect, complex, and uncertain.

Pure Materia Medica is required not only in medicinal therapeutics but likewise in practical toxicology and experimental physiology.

As in mathematics so here the master of the *pure* is prepared to make generalisations and applications, reaching out into several departments of the arts and sciences, each having its own field.

With such an understanding of the relative position and

importance of Pure Materia Medica we proceed to consider the methods for its attainment.

## II.

Whatever mention had been made of the study of drug properties by experimentation with drugs upon persons in health it is a plain matter of history that before Hahnemann no one pursued it to any extent nor with any success.

Upon his discovery of the relationship necessary between positive drug effects and the exponents of disease in the human body such experimentation became a thing not of speculative but of practical moment.

An understanding of that relationship or law of cure could avail nothing for those unacquainted with drug affections. The very first work of Hahnemann, therefore, was the testing of medicines upon himself, his associates, and followers.

I need not here speak of the difficulties he encountered by reason of individual poverty, and the ignorance, and prejudice, and perverseness of the medical world about him, nor yet of the measure of success which he realised. Suffice it to say his early gatherings, published under the modest title *Fragmentary Observations relative to the Positive Powers of Medicines on the Human Body*, and the first pathogeneses furnished by himself and by persons immediately under his direction and scrutiny, were more reliable than the larger gatherings and less thorough provings afterwards brought together under the more pretentious title *Materia Medica Pura* and in the *Chronic Diseases*.

How the high standard of excellence, at first planted by Hahnemann, became gradually lowered, and how side streams from one source and another, bringing in impurities, came finally to vitiate the great reservoirs of pathogenesy I shall not stop to relate. In this Journal, and in various other publications from the hand of Dr. Dudgeon, as well as, more recently, from the discriminating pen of



the junior editor, Dr. Hughes, such information has been repeatedly laid before the profession.

### III.

In view of the great importance of a *pure* Materia Medica, and of the evident corruptions of that now bearing the name, I desire to make an earnest appeal to the profession in behalf of more exact methods of drug experimentation.

In the July number of this Journal, Dr. Hughes, writing upon "The Reconstitution of the Materia Medica," after noticing the plans put forward by Dr. Jousset and Dr. Espanet for the better arrangement and display of drug symptoms, concludes as follows :

"It is impossible, therefore, thus to present the whole Materia Medica, and while I would have such studies of individual drugs multiplied indefinitely, I should deprecate any attempt to substitute them for our existing symptomatology. Let this stand as it is, and let our work upon it be something like that of theologians upon their sacred books. As with them, let our best endeavours be made to enrich, to purify, and to illuminate the text. Then let those competent for the task give us commentaries upon it elucidating its language. Let the teachers of Materia Medica in our schools publish from time to time their systematic lectures, embodying (as they must do) all the side lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study. These will answer to treatises on doctrinal and practical theology; and then, for the sermons which expound and apply particular texts, let us have clinical records showing the bearing of pathogenetic symptoms upon the phenomena of disease. In this way, while we shall lose no grain of fact which can be made available in the comparison of drug-action with disease, there will be supplied to every student of the Materia Medica a general knowledge of its constituents, of their sphere and kind of action, of their characteristic features and ascertained effectiveness, which shall send him forth fully equipped for using them in the treatment of disease.

“There is thus abundance of work for all who desire to labour in the field of *Materia Medica*, and the more there is done of the kind the better for the future practitioners of our method.”

The reading of these words, especially such as liken our present *Materia Medica* to the “sacred books” of the theologians, suggested the theme of my present writing. I said, in my musings, how can our books of symptomatology be like the books of the *Bible*?\* Did they come as we see them by supernatural revelation? Must all remain unchanged except as illuminated by classical research and expounded by clinical experience?

In view of what Dudgeon and Hughes and others, who have endeavoured to hunt out the sources of *Materia medica*, have said of the imperfections of our drug symptomatology, and in view of what is well known of its insufficiency by every experienced and intelligent practitioner of homœopathy, I asked myself—Is it possible that we must sit down content with the “text” of *Materia Medica* we now have? Is there nothing attainable that may be more perfect, more reliable, more useful? Can we do nothing but “illuminate,” comment upon, compare and classify, or, perhaps, extend the symptoms now recorded?

Shall we have no correction of errors, no purification, except as brought by the “side-lights” of toxicology and the slow, halting, stumbling advances of clinical experience?

In short, is it not possible for us to have a *pure* *Materia*

\* My friend Dr. Dake strangely misunderstands me when he supposes me to liken our “books of symptomatology” to “the books of the Bible.” I purposely used the general term “sacred books” as covering those of all religions that have them; and my actual comparison was not between the two classes of records themselves, but related to the use it seems desirable to make of them. Drs. Jousset and Espanet would *substitute* their expositions of drug-action for the pathogeneses on which they are based. I deprecate this proceeding; but certainly not upon the ground of the infallibility or adequacy of our present symptomatology. I have myself applied pretty “free handling” to it at various times, and entirely go with Dr. Dake in his endeavours to set on foot a systematic and scientific re-proving of our medicines. I beg him and his readers, therefore, not to consider me the antagonist he has imagined me to be, but his sincere sympathiser and well-wisher.—R. H.

medica, such as was at first contemplated by Hahnemann and always demanded by the law *similia*?

Starting up from my musings, and remembering that medicine is not theology; that our knowledge of drug properties and powers comes not by revelation, but by observation and experiment; that the methods of science are not the methods of religion; that what we would have we must earn by dint of severe application and study; and encouraged by the great achievements of man in other departments of human inquiry and labour, I concluded that Hahnemann was not a visionary when he said we *must* learn the character and capabilities of medicines from their effects upon persons in health.

If *similia* be the law of cure, and if to obey it in practice we must have a *pure pathogenesis*, surely in the economy of Providence and the invariable order of nature, the method and means for its attainment cannot be withheld from us.

Nor have they been withheld. In place of the master, with a few followers, struggling with poverty, surrounded by discouragements and bitter opposition, what do we behold to-day?

Thousands of followers with millions of clients, among the most intelligent and wealthy people of the earth; a number of well-appointed and well-managed schools, with hundreds of students, male and female, qualified and ready to act as drug provers—scores of experts, capable of applying every necessary test or means in the diagnosis of drug affections, and good examples of delicate and thorough experimentation, with various agents in the human, as well as brute organism, in the search for physiological facts. Favoured thus with provers and means, inducements and examples, it may be asked—What has kept the Homœopathic School so long from the realisation of its greatest *desideratum*, a pure *Materia Medica*?

To answer this question properly would require more space than allowed me in a medical journal.

Hahnemann, in his exceeding anxiety to extend the *armamentarium* from which to draw the necessary *similimum*,

departed from the plan of drug investigation, by him so well shadowed forth in *Hufeland's Journal* as early as the year 1796, and gathered great quantities of drug symptoms from trials upon the sick, concerning which he had so truly said :\*

Either nothing happens, or there occur aggravations, changes, ameliorations, recovery, death, without the possibility of the greatest practical genius being able to divine what part the diseased organism and what the remedy played in effecting the result. They teach nothing and only lead to false conclusions.

His volumes of *Chronic Diseases* especially display symptoms thus obtained ; and *Jahr's Manual*, and every other compilation of drug symptoms having the same rubric, has presented only a hash and rehash of the pathogenetic with the curative, the direct with the indirect, so that we have had almost anything but a *pure* Materia Medica.

The followers of Hahnemann who have undertaken to prove drugs have nearly all imitated his faults, seldom making the least improvement upon his method.

Care has not been exercised to exclude the almost countless symptoms belonging to individuals of different temperaments and habits, and in various circumstances, noticed probably for the first time by the self-watchings and introspection practised while acting as drug provers. These have been placed to the credit of the doses taken and passed into the Materia Medica as drug symptoms !

Improved means of diagnosis have rarely been employed to ascertain the conditions and appearances, the deeper graven lines, of drug action in the human organism. The subjective has greatly exceeded the objective and the uncertain the certain.

Provers have laboured under a variety of disqualifications, besides being scattered here and there away from competent direction and scrutiny.

Led on by the mischievous notion that it is the duty of every practitioner, amidst the hurry and cares of professional life, to act as a drug prover, physicians have recorded

\* *Hufeland's Journal*, vol. ii, part iii, 1796.

thousands of abnormal thoughts and feelings and appearances in themselves as drug effects, which were due entirely to the disturbing influences of the sick-room, of medicines handled, and of numerous other causes more potent than the attenuated doses generally placed on trial. But I cannot enlarge. In the *Transactions of the American Institute of Homœopathy* for the years 1857, 1873, and 1874, and in the *Transactions of the World's Homœopathic Convention, Philadelphia, 1876*, may be found a more extended showing of the faults inherent in our current methods of developing drug pathogenesis.

#### IV.

The point to which I would call especial attention is the paramount importance of having *facts* well ascertained and carefully sifted, *genuine drug symptoms*, for Dr. Hughes, Dr. Jousset, Dr. Espanet, and others, to arrange for safe and convenient reference in works upon *Materia Medica*.

Generalisations and arrangements are of little worth if the symptoms generalised and arranged *are not drug effects*. If there is every reason to believe that one half of the symptoms in hand are spurious, coming from other than drug influence, the strict symptomatologist will be puzzled and led astray no less than the pathologist; and the writer of text-books for the student and of manuals for the practitioner must feel that his work is clothed in doubts, and that it comes far short of the demands of medical art, to say nothing of the unsatisfied claims of medical science.

The difficulties realised by Dr. Hughes and other teachers in arriving at the real character and sphere and uses of the numerous agents in our drug *armamentarium* presented themselves to me twenty-four years ago, when I stood before a large class of earnest students in the College at Philadelphia endeavouring to teach the homœopathic *Materia Medica*.

When I examined the sources of our symptomatology and realised what they had been I was convinced that a large part of the symptoms recorded must be due to other than

drug influences; and when I remembered how long it had taken the medical world to correct *errors of fact*, to set aside useless and mischievous things once vaunted as valuable remedies, I had little courage to compare, arrange, and enforce the materials embraced in our current works upon *Materia Medica*.

I am well aware of what has been done since that day toward purification and greater certainty, and am compelled to say that it amounts to very little.

I have contemplated with wonder the vast labours of several writers, notably those of Dr. Gross, Dr. Hering, and Dr. Allen, in gathering and arranging thousands upon thousands of symptoms, placing them before earnest practitioners and before an intelligent people, as though they were properly ascertained drug effects.

The fact that clinical experience during a period of seventy years since the active spread of homœopathy began has done little or nothing toward the separation of the "chaff" from the wheat in our symptomatology shows how useless it is to expect purification from that source.

Dr. Allen in his great *Encyclopædia* has endeavoured to avoid the spurious by the aid of the side lights of classical research and the rejection of dishonest provings, and yet see the vast amount of "chaff" remaining.

That his work is not a *Materia Medica Pura* is the fault of the current methods of drug experimentation and not one of his head or heart. When provings are properly made thousands of symptoms will be cast away at the start, which being once published along with the genuine can never be detected and cast out by any amount of sick-room experimentation. And not only will the worthless be separated from the good, but the good will be vastly increased and enhanced in value.

I cannot regard our present pathogenesis, then, as at all comparable to the "sacred books" of the *Bible*, as being fixed in quality and quantity, subject to no improvement or change except by the "illuminating" and "expounding" influences of literary research and clinical experience.

I see little prospect of a *Materia Medica* at all in keeping

with the grand law *similia* till the work of experimentation is removed from the field of the busy practitioner and from the hands of credulous men and committed to experts, supplied with proper provers and means of diagnosis, and laboratories, and means of publication.

The signs of the times are auspicious. A few weeks ago, as Chairman of the Bureau of Materia Medica, Pharmacy, and Provings in the American Institute of Homœopathy, I received the following communication from a society of high standing in the United States. I present it here as an evidence both of the need and of the method of obtaining a more reliable symptomatology :

Buffalo, N.Y. ; July, 1879.

To the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, in the American Institute of Homœopathy.

J. P. DAKE, M.D., Nashville, Tenn.,

At the third Annual Session of the American Ophthalmological and Otological Society, held at Lake George, June 24th and 25th, 1879, the following motion prevailed :

"That a Committee of three be appointed by the President of the Ophthalmological and Otological Society, for the purpose of conferring with the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, in the American Institute of Homœopathy, with the view of perfecting the ophthalmic and aural examinations during the proving of remedies."

In fulfilling the spirit of this motion, the Committee would suggest to the Bureau the advisability, should it meet your approval, of having careful examinations of the eye and ear made by specialists before, during, and after the action of the drug; the former to determine the condition of the visual function, of the fundus, of the accommodation, of the refraction, and of the extrinsic muscles; and the latter to show the state of the external auditory canal and membrana tympani, with a careful record of the hearing power.

All of which is most respectfully submitted.

F. PARK LEWIS, M.D., Buffalo.

H. C. HOUGHTON, M.D., New York.

W. H. WOODYATT, M.D., Chicago.

But practitioners who treat affections of the eye and ear

are not alone in finding our drug provings insufficient for their purpose. Complaints have come also from gynecologists and from writers upon affections of the heart, of the lungs, and of the kidneys, time and again. The means of diagnosis daily used by them in the examination of cases have not been employed during the proving of remedies, which they are endeavouring to apply under the law of similars.

I may here mention another hopeful sign, that in the University of Michigan, one of the foremost educational institutions of America, the Regents have inaugurated a department of "Experimental Pathogenesis" in connection with the Chair of Materia Medica in the Homœopathic College. The friends of this movement look forward to the time when the State of Michigan shall appropriate sufficient funds to render the experimental department of great practical benefit to the medical world.

If the practitioners and lay friends of homœopathy in England and the countries of Europe and America would unite their energies and means in the promotion of such work, only a few years would pass till we would have a Materia Medica such as Hahnemann dreamed of, and such as would render his law *similia* of much greater practical benefit to suffering humanity than it has yet become.

In conclusion I must be allowed to say, and to say with emphasis, that our Materia Medica needs not only to be *reconstituted*, but REGENERATED; so that in making pathological deductions, comparative arrangements, repertories, epitomes, comments, and illustrations, we may have some assurance that we are dealing with things PROBABLE and not simply *possible* in drug symptomatology.

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## EFFECTS OF POISONS.

(Continued from Vol. XXXVI, p. 335.)

*Sausage poisoning—botulismus—allantiasis.*— Attempts to ascertain and separate the toxical agent in this form of poisoning have hitherto completely failed, and all is conjecture regarding its nature. The search in this direction cannot be aided by experiments on the lower animals, as it seems to be man alone who is susceptible of its action. Whatever the nature of the poison may be it is probably the result of the slow putrefaction of animal substances. The disease it produces is quite peculiar. It is geographically limited to a few localities. Most of the cases have occurred in the Black Forest; fewer in other parts of Germany; only two are recorded as having occurred in France, and one only in England. It is supposed that something faulty in the mode of preparing sausages in Swabia leads to the development of a poisonous matter in them, but all statements on this subject are guesswork. Sausage-poisoning generally attacks several members of a family who have partaken of the tainted food. The disease generally runs a subacute or chronic course. The first symptoms usually occur in from eighteen to twenty-four hours. The sufferers complain first of general discomfort and nausea, pain and weight in stomach, followed by diarrhœa and vomiting; often colicky pains are the first symptoms. Sometimes the affection commences with vomiting, retching, vertigo, cloudiness of vision, and difficulty of swallowing. Again, the gastro-intestinal symptoms may be absent, and the other symptoms just mentioned, with muscular weakness, may constitute the disease. Dyspnœa and præcordial anxiety are often among the early symptoms. In the majority of cases there is seen so much weakness that the patient must keep his bed. The vomiting and other gastric symptoms decline or cease and give place to the nervous symptoms. These are giddi-

\* *Month. Hom. Rev.*, 1869, p. 340.

ness, headache, and an apathetic comatose condition. The weakness is not definite paralysis, but only extensive muscular weakness. There are sometimes complaints of diminished sensibility of the finger tips and crawling feelings in extremities and back. The most extraordinary symptoms are those of the visual apparatus. There is diminished visual power, with cloud or mist before eyes, and sometimes sparks. Very soon double vision, the powers of the ocular muscles are greatly diminished, and there is often ptosis. Sometimes the rectus externus is paralysed. The pupils are dilated and the accommodation greatly lessened. Sometimes total blindness has occurred. There is generally more or less aphonia and a croupy cough. The dysphagia often culminates in perfect aphagia. The tongue is hampered in its movements and speech becomes stammering and unintelligible. There is great dryness of mouth, a diffused or speckled redness of the mucous membrane of mouth and pharynx, sometimes aphthous formations, and the tongue has a whitish coat. There is constantly constipation, and occasionally retention of urine. The patients often complain of hunger, but the dysphagia prevents nourishment being taken. Thirst is rare. The pulse grows feeble and slow, sometimes vanishes altogether. The skin is pale and mucous membranes livid. The surface feels cold. There is rapid emaciation caused by inability to swallow, the attempt to do so often bringing the food into the windpipe. Death is generally preceded by a comatose or soporous condition, sometimes with slight general convulsions. Those cases that recover have a very slow convalescence, in which the disorders of vision and the dysphagia often persist long, and the strength is long of returning. The post-mortem appearances are of a negative character.

*Poisonous cheese.*—The effects are colicky pains, vomiting, diarrhoea, disgust at food, vertigo, anxiety, diplopia, headache, weariness, and muscular weakness. The affection sometimes terminates fatally.

*Poisoning by Metals and their Salts.*

**LEAD.**—*Acute poisoning* may be caused by the use of

badly-glazed earthenware ; of metallic vessels soldered with impure solder containing lead ; also by partaking of food coloured with lead pigments, and in children after licking playthings, visiting cards, &c., covered with lead paints. Infants have been poisoned by rubber nipples coloured with white lead. The quantity of sugar of lead required to produce severe or fatal poisoning is from two to three drachms and upwards. The symptoms are those of corrosive gastritis. The milder cases are often only shown by obstinate constipation. The course is always very acute, death or recovery taking place in from twenty-four hours to a few days. *Post-mortem appearances.*—Those of acute gastro-enteritis, the mucous membrane is covered with tough white coagula, the tissue beneath is red and softened. The best antidotes are the alkaline sulphates ; when these are not at hand milk and white of egg are useful.

*Chronic lead poisoning.*—This may be produced by the prolonged administration of moderate doses of sugar of lead, by the use of plasters containing lead, by the contact of the metal in the manufacture of white lead, by white- and red-lead paints, by the lead weights used in loom weaving, by handling gas- or water-pipes, or types, by the glaze used in pottery, by the colours used for tinting papers, by the lead preparations used in colouring bristles and making enamel. Cosmetics containing lead, ill-glazed crockery, beer drawn through lead pipes, beer and wine in bottles in which are some shots (used to clean bottles), snuff packed in spurious tin-foil, hair-mattresses in which the hair has been dyed black by lead, have all caused chronic lead poisoning. Water, especially soft water, flowing through lead pipes or kept in lead cisterns, or wooden ones painted with lead colours, has frequently caused chronic poisoning. [Another cause of lead poisoning has lately been discovered by Dr. Alford, of Taunton—bread ground by millstones, the cracks or holes in which have been stopped up with lead.]

Persons affected with chronic lead poisoning have skin of a yellowish hue, and usually a thick black line on the edges of the gums, most strongly marked on the upper

jaw. The patients experience an insipid sweetish taste, and have very fetid breath, and occasionally very slow pulse. Emaciation is generally observed. The lead disease assumes four principal forms:—1, colic, 2, arthralgia, 3, paralysis, 4, encephalopathia and amaurosis saturnina. Of these the colic is the most frequent, and the other forms are less frequent in the order just given.

*Lead colic.*—It sometimes comes on suddenly, but generally after weeks of moderate wandering pains, sometimes soon after eating, but often independent of food. There is loss of appetite, sweetish taste, constipation or diarrhœa. The actual colic lasts only for a few minutes, but there is besides continual griping and cramp in the bowels. Pressure usually relieves the pain. The seat varies; generally it is about the navel, but sometimes in the upper or lower part of the abdomen, and rarely in the kidneys. There is often tenesmus present, sometimes strangury or retention of urine, and some pain extending along ureters or spermatic cord to kidneys or penis, also shooting pains in breasts. Retraction of the abdomen and constipation are seldom absent. This retraction is often so great that the bodies of the vertebræ can be seen through the skin of the abdomen. Sometimes there is swelling of the abdomen and sometimes, in place of constipation, diarrhœa. Violent vomiting, preceded by ineffectual retching, is a common occurrence. It generally occurs during the remission of the colicky pains. The vomited matters are usually mixed with bile. There is generally slight jaundice. The pulse is peculiar; it is often diminished to thirty beats per minute and irregular in frequency, but not intermittent. Respiration, on the other hand, is quickened. There is little or no fever. The appetite is diminished, the urine usually concentrated, and often contains albumen. The colic and all the symptoms are worst at night. Relapses are frequent after days or weeks. The duration of the disease is usually not more than a week, but it may be much prolonged by frequent relapses. Prognosis usually favourable.

*Arthralgia saturnina.*—After prodromata similar to those

of colic or without prodroma there come tearing and burning pains in the joints or the muscles over them. These pains have violent exacerbations and remissions until they completely disappear. The exacerbations are accompanied by cramps. The attacks are brought on by excesses and cold. Pains diminished by pressure. There are no inflammatory appearances. The joints chiefly affected are those of the lower extremities, especially the knees. The muscles oftenest attacked are the flexor muscles. The smaller joints are rarely affected. There is often a tremor in the muscles affected. Prognosis favourable.

*Lead paralysis.*—It often occurs after colic or arthralgia, but may come on without these affections. The paralysis may occur as early as the third day of exposure to lead, or it may not be seen until after fifty years of exposure. The upper extremities and extensor muscles are most frequently affected. Paralysis of the extensors of the hand and fingers with freedom of the supinator is the best known form of the paralysis, next the triceps and deltoid are most frequently attacked. When the lower extremities are involved the corresponding extensor muscles are the seat of the affection. Only in rare cases are the intercostal and laryngeal muscles affected. The muscles affected do not correspond with the distribution of the nerves. Thus, in the common paralysis of the hand and fingers the muscles involved are, as a rule, those supplied by the radial nerve, but other muscles receiving branches of this nerve remain unaffected. Generally the limbs of both sides are affected, and the same muscles in both. The paralysis is sometimes confined to one finger, and sometimes it spreads over all the muscles of the limb and even over the whole body. Sensibility is usually unaffected; often there are pains in the affected muscles and their bones; sometimes there is anæsthesia of the skin corresponding to the distribution of the paralysis. The affected muscles rapidly become atrophied. The muscles may lose their power of reaction to electrical currents. Sometimes there is tremor of the paralysed muscles. Usually it occurs after or along with colic or encephalopathy, but sometimes without any prodroma.

*Encephalopathia saturnina.*—This includes eclampsia, amaurosis, maniacal excitement, stupor, and coma. There is often albuminuria along with it. It is only met with in cases of workmen who have been absorbing large quantities of lead. Post-mortem investigations have only yielded negative results. Prognosis always unfavourable.

**COPPER POISONING.**—The chief sources of copper poisoning are cooking food in copper vessels, and colouring confectionery and fruits, vegetables and pickles, with copper pigments. Oysters in beds near copper deposits sometimes contain a considerable amount of copper.

*Acute copper poisoning.*—The symptoms are those of severe gastro-enteritis, there are also in many cases some tenesmus and pains in the large intestine. The nervous centres sympathise. Convulsions frequently come on. Tetanus is said by some to be a frequent occurrence. Some think that a scorbutic condition may result from a protracted case of acute poisoning. Post-mortem shows intense inflammation of the mucous membrane of the stomach, sometimes extending downwards to the duodenum and upper part of the small intestine.

*Chronic copper poisoning.*—This is only observed among workers in copper and brass. The symptoms are very undecided. Some say there is a purple-red line at the edge of the gums. Occasionally there is gastro-intestinal catarrh, and one case of copper paralysis has been recorded.

**ZINC POISONING.**—The chloride of zinc is a corrosive poison of the most virulent character, and causes symptoms analogous to those caused by other corrosive poisons. The sulphate is not corrosive but irritant, and is often used as an emetic in the dose of from fifteen grains to one drachm. The gastric symptoms are not very distinctive, and there are occasionally nervous symptoms just as little characteristic. In one case of poisoning by *Chloride of Zinc* albuminuria and hæmaturia were observed. The chronic poisoning observed in factories consists of emaciation, dyspnœa, colics with constipation or diarrhœa, muscular pains, and contractions.

**SILVER POISONING.**—Chronic poisoning is observed from

the prolonged medicinal use of the nitrate. The first sign is a bluish line on the gums, as in lead poisoning, but the most characteristic symptom is *Argyria*, i. e. discoloration of the skin and mucous membranes. The skin assumes a livid bluish-grey colour, deeper on those parts exposed to light. Symptoms of gastro-intestinal catarrh and albuminuria have also been observed. The discoloration of the skin and other parts is owing to the deposit of metallic silver granules.

MERCURIAL POISONING.—The corrosive preparations of Mercury are *Corrosive sublimate* and *Mercuric nitrate*. Three grains of the former have in some instances proved fatal to children and adults. But there are sublimate eaters in the East who, by its habitual use, are enabled to consume enormous doses without injury. One of them is said to have taken as much as two scruples of sublimate daily. The action is said to be similar to that of *Opium*, only more exciting.

Corrosive sublimate causes great corrosion of the mucous membrane of the mouth, œsophagus, stomach, and intestines, and develops gastro-enteritis of the severest form. There is pain in mouth, throat, œsophagus, and stomach, violent vomiting and diarrhœa, with painful tenesmus, and often bloody evacuations. There is often suppression of urine, the greatest prostration, and even collapse. It sometimes affects the larynx, causing hoarseness and dyspnoea. Death may take place in from half an hour to twelve hours. If the patient lives longer than twenty-four hours salivation sometimes occurs. Post-mortem shows corrosive gastro-enteritis; the mucous membrane of the mouth, throat, and œsophagus, is inflamed, wrinkled, and covered with a white coat. The mucous membrane of the stomach, especially near the pylorus, is converted into dark, tough eschars. Sometimes there is ulceration, and perforation may ensue. The small intestines are usually normal, but in the large intestines inflammation, ulceration, and hæmorrhage, are often seen.

*Chronic mercurial poisoning*.—Although pure *Metallic mercury* may be swallowed in large quantities without

injury, when rubbed up with fatty substances it is readily taken into the circulation, producing physiological effects. In the form of blue pill *Metallic mercury* is also much used. Other preparations of *Mercury* are also employed internally, as *Calomel*, *Mercurous iodide*, and *Mercuric iodide*. In the form of vapour *Mercury* is also introduced into the system, as in the workers in quicksilver mines and smelting works, those engaged in manufacturing mirrors, gilding, &c. The vapour from *Mercury* spilled in a shop or a room is capable of producing poisonous effects. The symptoms of chronic mercurial poisoning by any of these preparations are very various. These are eczema, anæmia, rheumatoid pains, chronic gastric catarrh, enteritis, diarrhœa with colicky pains, tenesmus, evacuations slimy and bloody, stomatitis, salivation, swelling of gums, fetid breath, croupous exudations on gums, with ulceration beneath, necrosis of the jaw, and peculiar fever. Mercurial erethism is often noticed, characterised by great mental excitability, great anxiety, stammering speech, sleeplessness, frightful dreams, headache, palpitation, twitching of facial muscles. Mercurial tremor is of various degrees. When severe it resembles paralysis agitans. Convulsive twitchings in various parts. The trembling ceases during sleep. Paralysis often comes on from the trembling; when complete the tremor ceases. Neuralgic pains, such as violent headache and toothache, dragging and tearing pains in the limbs. Oppression of chest, even to asthma. Miscarriage of pregnant women. Dropsy and albuminuria.

POISONING BY ANTIMONY.—Tartar emetic is the form of the metal usually employed to produce poisoning. The symptoms are those of severe gastro-enteritis, some pain in the mouth, throat, and along the œsophagus to the stomach. Collapse soon appears. In some cases genuine tartar emetic pustules are developed from its internal ingestion. Post-mortem examination shows gastritis, hæmorrhage, exudation, and infiltration into the mucous membrane of the stomach, and abundant hæmorrhage into the intestines. Slight ulceration of the mucous membrane of the bowels has frequently been seen.



**POISONING BY SALTS OF IRON.**—This is rare. A gastritis of slight intensity has been observed, with vomiting and purging.

**POISONING BY MANGANESE.**—It is said to cause death by paralysis of the heart.

**POISONING BY PREPARATIONS OF CHROMIUM.**—Workers who handle solutions of the chromates or chromic acid suffer from ulceration of the hands and of the mucous membrane of the nose and scrotum. Internally taken they cause severe corrosive gastro-enteritis, evidently owing to their escharotic action.

**POISONING BY TIN.**—Only two cases are known. The symptoms are those of corrosive gastro-enteritis. Orfila says it causes convulsions and paralysis.

**POISONING BY BISMUTH.**—Lebedeff says that glycogen disappears from the liver after long-continued feeding with bismuth.

**POISONING BY THALLIUM.**—This is said to be a muscular and cardiac poison.

*(To be continued).*

## REVIEWS.

*Die Homöopathie am Krankenbette erprobt.* Von Dr. PAUL SICK, 1st Theil: *Die Homöopathie im Diakonissenhause zu Stuttgart.* Stuttgart, 1879.

THE post of physician to the hospital of the Deaconesses Institution at Stuttgart having become vacant in the spring of 1866, by the promotion of the actual physician to the Katharine Hospital, the governing committee chose Dr. Sick for the vacant post, although, or we may perhaps say because, he was, though a young man, a known adherent of the homœopathic heresy.

The book before us is an account of Dr. Sick's experience in the homœopathic treatment of the patients admitted to the hospital during thirteen years. The hospital is described by the author as being provided with everything necessary for a hospital. The number of beds for the reception of patients from without is thirty-six, but the space available would allow them to be increased to fifty. There are besides nine beds in the hospital for the sisters, who are about 200 in number.

The class of patients admitted to the hospital is not the most favourable for cure, they being, for the most part, elderly persons afflicted with chronic maladies, who have taken refuge in the hospital in order to get a home and care for their declining years. Acute cases are certainly admitted, but they seldom come at the commencement of their illness, but usually only after having been treated for a considerable time in their own homes. Hence the statistical table that Dr. Sick gives of the cases treated by him during those years does not show any remarkable results in the way of average mortality, but the general character of the class of patients admitted may be judged of when we mention that there were 175 cases of phthisis, 54 cancers, 111 put down as *poverty of blood* and *general nervousness*

(whatever these expressions may mean), and only 50 cases of pneumonia and 28 of pleurisy.

Dr. Sick has special chapters on twenty of the chief diseases treated at the hospital during his thirteen years' service.

The first disease he considers is typhus (meaning by that term what we call typhoid). But the cases he gives have little bearing on the merits of the homœopathic treatment. In fact, Dr. Sick does not believe that any medicinal treatment is equal to the cold-water treatment of typhus, and he gives us a few cases treated on the method of Brand by cold baths every two hours, but with the exception of one, the first, they do not seem to us to show anything beyond the patient's powers of endurance, for they were followed by some serious symptoms, such as hæmorrhage from the lungs or bowels or other serious accidents, which compelled them to be abandoned and other treatment resorted to. However, we must not judge of the efficacy of the cold-bath treatment of typhoid by the scanty statistics the author can furnish. There is no doubt that in the hands of Brand, Jürgensen, Liebermeister, and others, it has proved a most valuable curative means, reducing the mortality in the hospitals from 20 and 30 per cent. to 3 and 9 per cent. In the face of these well-known facts it is curious to observe the estimate of the value of the cold-bath treatment of typhoid made by Sir W. Jenner in his lecture on typhoid fever in the *Lancet* for 15th November, 1879.

"The treatment of typhoid fever," he says, "by cold baths when the temperature reaches 104°, or even less, is very greatly adopted in Germany; but neither my own limited experience, nor the evidence adduced by others in its favour, has carried conviction to my mind of its advantage."

From this passage we must conclude that in Sir W. Jenner's hands the mortality from typhoid is under 3 or at most 9 per cent. We are more modest, and will not claim, even for homœopathy, as low a percentage of mortality as that obtained by many of the practitioners of the cold-bath treatment. We subjoin Dr. Sick's first case of typhoid,

which is a good instance of his way of relating his histories of cases :

“ R. L.—, a student, 19 years of age, was, until the end of the third week, under the medical treatment, of no very active character, of another physician, and his relations, having heard of the excellent effects of the water treatment in other cases, placed him under the care of the author, in the following hopeless state :—Extreme weakness, pale, pinched countenance, jaw hanging down, constant stupefaction, can scarcely swallow even fluids, and has a temperature of  $41.2^{\circ}$  C. ( $105.8^{\circ}$  F.). [S. always took the temperature in the rectum, which may give perhaps  $1^{\circ}$  higher temperature than in the axilla.] Finding that there was a complication with disease of an important organ, I resolved to try the cold baths. On communicating my intentions to the directing deaconess, who had seen many cases of typhoid, she asked, ‘ What was the use ? The patient must necessarily die soon and it would be said that I had killed him with the water.’ I persisted, and he was put into a bath with the water at  $15^{\circ}$  R. up to the axillæ, and ten jugs of water at  $8^{\circ}$  R. were poured over his head and back, until a severe chill came on, which happened generally in from five to ten minutes. The baths were at first repeated every two hours. On the second day of this treatment the patient could hardly be recognised. He was perfectly conscious, ate, slept naturally, spoke, could assist himself a little, in short, the most threatening symptoms were all gone. A congestion of the lung which occurred on the fifth day of the treatment soon went off again. On the tenth day the bathing could be left off ; on the thirteenth, he was free [from fever. A recrudescence of the fever (temp  $41.3^{\circ}$ ) from eating something indigestible, which he afterwards vomited, soon went off without any remedy besides an appropriate diet, and the patient left the house a few week later, quite well and strong.”

But, however interesting the cases of typhoid treated by cold baths may be in themselves, and however much the author may prefer this treatment to aught medicinal, our readers will hardly thank us for dwelling long on this part of Dr. Sick’s treatment. So we shall now proceed to the next section, which is devoted to acute rheumatism. Dr. Sick admits the specific power of *Salicylic acid* in rheuma-

tism, and asserts that its employment in the Stuttgart Katharine Hospital was followed by a reduction of the average duration of the disease by nearly seven days, but then, he says, this was in comparison with the ordinary allopathic treatment with quinine and morphia, and not with a specific treatment. He doubts if the salicylic treatment is superior to the established homœopathic treatment, and he says that if *Salicylic acid* is specific in the high temperature of acute rheumatism, it is so by virtue of its homœopathicity, as, according to Wolfsohn, when given to the healthy it raises the temperature of the body. The triumphal shouts with which *Salicylic acid* was at first received as a specific for rheumatism have not been altogether justified by experience, for in spite of its use many cases last as long as under ordinary treatment, and heart and other complications are far from unknown.\*

The cases treated by Dr. Sick included among them some of the severest character. One, a youth, aged twenty, after having already gone through an attack of acute rheumatism with moderate febrile symptoms, was attacked with endo- and pericarditis, pleuritis, peritonitis, and inflammation of the joints, including those of the vertebræ, and sternum. The functional derangements consequent on the cardiac affection were very severe, the skin was cold and blue, and life was in serious danger. The treatment lasted seventy-six days, but the patient was dismissed in the most satisfactory condition. In cases of very elevated temperature in rheumatic fever Dr. Sick employs the cold baths. One case had nine such baths within forty-eight hours, with the effect of bringing down the temperature permanently from 41.2° C. to 39.8° C., and without further employment of the bath the temperature became normal in three days. Dr. Sick's medical treatment seems to be of the most ordinary homœopathic kind—*Aconite*, *Bryonia*, *Spigelia* (for heart complication), and *Sulphur*.

Eleven cases of scarlatina were treated, and all recovered. They are unimportant cases occurring in grown-up persons. On the other hand, Dr. Sick speaks of an epidemic of

\* *Die Wirkung der Salicylsäure auf den Stoffwechsel*, Königsberg, 1876.

scarlatina of a very malignant character which he witnessed in Stuttgart in 1862 and 1863. In this epidemic *Belladonna* was of no use either as a curative or a prophylactic. The disease was of a typhoid character, and *Rhus* and *Arsenic*, with the energetic employment of cold water, proved most serviceable. Bright's disease was a common consequence of the disease. Besides the urinary symptoms, uræmic poisoning showed itself in some cases by convulsions, disturbance of the vision, and sopor. The remedy for this was *Phosphorus*. Dr. Sick is not aware if *Phosphorus* has ever hitherto been employed for Bright's disease and uræmia. The result of post-mortem examinations in cases of *Phosphorus* poisoning has shown that it can produce a state of the kidneys very similar to that in Bright's disease, so that he alleges his treatment in these cases to have been distinctly homœopathic. It would be better, we think, to apply some such name as acute desquamative nephritis to the kidney affection following scarlatina, and reserve the name of Bright's disease (if it must still be retained) for the chronic form of nephritis, which has been so thoroughly studied of late years. "Bright's disease" has, off and on, been used to designate such a large number of dissimilar diseases, having nothing in common but albuminuria, that we think the less it is employed the better.

Diphtheritis (of which but eight cases were treated in the hospital) is a disease for which the author thinks he has found the specific remedy in *Hepar*, one dose of which (after, perhaps, a preliminary dose of *Aconite* or *Belladonna*, according to indications) he considers sufficient for the cure of the whole disease. We wish sincerely this were so, but the case he gives in illustration of his practice does not appear to us satisfactory. Here it is:

"M. W—, a lady's maid, otherwise healthy, took ill on the 29th April, 1877, with fever and sore throat, and as the physician in attendance considered the disease diphtheria, he sent the patient into the Deaconesses' Hospital on May 2nd. The malady was confined to the tonsils, which were covered by thick greyish-white membranes. On account of the severe fever, *Acon.* 3 was given, and in the evening, the temperature being 40.3° C.

(105° F.), she got a dose of *Bell.* 3. On the 3rd May, the morning temperature was 40·2°, the evening, 41·1°, and no improvement in the local symptoms. She now got *Hep.* 6. On the morning of the 4th, temperature, morning 38·7, evening 39·1° C. (102·2° F.). The symptoms now gradually declined. From the 8th she was quite free from fever. The local process rapidly declined from this one dose of *Hepar.*"

Those familiar with the disease as it occurs in this country will not be disposed to call this a case of diphtheria, but, at the most, a case of catarrhal sore throat, with diphtheroid exudation, such as we often see in ordinary practice.

Another case the author gives as an example of the cure of diphtheria in a child of three, after the process had extended into the larynx, seems to us not to bear out the diagnosis of the author. It was evidently a case of inflammation of the larynx, but its croupy or diphtheritic character is not apparent. The author's only evidence of diphtheritic exudation is the presence of a thin pseudo-membrane, the size of a sixpence, on the upper part of the right tonsil. As this so-called false membrane persisted unchanged from the 2nd to the 11th April, then disappeared every evening to reappear in the morning, we think it could not have been a diphtheritic deposit. At least, we never saw one which so conducted itself.

In one case Dr. Sick tried von Villers's remedy, the *Cyanuret of Mercury*. He first gave a dose of the 30th dilution, but as no effect seemed to result, he then gave the remedy in the 6th dilution, and the disease thereupon began to decline, the membrane to be thrown off, and the cure was complete in three days. Another case, where *Hepar* failed, or, at least, did not bring the cure very far, was treated with *Merc. cyan.* 6, every four hours, and recovered.

He relates a case of excessive infiltration in the connective tissue and gangrene of the mouth and neck occurring in a case of sore throat, which, he would imply, was diphtheritic, but for which he offers no evidence. The destruction of parts went so far as to lay bare several arterial trunks, threatening fatal hæmorrhage, which had

to be guarded against by ligature of the common carotid artery. In spite of this the patient recovered perfectly.

We have not space to give a complete *résumé* of what Dr. Sick says respecting all the twenty diseases for which he has special sections, and we must confine ourselves to a more desultory notice of the remainder of his work. In his treatment we should describe Dr. Sick as a true Hahnemannian, not one of those who call themselves Hahnemannians, but whose practice is to depart as far from the teachings of Hahnemann in one direction as the rationalist of the homœopathic school strays in another. On the contrary, Dr. Sick is a purist of the old Hahnemannian sort. He does not always give the 30th dilution, certainly, but he waits for the exhaustion of the action of one dose with exemplary patience before giving another, and has a great dread of the effects of repeating too soon the dose of a remedy that may have been indicated at first. He is a firm believer in the necessity of what is called the "homœopathic aggravation," and he says if we fail to wait for the expiring of this indispensable phenomenon, our remedies will only irritate the nervous system of the patient, and render him always worse and worse, until his condition becomes intolerable to him, and he rushes off again to allopathy, to get his nerves quieted with *Morphia*, *Quinine*, or *Iron*. This is all in the true Hahnemannian vein, but to us, who do not believe in homœopathic aggravations and in the necessity of waiting weeks or months for the exhaustion of the action of a dose of medicine, it has a queer, unpractical ring in it; and if Dr. Sick's patients were irritated by the doctor's patience in waiting for the exhaustion of the action of the dose, we would ascribe their irritation to quite other causes than the irritant action of his medicines on their physical nerves, and if they threw themselves into the arms of allopathy, we can only say we think they served their doctor quite right.

On the subject of gout and chronic rheumatism he has not much to say. Acute fits of gout he treats successfully with *Aconite* and *Apis*, and he asserts that one of the best remedies for constitutional gout, keeping off acute attacks,



is *Thuja* in a high (meaning the 30th) dilution. But, he says, what with the popularising of homœopathy, which means the interests of the sellers of homœopathic medicines; domestic chests full of homœopathic remedies are so universally present in houses, and the remedies they contain so indiscriminately used, that patients are mostly spoiled for the employment of one dose of a truly homœopathic remedy, and it is but seldom we now meet with a subject who has not already been saturated with all manner of incongruous remedies in all potencies; so that we never, or hardly ever, meet with a virgin soil on which to plant our single dose of a high potency and let it germinate for weeks or months with the confident expectation of a rich and continuous growth of curative results. If such be really the case, and if the single dose of the high potency will not act on the polluted soil of well-dosed patients, then the logical inference is that we should give up attempting to cure in the way the early pioneers of homœopathy did, and probably the modern practice of not diluting medicines so highly, and of giving them in more frequent doses, meets the altered circumstances of patients, and is a justification of those who depart in this direction from Hahnemann's latest teachings. But, perhaps, there is another cause for the expressed disappointment of modern exact followers of Hahnemann—we do not mean, of course, the latest development of high-potency Hahnemannians, for, as yet, these gentlemen have recorded none but miraculous cures—and that is, that the practice of the old school having changed so much, we no longer meet with so many cases which need but to leave off strong drugs in order to get rid of their frightful sufferings, and for such a dose of milk-sugar or a snuff at a single globule was equally efficacious, provided only the strong drugs were left off. Now, we have chiefly to do with diseases that are not produced by over-drugging, and consequently cannot be cured by merely leaving off something, but require the oft-repeated attack of the specific medicine for their cure.

Dr. Sick's treatment of pneumonia does not look very successful if we take his gross statistics—fifty cases, nine

deaths, a mortality of 18 per cent. This is very different from Fleischmann's 1058 cases and forty-eight deaths, or 4.5 per cent., and even greatly inferior to the results of Dietl's expectant treatment with a mortality percentage of 7.4. He accounts for his comparatively large mortality by the considerable proportion of his patients, whose ages ranged from fifty to eighty-seven, seventeen out of fifty. Of the remaining thirty-three patients, whose ages ranged from twelve to forty-nine, three died, giving a mortality of 9 per cent. This is already a considerable increase on Fleischmann's percentage, and, perhaps, Dr. Sick was unfortunate, in that two of his fatal cases, between twenty and forty, were habitual drunkards, for we all know the fatality of pneumonia in such cases. Dr. Sick's remedies were *Acon.*, *Bry.*, *Phos.*, *Sul.* and *Ant. t.*, and his usual potencies 3, though occasionally 30 was used. The doses were repeated during the early period of the disease as often as every two hours, which shows that the author is not a bigoted adherent of the Hahnemannian dogma of non-repetition of the dose. Indeed, we must do Dr. Sick the justice to say that, except in the matter of the doses and their infrequent administration, in chronic diseases mostly, he is not an out-and-out partisan of Hahnemann's doctrines, for he rejects Hahnemann's theory of the three miasms of chronic diseases.

In reference to gall-stones, he mentions a case of a woman of forty, who was extremely liable to attacks of gall-stones and jaundice, for which she had long been treated with Carlsbad salts and homœopathic remedies, such as *Sulph.* 30, *Card. mur.* 3, *Nux v.* 30, *Graph.* 30, *Bry.* 30, *Chel.* 3, *Nat. sul.* 6, *Ol. tereb.* 3, *Calc.* 30, and at length the attacks became so severe and frequent that she was admitted into the hospital, and treated at first, with no particular result, with *Col.* 6, *Puls.* 6, and *Ars.* 3. It was not till *Arsen.* 6, three drops twice a day, was given that any rapid improvement came on; and under its use the jaundice, pain, and itching of the skin gradually went off. The jaundice and itching of the skin had lasted for nearly two years. The *Arsenic* was continued for seven months. The

result was perfect re-establishment of the health and strength, and no recurrence of the attacks of gall-bladder colic.

Dr. Sick believes in the power of homœopathic medicines to remove the morbid symptoms accompanying the presence of tapeworm, and to reduce the tapeworm to such a condition that it ceases any longer to throw off joints, but he does not think they will expel the worm. In hospital practice he gives *Kouso*, and finds it very successful in expelling the parasite.

In the treatment of wounds, such as gun-shot wounds and wounds after accidents and operations, Dr. Sick is greatly in favour of Bolle's cotton-wool bandage, which he employed with success in some very severe wounds. As Bolle's treatment of wounds was published in the *Pop. Hom. Zeitung* of 1864, years before Lister published or practised his familiar method, and as in some points, to wit, the careful exclusion of air, the retention of the dressing undisturbed for a long period, and the employment of cotton-wool in place of lint or charpie, both treatments are alike, we think that to Bolle, rather than to Lister, the profession and the public are indebted for the introduction of these innovations in surgical dressing, which are now considered to be so indispensable, but which are so directly contrary to the practice of former days. Bolle's plan was as follows:—He brought the edges of the wound carefully together, then covered it with a layer of cotton-wool soaked in *Tincture of Arnica*, over this he placed dry cotton wool, then a layer of sticking plaster, tightly applied, then more cotton wool, and finally a roller bandage to keep all in its place. In this way he formed a dressing impervious to air and any infectious matter communicable by air. This dressing he allowed to remain undisturbed for a longer or shorter period, according to the severity of the wound—four weeks being a not uncommon period, during which the original dressing was not removed. Dr. Sick records several severe cases of wounds which were received into the hospital, and treated on this plan with remarkably successful results. In the case of wounds whose edges could be brought together, the dressing on being

removed after a fortnight or more, showed only the surface of the cotton next the wound stiffened with the secretion from the wound and discoloured with blood and some exfoliated epidermis upon it. When there was loss of substance and the edges of the wound could not be adjusted, a thick layer of pus was found between the discoloured cotton and the red granulating cicatrix, but the secretion had no bad odour at all. As Bolle's dressing seems to be quite as efficacious as Lister's, and not nearly so troublesome, we think it might in many cases, especially in private practice, be advantageously used in place of the more complicated process of our countryman. In a campaign the superior simplicity of Bolle's method must be a great recommendation. Dr. Sick imagines that Bolle's method effects such excellent results, excluding spores, bacteria, and the like, from the wound. But then he believes that Lister's plan succeeds for the same reason, but as it has been proved that bacteria flourish in any quantity under Lister's dressing, we fancy they will be found equally well under Bolle's, and hence the efficacy of either method cannot depend on the prevention of the development of microscopic organisms. Probably the success of both depends on the prevention of putrefactive decomposition of an altogether different kind. The absence of fœtor in the discharges after the dressings have remained unchanged for weeks seem to point to this, and probably bacteria and other micrococci have nothing to do with rendering wounds dangerous or fatal.

In the treatment of chronic ulcers, especially those of the leg, that are very obstinate, Dr. Sick is an advocate of Schroth's thirst cure, of which we gave an account in vol. viii, p. 262. The fever produced by this very disagreeable "cure" sometimes runs very high. In one case treated at the Stuttgart Hospital it presented the appearance of typhus, with a temperature of 40° C. (104° F.), and a slough on the sacrum. This fever is to be combated by the cautious administration of light wine or water, and by packing according to the method of Priessnitz. Dr. Sick says it is very efficacious with these old ulcers, and others have found it serviceable in old gun-shot wounds.

On the whole, we are much pleased with this little book. It is pleasant to read anything from the pen of a really practical man, who has had good opportunities of seeing a large number of cases under such favourable circumstances as Dr. Sick enjoyed. It is but too seldom that we get anything from such practical men. Fleischmann, who enjoyed such advantages in his position at the head of the Gumpendorf Homœopathic Hospital, hardly ever wrote anything. Wurmb and Tessier did a good deal, but Dr. J. O. Müller, who has been at the head of the Sechshaus Hospital so many years, never gives us the benefit of his vast experience. Many others who are known to have immense practices keep all their valuable experience to themselves. It would be more to their credit, and do more for the advancement of the excellent method of Hahnemann, were they to impart their experience to their younger colleagues, than all their boasting about the thousands of patients and the infinite variety of the diseases that have passed through their hands. The number of contributors to the homœopathic literature of this country may almost be reckoned on one's fingers, and not all of them enjoy the largest practices. Many of our eminent practitioners never enlighten their brethren by scrapes of their pen, and we know this is not from inability to do so. Want of time is not a valid excuse, for the most occupied practitioner could spare an hour or two in order to jot down some valuable item of his experience. Perhaps laziness is the only reason for their far from golden silence.

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*The Pathology and Treatment of Hereditary Syphilis.* By  
H. C. JESSEN, M.D., &c. Chicago: 1879.

THIS is a short pamphlet of twenty-four pages on a long subject. It is so condensed and meagre in details that it seems more like notes for future expansion into lectures or a treatise than a complete work on the subject. Still, it

may be very useful in reminding practitioners of the modes of production of hereditary syphilis, the main symptoms of that cachexia, and the general method of homœopathic and dietetic treatment for it. Syphilis has been so much studied of late years, and so many treatises on it have been published by illustrious, careful, and much-experienced practitioners, that it would be difficult to write anything novel or original about it. We may say that Dr. Jessen is an adherent of the doctrine of the essential difference in nature of the poisons that produce the two forms of chancre, the soft and the hard. In enumerating the various modes in which syphilis may be propagated he omits to mention that the mother may be infected by the fœtus in utero, which has been syphilitised by a syphilitic father.

A case occurred in our own practice which illustrates this curious phenomenon. A gentleman who had had syphilis twelve years previously, which after developing secondary symptoms had been rapidly cured by *Mercury*, and who had for some years at least been apparently quite free from taint of any sort, married a perfectly healthy lady, who soon became pregnant. Towards the latter part of her pregnancy she became covered with copper-coloured blotches of evident syphilitic character. We need hardly say that she had no signs of infection of primary syphilis. We told her what was the cause of her disease, and that the probability was that her infant would be diseased and would die. Her syphilitic symptoms went on increasing, and at or near the full term she was delivered of a child that only survived a week or two. We did not see the child, as she was confined in the country. The lady's syphilitic symptoms went on and proved very serious, large ulcers breaking out in different parts of the body. This case illustrates three points in syphilidology, first, that a man may be apparently quite well, and that for many years, and yet be capable of begetting a syphilitic child; second, that a woman may be infected from her fœtus; and third, that the syphilitic symptoms may appear on the mother during pregnancy.

*A System of Surgery.* By WILLIAM TOD HELMUTH, M.D.  
Fourth edition, revised and corrected. Boericke and  
Tafel.

THIS edition is said on the title page to be the fourth, but the preface makes it the third. We reviewed the second in 1874. The author tells us that in its present form the work "has been rearranged, many portions of it have been entirely rewritten, and while much new matter has been added a great deal that appeared in the former volume has been omitted." It now makes a large and handsome volume of over 1000 pages, with 558 woodcuts; and supplies to the homœopathic student all the surgical information ordinarily necessary. In using it, he has the satisfaction of knowing that his guide is no mere compiler, but a practical surgeon of large experience and eminent operative skill, who thus can check the statements he quotes from others, and supply much from his own storehouse.

Our previous review went so fully over the contents of Dr. Helmuth's work that it would be repetition to follow the same course now. Many of the criticisms we made upon the second have become inapplicable to the present edition, from the thorough revision it has received; and we have few of our own to add. We could have wished that the omissions mentioned by the author had included the subjects of quinsy, nephritis, hepatitis, and such like, which are hardly in place in a work on surgery, and are treated quite inadequately. We are sorry that Dr. Helmuth has not exercised as much discrimination in his medical as in his surgical quotations. Such a statement as this, for instance, given without names and references, is quite valueless:—"The mercurial preparations are often used" for encephaloid periosteal cancer. "Some have highly recommended the oxymuriate of mercury, and, according to other authors, the treatment has proved quite efficacious." The following, moreover, must on other grounds be condemned: "The principal medicine in the treatment of this disease"—goitre—"is *iodine*, which has been used

by allopathic practitioners from a remote date, but within considerable success, from its improper administration." *Iodine* was only discovered in 1812, but its employment in goitre has been attended with far from "inconsiderable success;" and there is no recorded experience with it in the 3rd or 6th dilution repeated every second day (as Dr. Helmuth recommends its being given) which can compare with the practice of the old school in its administration. We have also to correct a statement made on page 672. It was *chlorine* water, not *bromine*, which Carroll Dunham advised for spasm of the glottis.

Apart from such faults, the work seems to us excellently well done. Dr. Helmuth's experience in the medicinal treatment of surgical disease is of much value to us; and we are pleased to find him endorsing to the full the usual high estimate among us of *Arnica* and *Calendula*, of *Berberis* (which he gives in infusion) for biliary colic, and of *Hydrastis* for (especially epithelial) cancer. It is satisfactory, moreover, to hear him saying:—"There is no doubt of the efficacy of homœopathic medication, not only in the early stages of strangulated hernia, but in advanced states of this disorder, soon after fœcal vomiting has commenced. I am positive in this assertion, and speak from experience in many cases, and so much so, indeed, that I rarely am obliged to operate for strangulated inguinal hernia."

From the extracts we have given, it will have been seen that Dr. Helmuth is hardly as ready with the pen as he is with the knife. He has given us, however, a useful book; and none of us who has anything to do with surgery can afford to be without it.

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*Lectures on Clinical Medicine.* By Dr. JOUSSET. Translated, with copious notes and additions, by R. LUDLAM, M.D. Chicago: S. C. Griggs & Co. London: Turner.

WE have so often in these pages expressed our high



appreciation of Dr. Jousset's clinical lectures that it is with special pleasure we welcome their appearance in an English dress. We are very glad, moreover, that the task of translating them has been undertaken by so capable a man as Dr. Ludlam, whose own clinical lectures on *Diphtheria* and on *Diseases of Women* are deservedly in high repute among us, and who has both the practical and the literary knowledge requisite to reproduce the thoughts of his French colleague for those of his own speech. Not content, too, with simply translating, he has copiously annotated the work—especially those parts which treat of gynecology—from his own reading and experience, and has obtained the co-operation of some of his colleagues—among whom we may specially name Drs. Small and Vilas—in similar contributions. He has thus enriched English homœopathic literature with a very valuable volume, and we tender him our best thanks for it.

Dr. Ludlam translates with no less ease and grace than he writes; and we can testify, as far as we have proved it, to his accuracy, at any rate when it is medical French that has to be rendered. He is hardly so strong when his author is not so strictly professional. Thus, "blanchir" is the habitual phrase in France for the laundress's art, so that when Ricord says, "qu'on blanchit la vérole mais qu'on ne la guerit pas," Dr. Ludlam should hardly render it (p. 58) "we may *blanch* the venereal disease, but we cannot cure it." So (p. 177), Dr. Jousset quotes Scarron's verse—

" Je vis l'ombre d'un valet,  
Qui, de l'ombre d'une brosse,  
Frottait l'ombre d'un carrosse—"

as illustrating the imaginary character of old-school therapeutics. Dr. Ludlam translates the last line, "brushed away the shadow of a coach," which destroys the consistency of the picture. It was the actual coach at which the valet was brushing, though both man and thing were shadows. Again, at p. 235, Dr. Jousset tells how the Academy of Medicine once welcomed a report of the value of *Capsicum* in hæmorrhoids, innocent of the homœopathic

origin of the practice, and says, "cette présentation de poivre ne manquait pas du sel," which Dr. Ludlam translates, "smacked a little of salt." He loses there by the allusion to the "Attic salt" of wit, which, the author meant to suggest, seasoned the occurrence. At p. 340, Dr. Ludlam renders "prétend" by our English "pretends," but it simply means "alleges," without implying any judgment as to the *mala* or *bona fides* of the allegor. There is also an error here of another kind. Dr. Ludlam writes—"Strack, of Mayence \* \* pretends that at the end of four days, when *Viola tricolor* is taken by healthy persons, the face becomes covered by thick crusts." Now there is nothing about healthy persons in the original, which says of the drug:—"Strack, de Mayence, l'administrait en poudre, dans du lait, contre les croûtes laiteuses, et il prétend qu'au bout de quatre jours le visage se couvre de croûtes épaisses." Again, "*Plumbum* should produce vaginismus," scarcely represents "D'après Richard Hughes, *Plumbum* aurait produit le vaginisme," which states what has been, not what should be.

As these are the only faults we have to find with Dr. Ludlam's translation, it may justly be inferred that our verdict upon it must be extremely favourable.

*The Homœopathic Therapeutics of Uterine and Vaginal Discharges.* By W. EGGERT, M.D. Boericke and Tafel. London: Turner.

THIS royal octavo volume of 543 pages is a repertory, embracing every imaginable morbid feature connected with the discharges to which women are prone, and every possible concomitant thereto. As the latter subject embraces the whole female organism, it is not surprising that three fifths of the book are taken up with it. The work is introduced by a preface of astonishing English, but sound "Hahne-mannian" orthodoxy, and we know accordingly what must be its material. All the symptoms which a medicine has

come to "have," whether pathogenetic or clinical, derived from recommendation or inference, supplied from true sources or false, verified or disqualified, will be found here without discrimination. The "rage before the menses" and "tenacious leucorrhœa" of *Aconite*, so completely put out of court, the pathogeneses of Houat, so utterly discredited, are used as freely as the provings of Hahnemann and the clinical verifications of Dunham. Any one who uses this repertory, therefore, must be aware that he is treading upon insecure ground; and must only so far avail himself of its help as to lead it to suggest remedies of which otherwise he might not have thought.

Were it not for the "shoddy" of its materials, we should have had to speak with commendation of this book; for it is well arranged, and very handy for reference. Even as it is, the practitioner who can discriminate between the wheat and the chaff it contains may employ it with advantage in a field of practice for which we certainly want aid.

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*The Medical, Surgical, and Hygienic Treatment of Diseases of Women, especially those causing Sterility, the disorders and accidents of pregnancy, and painful and difficult labour.* Second edition, enlarged. By EDWIN M. HALE, M.D. Boericke and Tafel. London: Turner.

THIS book is as widely different from its predecessor as any two on a cognate subject, and proceeding from the same school in medicine, could well be. It is not merely that Dr. Hale has written a treatise, while Dr. Eggert has merely given a list of symptoms and medicines. The great difference is that treatment by homœopathically-acting internal remedies, which is all in all to Dr. Eggert, plays but a subordinate part in Dr. Hale's therapeia. He, indeed, professes, no less than the other writer, his belief that "the law of cure, enunciated by Hahnemann, is

universal and all-embracing ;" but by extending it to local action, and by his theory of primary and secondary homœopathicity, already expounded in these pages, he is able to include therein pretty nearly the whole armamentarium of caustics and antipathic medicinal agents employed in the ordinary treatment of uterine affection. All this shows the absurdity of using names to designate the practice of any body of men, where the *quot homines, tot sententiæ* will always to some extent hold good.

Dr. Hale's volume consists of an enlarged edition of a previously-issued treatise on sterility (which had not reached us) and of the two chapters on dystocia contributed to Dr. Richardson's *System of Obstetrics*, of which we spoke favourably when reviewing that work. It brings together a great deal of useful matter, obtained both from reading and observation, bearing on these two subjects ; and will be found of much use to all among us who cultivate gynæcology and practise the accoucheur's art.

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*A Text-book of Electro-Therapeutics and Electro-Surgery, for the use of Students and General Practitioners.* By JOHN BUTLER, M.D., L.R.C.P.E., L.R.C.S.I. Second edition, revised and corrected. Boericke and Tafel. London : Turner.

DR. BUTLER, whose British diplomas at once commend him to our favourable notice, has given in the above volume a most excellent treatise on the use of electricity in medicine. He has gone to work in the true way of Hahnemann, by first ascertaining and recording the action of this force upon the healthy subject, and in the light thereof appreciating its reported curative action in disease. Having thus, as he believes, demonstrated its homœopathicity to the affections it cures, he seeks to ascertain its precise place in therapeutics and the indications for its use in preference to other remedial means. Since to this work, so indispensable for practitioners of our school, he adds all necessary infor-

mation as to the choice, management, and application of instruments, and as to the uses of electrolysis in gynæcology and surgery, he has supplied us with a text-book on the subject, complete in itself, and rendering—for the ordinary practitioner—any other superfluous. It is written, too, in a style free from the extravagances which disfigure many treatises on electro-therapeutics, and, indeed, in a spirit eminently scientific and satisfactory. We have much pleasure in introducing it to our readers.

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*Condensed Materia Medica.* By C. HERING. 2nd Edition.  
Boericke: New York, 1879. London: Turner.

If we do not attach much value to this work our estimate of it does not seem to be that of Dr. Hering's American colleagues, for here we have it in a second edition with five additional medicines "condensed" like the others. In this second edition none of the objections we raised to the work in its first edition are removed, so we must rather regret that it should have obtained such a considerable popularity as this reprint seems to indicate.

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*Homœopathic Therapeutics.* By S. LILIENTHAL, M.D.  
2nd Edition. Boericke: New York, 1879. London:  
Turner.

THIS is practically the same work as that we recently reviewed in these pages. The stock of the first edition having been destroyed in the disastrous fire that consumed Boericke's warehouse, Dr. Lilienthal had to prepare a reprint, and took advantage of the opportunity to "correct all sins of omission and commission" in the first edition. We do not perceive that he has corrected any of the sins, or rather we should say, venial errors, we pointed out in

our review, probably because he does not agree with us in thinking them to be errors.

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*The Grounds of a Homœopath's Faith.* Three Lectures by SAMUEL A. JONES, M.D., Professor of Materia Medica, Therapeutics, and experimental Pathogenesis in the Homœopathic Medical College of the University of Michigan. Boericke and Tafel.

THESE lectures were, as the title page states, "delivered at the request of Matriculates of the Department of Medicine and Surgery (Old School) of the University of Michigan." They display all the bibliographical knowledge and the vivacious style to which we are accustomed in the pages of this clever writer. His manner of late has grown too Carlylese to be original or (to our mind) agreeable; but this is when he is engaging in personal controversy. When, as here, he is occupied with pure science, nothing can be more pleasant reading than his pages.

The argument of his lectures is clear and forcible. In the first he demonstrates (after Carroll Dunham) that the law of similars establishes its claim to science in that it enables prevision, illustrating this by Hahnemann's *à priori* choice of the remedies for cholera, and leading up thereto by a sketch of his life and discovery. In the second, he proves the single remedy to be a necessity of science, showing how all real advance in medicine has led from poly- to mono-pharmacy. In the third, he argues that the minimum dose is an inevitable sequence of the law of similars and the single remedy; and very aptly traces the treatment of dysentery in the old school from the monstrous prescriptions of *Paulus Ægineta* to the hundredth of a grain doses of corrosive sublimate recommended by Professor Ringer. He makes it quite clear that science itself is leading the better men of the old school to these three articles of the homœopath's faith; and we hope that his

demonstrations were taken to heart by his audience, for whom nothing could have been better designed. The lectures, as published, are likely to prove of much service to well-affected men of the old school into whose hands they may come.

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*A Guide to Homœopathic Practice, designed for the Use of Families and Private Individuals.* By J. D. JOHNSON, M.D. New York: Boericke, 1880.

As long as homœopathic practitioners are not to be met with everywhere, like Newcastle grindstones, rats, and Scotchmen, and as long as ladies and gentlemen, but especially ladies, will wish to treat the ailments of their children, selves, and friends without calling in the doctor, so long will domestic works on homœopathy be in demand and be supplied. In fact, domestic works are the only works on homœopathy that have a very large sale, especially in this country, as the numerous editions of Laurie's and Ruddock's manuals testify. Dr. Johnson's seems a tolerably good specimen of this class of works. It errs in attempting too much. It need hardly be said that such diseases as inflammation of the brain, cerebro-spinal meningitis, hydrocephalus, pneumonia, phthisis, hydrothorax, hepatitis, enteritis, hernia, Bright's disease, diabetes, puerperal convulsions and peritonitis, delirium tremens, dropsy, typhoid fever, yellow fever, tetanus, and some other diseases here treated of cannot safely become subjects of domestic treatment, and are better left to the charge of educated physicians and surgeons. A useful *Materia Medica* of the fifty-six medicines mentioned in this work forms its second part, and the index is, as it ought to be, very complete. On the whole Dr. Johnson's work may prove of value to those who have not Hering's or one of the others alluded to above.

*The Homœopathic Physicians' Visiting List and Pocket Repertory.* By ROBERT FAULKNER, M.D. 2nd Edit. New York: Boericke. London: Turner.  
*Silverlock's Medical Practitioners' Visiting List and Diary.* 1880.

DR. FAULKNER'S *Visiting List* is, as its name implies, intended for the homœopathic practitioner, and a useful repertory accompanies it. It is not arranged for any particular year, but has ample room for a record of every day in the year. It is handsomely bound in black morocco, and is of a size adapted to the pocket.

SILVERLOCK'S *Diary* has been politely forwarded to us by Messrs. Armbrecht, Nelson, and Co. It is essentially a work for an old school practitioner, but besides containing information respecting doses of all sorts of medicines on the allopathic scale, and other items that are of value to the orthodox practitioner only, it contains a great deal of information that is equally valuable to the homœopathist.

Either of these works may be used by any practitioner, but, on the whole, we prefer the arrangement of the English work to that of its American rival, notwithstanding the repertory in the latter, which may prove useful as a refresher of the memory, that it is rather meagre.

*New Part of the 'Cypher Repertory.'*

We call the attention of our readers to the new part of this valuable work just published. It contains the symptoms of the Female Genitals, and has been well executed by Drs. Drysdale and Stokes, who have already contributed the greater number of chapters to this work. This part is paged separately as it is rather out of order in its publication, two chapters which are not yet published intervening between it and the part last published.



## OUR FOREIGN CONTEMPORARIES.

AMERICA.—*North American Journal of Homœopathy*, Nov., 1878—Nov., 1879.—The November number of this publication contains the long-expected pathogenesis of *Palladium*, by Dr. Hering, which will be read with much interest. The metal was proved by thirteen persons. Dr. Hering thinks it indicated in uterine and ovarian disorders like those for which *Platina* is given, when the mental symptoms characteristic of that drug are absent. The editor continues his useful translations, giving us in this number the beginning of Dr. Gerstel's study of *Mezereum*, which was prepared for the World's Convention. He is not so happy in his rendering of Dr. Jousset's clinical lectures on purpura. The author relates a case treated at the Hôpital Val de Grâce, for the sake of the phenomena which occurred. Dr. Lilienthal assumes that the patient applied to Dr. Jousset at a homœopathic dispensary, and received *Quinine*, &c., *secundum artem*; and then exclaims, "Is this the homœopathy of France?" We accordingly have *The Organon* (to which *L'Art Médical* is probably unknown) saying, in reference to this translation, "Dr. Jousset's cases are simply a disgrace to homœopathic literature." Dr. Hale extracts from the *Eclectic Medical Journal* a cure of a reputed case of diabetes mellitus with an infusion of *Lycopus virginicus*.

In the February number we again meet with Dr. Hering ("Father Hering," as the editor affectionately calls the veteran homœopathist), and, much to our gratification, find him departing from the narrow lines of his party, by recommending the use of *Amyl nitrite* by inhalation, as a palliative in angina pectoris. He excellently says:—"The old school doctors have taken from us dishonestly, let us take from them honestly." Dr. von Tagen communicates some more facts showing the power of *Calcarea phosphorica*, in the triturations from the 6th to the 30th, to promote

ossification in fractures, bone disease, &c. Dr. Lilienthal continues the translation of Gerstel's *Mezereum*, and Dr. Berghaus begins that of Lohrbacher's *Causticum*.

In May we find a very able paper by Dr. W. S. Searle, entitled "A New Form of Nervous Disease." This is "characterised by a sensation of sudden shock or blow, or explosion, usually located in the occipital region, which is sometimes preceded by an aura, similar to that of epilepsy, and is always followed by passive congestion of the cerebellum." His remarks on the pathology of this affection—of which he relates nine instances—show thorough acquaintance with the subject; and it is interesting to find that *Argentum metallicum* and *Digitalis*\* prove its most useful remedies. We should like to know, however, where Dr. Searle found "electric shock terminating in an explosion near the foramen magnum" in the pathogenesis of the former drug. We cannot discover it in Allen. The studies of *Mezereum* and *Causticum* are continued. The remarks of the author on the pathogenesis of the latter drug display much of that blind credulity about medicinal effects which we have often had to reprobate. "Complete paralysis," he writes, "is very rare after *Sulphur*, while it occurs frequently after *Causticum*." What evidence have we that either of these drugs (which are not poisons) ever caused anything like "complete paralysis?" Another translation from the German is Dr. Buchmann on "Molecular Attraction and Repulsion." He supplies a crucial experiment illustrating the specific morbid effect of undue nutriment. "A *Ricinus purpureus* developed itself beautifully by manuring it with Chilian saltpetre. But when I doubled the quantity of saltpetre in the solution chlorophyll discoloration set in in the centre of several leaves, they shrank, and the affected parts of the leaves died. By conveying a surfeit of nutritive matter we caused a pathogenetic molecular attraction instead of a nutritive one, showing, without doubt, a special predisposition of some cellular territories for this combination."

We are compelled to note another instance of unwarranted

\* See vol. xxvii of this Journal, p. 150.

assertion, this time from the clinical side. In a paper on *Berberis*, Dr. H. V. Miller says that this drug "has repeatedly cured fistulæ recti, when attended with bilious symptoms, or dry troublesome coughs." Rectal fistulæ are not so easily cured by internal medication as this statement would lead us to imagine.

The August number begins with a paper by Dr. Hering, entitled "Alternation with the Antidote." Referring to his curious recommendation of an alternation of *Colocynth* with strong coffee in a form of colic, he extends a similar countenance to the administration of opiates in connection with the specific remedy where great pain is present. Verily, this *princeps* among the Hahnemannians must be disturbing the minds of his fellows while gladdening ours. Of Dr. Allen's interesting article on Houat's provings, which follows, we have spoken elsewhere in our present number. Dr. McNeil contributes some new "Characteristics," which may be worth recording:

"*Apis*.—In intermittents, when during the paroxysms the lips swell and are painful.

"*Ignatia*.—Labour-like pains relieved by lying without pillows, and with the foot of the bed elevated.

"This, I think, will be found useful in the many pains which women suffer in labour, abortions, dysmenorrhœa, &c., and probably in those found in the other sex.

"*Rhus tox*.—Violent colic pains, relieved by lying on the back, with the lower extremities elevated vertically." We suppose this means on the mantel-piece; it would be difficult otherwise to sustain the legs in such a position.

"*Sulphur*.—Children cry violently without any discernible cause; only pacified by rubbing or by taking into cool air.

"I impute the crying to an itching that torments the child, although no eruption can be discovered." Dr. Edward Chapin gives the outline of some new provings of *Apocynum*, which will be found in full in the tenth volume of Allen's *Encyclopædia*.

Dr. Hering, whose literary activity is untiring, has another article in this number on possible remedies for

the plague, and at its close begins a collection of the symptomatology of *Lyssin* (as he now styles what used to be called *Hydrophobin*). It seems that that which has been proved and employed under this name is a trituration of the saliva of a rabid bitch, obtained in 1833. In preparing it, Dr. Hering states that he was affected with intolerable feelings of apprehension.

In the November issue we have a proving of another rare metal, *Cesium*, by Dr. W. E. Leonard. It contains, with its predecessor, several translations from French and German sources; and some further contributions to the two cognate controversies now raging among our American colleagues, viz. those excited by Dr. C. Wesselhoeft's microscopic examination of our triturations, and by the proposal emanating from Milwaukee to test our high dilutions by crucial experiment. We hope to give a full account of these matters in our next number.

Throughout this series of the *North American Dr.* Ludlam continues his survey of the gynæcological literature of each quarter, and makes a very instructive thing of it.

We find that we must limit our notice this time to our quarterly contemporary. A mass of numbers of the monthlies lie before us, and we shall endeavour to survey their contents next time.

## CLINICAL RECORD.

*Sulphur in Chronic Ulcer of the Legs.*

By A. G. SANDBERG, L.R.C.P. Ed.

JAMES P—, 49 years of age, a compositor, consulted me on September 20th, 1879, for a chronic ulcer of the right leg. He had suffered from the ulcer for five years. The patient described its commencement as follows:—"Five years ago I noticed a blister on my leg, this broke the same night, and has never healed." He was quite well previously. No history of syphilis, though half a year before the ulcer appeared he had gonorrhœa. The patient had been of rather intemperate habits before the ulceration appeared. Since that time he had been attending St. Bartholomew's, Charing Cross, and King's College Hospitals. The leg appeared much inflamed, and the ulcer was about the size of a florin, and of an unhealthy brown colour.

The patient otherwise was in a good state of health, the only other symptom complained of being a slight irritation over the back. The leg was very hot and painful.

I ordered him a lotion of *Aconite* (two drachms of the 1<sup>x</sup> tincture to one third of a pint of water) to be applied to the ulcer and round the inflamed parts; also internally *Sulph.* 3, *mj* ter die.

September 27th.—He was rather better. Medicine and lotion repeated.

October 1st.—Repeat medicine and lotion.

4th.—Still improving; the ulcer seems to be smaller. Repeat.

11th.—"Not quite so well, the pain being rather severe in the leg." Repeat *Aconite* lotion and *Sulph.* 3.

18th.—Better again. Repeat medicine and lotion.

25th.—Repeat.

November 1st.—Much better. The ulcer rapidly “filling up.” Repeat.

8th.—Repeat.

15th.—Ulcer quite healed, nothing remaining but the redness of the leg.

29th.—Still well. Repeat *Sulph.* 3. Has kept at work all through his attendance.

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*Myopia from a blow. The mechanism of accommodation.*

By R. E. DUDGEON, M.D.

A. E—, aged about twenty-six, was struck by the cork of a soda-water bottle, let off beneath him, on the inferior and outer part of the left eyeball. The pain caused by the blow was extreme, and the vision much affected. Within a few minutes of the accident he was at the Moorfields Ophthalmic Hospital, and his sight was tested by a medical man there. Vision was very foggy, and fingers could only be seen and counted at a small distance from the eye, in which position they appeared magnified. Ice to the eye was prescribed. On going home he saw Mr. Engall, and as the pain still continued of an intense burning character, and as blood was effused into the anterior chamber, filling it inferiorly almost up to the line of the pupillary border, Mr. Engall prescribed *Arnica* in compresses, which soon caused the blood to disappear. Pain still persisting (it lasted for three days), and the eye being highly injected, *Aconite* was prescribed and a powder of *Merc. corr.* The pain and inflammation having subsided the pupil appeared egg shaped, the long diameter perpendicular, the smaller pointed end of the egg directed downwards. By this time the vision was clear, but extremely myopic, only things held at less than two inches from the eye being distinctly visible, and then highly magnified. Vision beyond this was extremely indistinct, no details of objects being distinguishable. Mr. Engall applied *Belladonna*, which caused dilatation of the pupil, but had no effect on the vision. *Bell.* was also given internally. When the *Belladonna* mydriasis had subsided the pupil appeared round, but the vision remained as before. Mr.

Engall sent the case to me a week after the accident. I found the right eye normal and emmetropic, but in the left eye the pupil, though not much dilated, was sluggish. There was no pain, unless a slight tenderness on the top of the eyeball could be so called, the refractive media of the eye were quite transparent, and there was little or no vascular turgescence. A book had to be held within four inches of the eye before he could see the letters distinctly, and then they appeared highly magnified. There was no dimness or fogginess of vision, but he could not distinguish the details of objects beyond that distance from his eye. In short, the eye was *set* at the highest possible degree of accommodation for near vision, and could not be moved from that. I prescribed *Physostigma* 3x every three hours, and after one dose he was able to see objects at a considerable distance, and the following day the sight was almost as good as ever. I saw him again eleven days after his former visit—eighteen days after the accident—and found his vision perfectly normal, distant and near objects being seen in the most perfect manner. The pupil, too, was normally contractile. There was some tenderness on pressure on the top of the left eyeball, and some conjunctival vessels appeared rather too plainly, but the eye could be pronounced well.

This case, I think, illustrates the views I have repeatedly set forth with regard to accommodation. The blow on the lower and outer part of the eyeball had tilted the lens on its horizontal or perhaps oblique axis to such a degree that the lower fibres of the ciliary muscle were overstretched and paralysed, if not actually lacerated. The lens was thus in the position of accommodation for the nearest possible distance, and the weakened or injured portion of the ciliary muscle was unable to restore it to the proper place required for distant vision. Were the views respecting accommodation usually held correct, this condition of the vision would imply a continual and extreme spasm of the ciliary muscle, so as to keep the capsule of the lens in a state of laxness, and allow the lens to assume a convex form by its own elasticity. But then the dilated and irregular state of the pupil militates against this view, not to mention that the exciting cause—a sharp blow—is more likely to cause paralysis than spasm of the delicate ciliary muscle. The circumstance that the full dilatation of the pupil by *Belladonna* was without effect on the myopia is another

reason for disbelieving in any spasm of the ciliary muscle. On the other hand, a mechanical turning of the lens, as I have elsewhere explained, will shorten its focus and cause any conceivable amount of myopia. The degree of myopia in this case was greater than could be produced by the utmost effort to accommodate the eye for near vision, and it was permanent. It is impossible to suppose a spasm of the ciliary muscle—even could it cause this degree of myopia—lasting for such a length of time—a whole week—without any painful sensation, and even resisting the paralysing action of *Belladonna*. On the other hand, the immediate effect of *Physostigma* might favour the idea of spasm; for the production of myopia, which is usually considered to be owing to general ciliary contraction, is a pathogenetic effect of *Physostigma*, and its relief would be a homœopathic cure. My own idea is that the *Physostigma* acted remedially on the overstretched or paralysed portion of the ciliary muscle, restoring its tone gradually, and so enabling it to replace the lens in the position adapted for distant vision. The restoration to normal accommodation power was not effected by a sudden spring, as in the natural changes from near to distant vision, but gradually, for though great improvement was observed soon after the first dose, it was not complete until after the lapse of a day or two.

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*Vaccination and Smallpox.* By DR. DUDGEON.

Miss H. S—, æt. 55, was exposed to the contagion of smallpox during the early days of March last in the following way:— Her housemaid had been to see a friend in the house of a medical practitioner, a strong opponent of vaccination, whose children—all except one, who had been vaccinated at school against his father's wish—were lying ill with smallpox, to one of whom it proved fatal. The housemaid some time after this exposure to infection took ill with feverish symptoms, and her mistress, Miss S—, being fond of her, nursed her until the 2nd March, when the disease proving to be smallpox, she was sent off to a smallpox hospital at Haverstock Hill. Miss S—, who had not been vaccinated successfully since infancy, was vaccinated on the 3rd



March, and the vaccinia ran a perfectly normal course ; so that on the 10th March the three points of vaccination displayed the characteristic appearance of normal vaccinia. On the 11th March febrile symptoms came on, which increased to such a degree next day that I was sent for. I found the pulse about 120, the temperature of the skin 103, great pain in the back, nausea, and general uneasiness. I looked at the arm, and found the vaccinia perfectly normal, with a moderate amount of redness and swelling around the vesicles. The patient told me she had nursed her smallpox maid before being vaccinated, but as there was yet no eruption on her skin, I was in hopes that I had to do with a case of rather severe vaccine fever. However, the following day there was no room for doubt, she showed red spots all over face, body, and limbs, and smallpox eruption soon showed its characteristic appearance. The fever immediately ceased on the development of the pustules, which, though pretty generally distributed, were moderate in number. After attaining their full development they almost suddenly shrank and dried up, and no marks were left. It is to be remarked that the vaccine vesicles shrank into insignificance, and their red areola suddenly disappeared on the occurrence of the variolous pustules. In this case the system had received the infection of variola before that of vaccinia ; the vaccinia ran its course normally up to the ninth day, by that time the variolous infection, having completed its period of incubation, assumed the upper hand, causing the vaccinia to abort. In its turn the variola was evidently modified by the vaccinia, as the pustules seemed struck with a sudden blight, and shrivelled up.

## MISCELLANEOUS.

*A Letter of Hahnemann.*

THE following letter addressed by Hahnemann to the Minister of Public Instruction of France *apropos* of an application made to Government for the establishment of homœopathic dispensaries and hospitals is interesting and, as far as we are aware, has not hitherto been published. It was communicated by Dr. Tessier to the Homœopathic Medical Society of France, and is published in the *Bulletin*. The original is in French. The year 1835, when it was written, is the same year in which the fair Mélanie d'Hervilly travelled to Coethen, and captivated the founder of homœopathy with her mature charms. May we not imagine that the old gentleman was assisted in its composition by his French charmer?

To M. the MINISTER OF PUBLIC INSTRUCTION OF FRANCE:

SAMUEL HAHNEMANN, Discoverer of Homœopathy.

M. LE MINISTRE,—

I read in the *Moniteur* that you have been pleased to consult the Academy of Medicine, in order to ascertain "if it is desirable to establish in Paris dispensaries and a hospital where the sick shall be treated according to the principles of homœopathic medicine."

The welfare of humanity interests me too intensely to allow me to remain silent before a question of such importance. M. le Ministre, my conscience forces me to enlighten yours, which nobly wishes to hail and to protect the most important of all the sciences, that which restores and preserves life; a new science trenching, like all new discoveries, on some private interests, and on that very account, wherever it seeks to establish itself, encountering oppositions which, in order to hinder its propagation, compel themselves to question the truth of its principle.

All the systems of medicine hitherto invented, regard diseases as capable of being *displaced* materially by violent means, which weaken the vital force with bloodletting and evacuations of all sorts. Homœopathy, on the contrary, acting dynamically on the vital spirits, *destroys* diseases in a gentle, imperceptible, and durable manner. Hence it is not merely an ingenious invention, a skilful combination that produces results more or less beneficial in its application, but it is a principle of eternal nature, the only one able to restore to man his lost health. The science established on this principle, which is expressed in the sentence *similia similibus curentur*, is, and will continue to be in opposition to all the medical doctrines, and to those who practise them; consequently, M. le Ministre, you cannot accept for its judges those who are unacquainted with it, or who are directly interested in opposing its progress.

The members of the Academy of Medicine of Paris are respectable men, but it should not be forgotten that long habit attaches them to the practice of an imperfect science, which, in the absence of a better, has hitherto governed the health of mankind. They know not what homœopathy is; in their ignorance they regard it as a chimera, they refuse to study it, are unable to conceive its effects or its application. I do them the justice to believe that successful results may convert them, but it is requisite to be able to obtain these results, and the chance if this should not be submitted to their approbation.

Homœopathy only demands from its detractors to be allowed to prove its power; this proof will be the more evident the greater the number of individuals on whom it is produced. A homœopathic hospital, however small, if it be well ordered and exclusively subjected to the influence of this system of medicine, is certainly a sure means of convincing people of its excellence. I entreat you, M. le Ministre, to be guided in this important matter by your own convictions, which you may enlighten by applying to the members of the Homœopathic Society of Paris; consult them upon the principle which guides us, and give them the means of showing you its truth, by confiding to them a hospital, uninfluenced by the adverse superintendence of physicians of the old school. The results will be prompt and favourable. I promise this by my long experience, and entreat you to credit the word of an old man, the friend of humanity.

It is only the advantage of the French whom I love, and no personal interest, that guides me in the advice I make bold to proffer to you now, and I shall be happy to be able to answer your questions if you consider it requisite to have more detailed information.

M. Le Ministre, your poet Beranger says—

Combien de temps une pensée,  
Vierge obscure, attend son époux !  
Les sots la traitant d'insensée ;  
Le sage lui dit : Cachez vous.  
Mais la rencontrant loin du monde,  
Un *fou* qui croit au lendemain,  
L'épouse ; elle devient féconde  
Pour le bonheur du genre humain.

This is my story, M. Le Ministre ; at eighty years of age I must still beg my fellow-creatures to pardon me for doing them good.

I trust you will accept my observations, and cause to be established in Paris an independent homeopathic hospital, submitted to your jurisdiction only, whereby my wishes will be accomplished, and I shall be rewarded for my immense labours.

I remain, M. Le Ministre, with the most profound respect,  
Your very humble and very obedient servant,

SAMUEL HAHNEMANN.

Coethen, Duchy of Anhalt ;  
13th February, 1835.

### *The Secret Revealed.*

A CAT in a bag is an object that excites the utmost curiosity, if not awe. It is a concealed mystery ; a hidden secret we long to disclose. But when the bag is opened and an ordinary pussy is revealed, curiosity gives place to indifference, awe to contempt. While the cat is concealed, and only betrays its presence by sundry movements, scrapings or low growls, we are apt to make all sorts of conjectures as to what it may be—some unknown monster, some ferocious creature with poison fangs and rattle, some lovely fowl, or some hideous reptile, but when Tom appears

we feel half ashamed of our previous curiosity and other emotions, and rather disposed to administer a disdainful kick to the vulgar beast for having so excited us.

The mystery that has so long hung over the mode of preparation of the high potencies of the notorious Jenichen, has, it strikes us, been of much the same character as that surrounding the cat in the bag; and now that our contemporary *The Organon* has revealed the secret, we feel that we have expended a useless amount of curiosity on an insignificant object of no greater consequence or interest than the cat out of the bag.

We can imagine the owner of the cat in the bag being very unwilling to dispel the mystery that enshrouds his property, and rather liking to retain the importance that attaches to himself as the possessor of an awe-inspiring or, at least, curiosity-exciting secret. We can fancy him resisting the entreaties of his friends to tell what was within his precious sack; we can figure his amusement at their wide-of-the-mark guesses. Probably the only way to get him to let the cat out of the bag would be to "rile" him by persistently declaring there is nothing in it. The cat-in-the-bag's owner would hardly be able to resist such treatment. Contempt will make him yield when entreaty is fruitless. Unlike the traveller in Æsop's fable, he refuses to part with his cloak to the genial sunshine of solicitation, but throws it off at once when subjected to the cold shade of scepticism. His consent to let his cat be seen would, we expect, be promoted supposing others appeared with cats in bags, and were by no means unwilling to let their cats be seen; but, on the contrary, flaunted them before his face, vowing they were the finest cats ever seen, and much superior to his poor cooped-up animal.

Such has been, *mutatis mutandis*, very nearly the history of that homœopathic cat-in-the-bag—Jenichen's mode of manufacturing his so-called high potencies. Drs. Gross and Stapf were the first patrons of these novelties—not that Jenichen was the first introducer of high potencies, so called, into homœopathic practice, for Von Korsakoff preceded him with his high potencies by infection, as we showed in vol. v. The novelty of Jenichen's high potencies was their mode of preparation, which he kept a dead secret, and secrecy also was a novelty in homœopathic pharmacy; if these gentlemen knew Jenichen's method, at all events they did not reveal it. Dr. C. Hering certainly knew it, and after the

death of Gross and Stapf—if not before—was the only one who possessed the secret.

Hering was frequently appealed to to reveal the secret, but his answer was, "If any one wishes to know how Jenichen's preparations are made, let him apply to Jenichen; I know it, and that is sufficient for my purpose."\* Solicitations were evidently fruitless to get the cat out of the bag.

Dr. Rentsch, of Wismar, a very scientific man, whose physiological researches in the domain of microscopic organisms resemble in some ways those of our own Drysdale, was constituted the heir of Jenichen. At the meeting of the Congress at Leipzig in 1851 he read a paper giving, from the writings of Jenichen and, where these were defective, from his own conjectures, the mode of preparation of Jenichen's potencies. We gave an account in our ninth volume of our impression of what Rentsch said at the Congress; not an abstract of his paper,† which we had not seen, and which, in fact, we did not see until after our own report had been published. Well, Rentsch's guess at the contents of the bag did not succeed in inducing Hering to let his cat out; so our venerable friend still continued to pass as the sole and envied possessor of the mighty secret.

But the bag, which was kept tightly closed against the solicitations and the guesses of friendly colleagues, was at last opened to Dr. Hughes's contemptuous remark in our No. of last January, that these high potencies are "utter impossibilities," equivalent to an assertion that there is nothing in the bag; that, in short, the whole affair is a sort of homœopathic Mrs. Harris, of whom the sceptical Mrs. Prigg said "she didn't believe there wasn't no sich person." Dr. Hering, more fortunate than Sarah Gamp, can triumphantly produce his Mrs. Harris in the flesh—he has a real cat to let out of his bag.

He was probably rendered more willing to do this by the crop of rival claimants to high-potency fame that had sprung up of late. As long as there was only one, poor Petters of Dessau, who tried to make high potencies according to Hahnemann's method, Hering had no difficulty in snuffing him out with the remark that his potencies had been tried and found useless, and although Rummel took up the defence of Petters, and even sub-

\* *Brit. Journ. Hom.*, v, p. 558.

† *Allg. Hom. Zeit.*, vol. xlii, Nos. 10 et seq.

jected his preparations to the ordeal of a solar microscope, it was of no avail. Jenichen and Jenichen alone would go down, and henceforth, for some time, high potencies and Jenichen's preparations were convertible terms. But when a crowd of high-potentizers appeared, each with his cat in his bag, which he made no pretence of concealing, but, on the contrary, which he displayed to all the world, appealing to all to say whether it was not the very perfection of cats, and especially a thousand times better than that old affair of Jenichen's, the possessor of the last-mentioned treasure felt that unless he displayed his very superior animal there was some danger that its place would be permanently occupied by one or more of the new claimants for admiration. There was Dunham with his 200ths, made by fastening his bottles to a mill-wheel; Fincke with his thousandths, obtained by the facile process of putting his dilution bottle under a water butt, and letting the contents flow through it at their leisure; there was Lehrmann with his high potencies made one way, Boericke with his high potencies made another way; Swan with his millionths, and Skinner with his ten millionths. The ingenuity of some of these potentizers is displayed in the complicated machines, automatic and other, for taking the labour of potentizing off their hands. Evidently one or other of these new high-potencies, some of which go up to millions, will soon shoulder the Jenichen potencies out of the swim altogether, unless it can be shown that his method is vastly superior to any of their modern rivals with their new-fangled machinery. So its custodian resolves at last and at length to let the Jenichen cat out of the bag, and he chooses *The Organon* for that purpose. Rather hard this on Dr. Skinner, who has his own special potencies, and his own ingenious machinery for potentizing.

We will now compare the accounts given by Hering and Rentsch of Jenichen and his mode of preparing the high-potencies connected with his name, in order to enable our readers to judge of the difference between them, and to appraise for themselves the value of Dr. Hering's cat in the bag.

*Rentsch.*

Casp. Jul. Jenichen, born  
at Gotha in 1787, was intended

*Hering.*

Jenichen belonged to a noble  
family of North Germany (what

by his father for the profession of law. In 1814 he went to fight as a mounted volunteer rifleman. Returned from the wars he bought a property near Gotha, where he devoted himself to training horses and veterinary medicine. When, in 1821, Duke Ernst erected a national manège Jenichen was appointed Master of the Horse and placed at the head of the institution. Owing to his skill in veterinary medicine he was appointed examiner of candidates. After the death of the Duke, the manège being done away with, Jenichen went back to his property and horse training. He had become acquainted with homœopathy in Gotha, and practised it on his horses. At the request of Baron von Biel, of Weitendorf, near Wismar, he undertook the management of his stables. After some years he retired from this post and settled in Wismar. Here he invented the high potencies, and whilst preparing them he got a disease of the feet and legs, which caused him so much pain that he committed suicide in February, 1849.

Jenichen was a man of Herculean strength. He once, for a wager, dashed his fist through a door panel, and he exerted all his strength in the prepa-

became of the "von" ?); he distinguished himself as a cavalry officer at Waterloo. After this he was engaged to be married, but on riding to his bride's house he learned she was dead, like

"The last lord of Ravenswood to  
Ravenswood did ride,  
To woo a dead maiden to be his  
bride."

He returned home alone, and being told that her life might have been saved by homœopathy, took to studying that system of medicine. Having acquired a knowledge of the practice, he devoted all his energies to curing horses. His muscular strength was prodigious. One day he saw a carriage and pair dashing down a hill at full speed. He caught hold of a horse with each hand and brought them to a standstill. (The size of the horses is not stated; perhaps it was a pony carriage.) The carriage contained the Grand Duke of Gotha and his lady. (When was the Duchy of Gotha made a Grand Duchy?) The Grand Duke invited Jenichen to his house, and made him his Master of the Horse. The British, with their characteristic meanness, translate this title (stallmeister) into "hostler." (We don't know who Dr. Hering refers to; as far as we know the British have



ration of his high potencies. The reason why he made high potencies was because he was discontented with the potencies produced on the method pursued by Hahnemann (whether with their effects on horses or men we are not told). He did not think better of Korsakoff's method, and resolved to find one for himself. He had the luck to make a great discovery—no less than a new law of nature (*Naturgesetz*); a real revelation of nature (*Naturoffenbarung*)—in this way:—Finding a bottle of the 29th dilution of *Plumb. ac.* dried up, the cork loose and dry, the idea occurred to him to potentise from this bottle up to the 200th. A patient affected with hereditary fetid perspiration of the feet, smelt once at a few globules saturated with this potency, and in a few days was permanently cured. After this Jenichen began all his high dilutions of earths and metals from the evaporated 29th dilution. Rentsch does not know if he did this with other medicines besides the metals and the earths. He thinks it probable that Jenichen began to potentise other medicines from the 5th or 3rd attenuation.

For the potencies from 200 to 800 he used alcohol, for those from 800 upwards the

always said he was a trainer of horses, on the authority of Rentsch and others; we don't remember to have heard him called "hostler.") At the duke's table one day he rolled up a silver plate as if it had been a piece of pasteboard, and afterwards tore the roll into shreds as if it had been a newspaper. (No wonder the Grand Duke did not retain his services very long. A new terror will be added to the business of a host if the guests are to roll up their silver plates like pasteboard and afterwards tear them to shreds like newspapers. We have heard the story of rolling up a silver plate with the fingers told of Count Orloff, a Russian ambassador, but the tearing it afterwards to shreds is new to us. *Moral*.—Don't ask athletes to dinner if you have any silver plate lying about.)

The high potencies, *i. e.* up to 800, are made in bottles  $4\frac{1}{2}$  inches long and weighing  $\frac{1}{2}$  oz. Each potency gets twelve strokes. The *highest* potencies—from 900 upwards—are made in bottles weighing 18 oz., including the contents. Each potency gets thirty strokes. The vehicle used is the water of Lake Schwerin, which is as clear as crystal. (Water "clear as crystal" does not give us information as to its purity.

water of Lake Schwerin, which is as clear as crystal.

The proportions of medicine to vehicle were, up to 200, 6 to 294; for those from 300 to 800, 1 to 300; for the remainder 2 to 12,000.

For the high potencies he used bottles  $4\frac{3}{4}$  inches high,  $\frac{3}{4}$  inch wide, which weighed  $\frac{1}{2}$  an ounce (one *Loth*). He used eight such bottles.

For the highest potencies he employed larger and heavier bottles, which, including their contents, weighed 18 ounces (36 *Loth*).

Jenichen sat or stood stripped naked to the waist, holding the bottle in his fist in an oblique direction from left to right, and shook it in a vertical direction.

The fluid at every stroke emitted a sound like the ringing of silver coins. He paused after every 25th potency, and the muscles of his naked arm vibrated. At first, after one day of potentising he had to rest about a week to recover, but when by practice he got into condition he would go on potentising without hurting the muscles, though every stroke shook his body as though it was electrified. He was latterly able to give 8400 strokes in an hour.

He worked at his voluntary

Our Thames water as supplied by the companies may be described as "clear as crystal," but we know that it contains a pretty considerable admixture of organic and inorganic substances.)

His regular proportion of medicine to vehicle for the high potencies is 1 to 300, for the highest potencies 2 to 12,000. But he does not know the exact proportion of composition in the highest potencies.

Dr. Hering gives exactly the same account as Rentsch of Jenichen's discovery of the art of making high potencies—which, however, he does not, like Rentsch, call a new-discovered law of nature or a revelation of nature—viz. the dried-up bottle of *Plumb. ac.* 29. The cork was shrivelled and loose in the bottle's neck, and had, perhaps, been so for years. He filled it three fourths full of alcohol, shook it, and then potentized a drop of this in his usual way with 300 drops of alcohol up to 200. With this he saturated some globules and cured with them a stinking foot-sweat of two years' standing.

Ever since that time J. made all the high potencies of the earths and minerals, as also some others, from evaporated phials. (It would be important

task from 10 p.m. till 3 a.m. keeping himself awake by drinking cold black coffee. He always took everything in the shape of food and drink cold, as he held warm food to be unphysiological, and he was a teetotaler.

From 200 he gave 10 shakes for each potency, from 300 to 800, 12 shakes, from 800 to 40,000, 30 shakes for each dilution.

Rentsch thinks that for every 10, 12, or 30 shakes, he counted a degree of potency. He thinks also that the peculiar efficacy of Jenichen's potencies was owing partly to their being started from the evaporated bottle of the 29th dilution, which he terms a revelation of a natural law, partly to the violent friction of the fluid against the sides of the bottle effected by his giant strength, partly by the magnetic power communicated to the fluid by his enthusiasm and will.

to know how many of the other medicines he potentized in this way, and if he did not make them all so, at all events it is evident from what Hering says, that he did not confine his remarkable method of potentizing from an empty bottle to the earths and metals; so, for all we know, he may have so prepared all his high potencies. Hahnemann taught that each dilution should be made with a hundredth part of the previous potency; but Jenichen, whose method was considered so infinitely superior to Hahnemann's by some of Hahnemann's immediate disciples, and who enjoyed revelations of nature denied to Hahnemann, prepared his potencies from an empty bottle. If Hahnemann took for his motto *similia similibus curentur*, it would not have been amiss had Jenichen adopted the motto *ex nihilo nihil fit.*)

Our readers have now before them the two accounts of Jenichen's mode of preparing his high potencies, Rentsch's guesses, and Hering's revelations, and they may judge for themselves how far they differ. To ourselves the difference between them is much about as important as that between the traditional tweedledum and tweedledee. They both say that the process of high potentizing commenced with a phial nominally of the 29th dilution from which all the medicine had been evaporated. This to Rentsch is a physical apocalypse (*Naturoffenbarung*). Hering discreetly omits to say what he thinks of it. They agree in the

proportions of vehicle to medicine, 1 to 300 for the *high*, 2 to 12,000 for the *highest* potencies. They agree also in the number of shakes given to each dilution. They both describe the muscular strength of this person as prodigious. Rentsch describes him dashing his fist through a door-panel, Hering as stopping a carriage and pair of horses madly galloping down hill with a Grand-Duke and his lady (possibly his Grand-Duchess), and afterwards rolling up silver plates and tearing them in strips.

The only point on which there is a material difference between these two authorities is where Rentsch suspects that Jenichen reckoned each 10, 12, or 30 shakes as a degree of potency irrespective of dilution. There is apparently no foundation for this suspicion in Jenichen's own communications, but yet there is nothing in them to render it impossible that such was the case, and Rentsch says the circumstance that he only employed eight phials in all for a medicine, and had them scalded with hot water for each subsequent medicine, rather strengthens Rentsch's supposition. Moreover, Jenichen says he rested after every 25th potency, and that the 200th potency received 2000 succussion strokes. Now,  $8 \times 25 = 200$  and  $8 \times 250 = 2000$ , which looks as though one bottle were used without pause for every 25 potencies, and as though the dilution were only performed eight times, and not 200 times, as it would have been according to the Hahnemannian process. Hering offers no evidence that this is not the explanation of Jenichen's high potencies, unless that be considered as evidence which Jenichen writes to Hering, that he proposes to make a special potency for Hering running from a 2000th, and giving it 10,000 strokes, but only raising it eight degrees thereby. Bönninghausen's "conclusive comments" have no bearing on the subject.

But after all, what does it matter? The only point of interest in connexion with the whole subject to us is this, that men of standing in the homœopathic world, Hahnemann's immediate disciples and others, could encourage an ignorant and presumptuous man like this Jenichen in his attempt to upset the teachings of the master with regard to the preparation of homœopathic medicines, and to substitute for the well-known and well-tried pharmaceutical processes hitherto practised a method proceeding from his own fancy, without a single proof of its superiority, which set at defiance all the maxims of reason and experience, and would

imply that the proper mode of making our pharmaceutic preparations is to commence diluting from an empty bottle. The instances of Jenichen's practice, published after his death, and which there is no reason to suppose Stapf and Gross knew about, are mostly beneath contempt, either from their utter triviality or sheer impossibility. Here is one of each:—"A three-quarter-year old little boy suffered from diarrhœa with the smell of rotten eggs, cough, and rattling of mucus in the chest. *Chamomill.* 4000 removed the diarrhœa by the next day, but the bronchial catarrh only after five days." Just what we might expect from the administration of nothing. "A girl of eleven had suffered for four months from grey cataract of the left eye. One dose of *Silic.* 6000 cured her in eight days." So, on the testimony of an ignorant horse trainer we are expected to believe that a girl of eleven had grey cataract of one eye, and further, that it was cured by internal treatment in eight days. *Credat Judæus!* Of what value can be the assertions of a man who is either so ignorant or so untruthful as to make such a statement? Connected with this melancholy incident in the history of homœopathy we have a scientific man like Rentsch declaring that this empty-bottle pharmacy is a revelation of nature—a physical apocalypse—a newly-discovered law of nature; and we have the sad spectacle of men like Gross and Stapf encouraging, if not enjoining this vain man to keep his process a secret, thus introducing, for the first time, into homœopathy the disreputable secrecy of the charlatan. The saddest spectacle of all is that of the honoured veteran of the homœopathic *Materia Medica*, Dr. Hering, urging on Jenichen, from across the Atlantic, to go higher and higher. Thus encouraged, stimulated by the applause of these well-known disciples of Hahnemann, see the wretched author of these innovations labouring half naked every night from 10 to 3 at his useless work, expending his prodigious strength on succussing successive dilutions of nothing, each stroke of his Herculean arm making the innocuous liquid in the bottle ring like silver money, and causing the whole house to shake. His giant strength and health gave way under his self-imposed task; but still he toiled away in obedience to Hering's wish, and for Hering's sake gave still more shakes to each dilution. His health and his brain at length gave way under this incessant toil, and he put an end voluntarily at once to his life and his sufferings.

This miserable episode reminds us of the fable of the frog swelling and puffing itself out to imitate the ox. "Is that big enough?" cries the ambitious reptile. "No! bigger, bigger!" cries its companion, until at last the poor creature bursts with its efforts. So Jenichen says to Hering, "Is that high enough?" "No! higher, higher, every year higher!" cries Hering; until at length the wretched man succumbs to his willing efforts.

The manifest duty of those who first came in contact with Jenichen and his potencies was to discourage any departure from Hahnemann's approved method. If it be replied that they did not know Jenichen's method of preparing his so-called high-potencies, then it was clearly their duty either to insist on a full and complete publication of his process, or to decline to have anything to do with them.

Had they acted in the interests of science and homœopathy they would have snubbed the poor lunatic from the first, thereby saving us from a shameful episode of credulity and nostrum-mongering, and perhaps preventing the melancholy self-sacrifice of a half-witted enthusiast, whose antecedents eminently disqualified him for the office of revolutionising and upsetting Hahnemann's pharmaceutic processes.

As for Dr. Hering's exclusive possession of the secret of Jenichen's mode of preparing his high potencies, our readers are now able to estimate the value of this for themselves, now that Hering has himself let the cat out of the bag. We now see that far from being a respectable cat it more nearly resembles a much more insignificant animal. *Parturiunt montes nascetur ridiculus mus!* The process of parturition has been long and difficult, and the result is like the starting-point of Jenichen's high potencies—nothing at all!

After this corroboration by the sole possessor of Jenichen's secret of what Rentsch told us long ago, we regret that we devoted so much space in our 5th vol. to a consideration of these worthless preparations. The highly respectable names of Drs. Gross and Stapf, who stood sponsors to the Jenichen innovation, induced us to attach to it a greater importance than it deserved. It is humiliating to observe that a respectable reputation, real useful work, and an intimate personal acquaintance and friendship with the great founder of homœopathy, failed to preserve some of his immediate disciples from such arrant *gobemoucherie*.

No sooner does a muscular horse-trainer, with no knowledge of medicine except what he has attained from his dilettante practice among horses, announce that he has discovered a new law of nature applicable to pharmaceutical purposes, than these respectable old gentlemen immediately accept his doctrine as though it was a new revelation, and discarding the processes for preparing drugs so minutely described and so earnestly enjoined by Hahnemann, they agree to substitute the method proposed by this ignorant "Schwärmer,"—to commence making their attenuations with an empty bottle.

And men who so act, and others who make what they call high potencies by washing out bottles with ordinary impure water, actually arrogate to themselves the title of Hahnemannians. It would seem that they are of opinion that the farther they depart from Hahnemann's directions the more Hahnemannian they become. Wilkes used to say that he was no Wilkesite, and we may with still greater confidence say that Hahnemann was no Hahnemannian, as the term is applied now-a-days.

But not only do our modern Hahnemannians depart from Hahnemann's precepts and example in the mode of preparing medicines, they do so also in the substances they introduce into the *Materia Medica*. Hahnemann never added to the *Materia Medica* any substance of a distinctly non-medicinal character, but now we have from the Hahnemannians such substances as white sugar, skim-milk, dog's milk, moonshine, thunderbolts, &c. The very forces of nature have been seized upon and potentized by these enthusiasts—at least so they say. One of them told us that magnetic power was now among their potentized medicines. On asking how this was obtained we were told that some milk-sugar was laid on a magnet for some time and then potentized up to the required degree. If magnetism, why not the correlative forces—heat, light, and motion? Why not sound, colours, the qualities of substances, as hardness, softness, elasticity, density, weight? Why not mental emotions—fear, rage, love, jealousy, &c.? In short, we see no end to the absurdities that may be engrafted on homeopathy if we depart from Hahnemann and become "Hahnemannian." The so-called *nosodes* or products of disease are likely soon to present a crop of useless and repulsive preparations if care be not taken to confine them to the true morbid infectious viruses, the admission even of

which into a pure *Materia Medica* is of doubtful advantage. As it is we have seen some so-called *nosodes* that might more correctly be termed *nosoddites*, and we deprecate the multiplication of these, as they are more calculated to bring ridicule and contempt on homœopathy than to be of use in the great and honourable calling of curing disease.

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#### *Speedy Cure of Nasal Polypi.*

THIS painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M.—, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. Ceccarini kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odour." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2nd, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations was followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odour arising from the decaying mass was corrected



by a weak carbolised wash. The long interval from the destruction of the first, and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.—Respectfully yours, S. CARO.—*New York Medical Record.*

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*Lilium tigrinum, its Action on the Eye.*

By W. H. WOODYATT, M.D., Professor of Diseases of the Eye and Ear, in the Chicago Homœopathic College.

ONE of the early provers of *Lilium tigrinum* was at the time of the proving wearing convex fourteen glasses. That these glasses were not accurately fitted to the actual refractive condition of the eye seems manifest from her remarks that she was obliged to turn her head to the left "in order to see the whole of a letter, for example, *s*, *p*, *d*, and *f*; *u*. When looking straight forward could see only the straight part of the letter and not the curve." The first effect of the drug was to make the vision worse, but ultimately it was better than ever before, for she was then able to see all letters clearly without turning the head.

Evidently a marked change of some kind had been produced here, and to determine its exact character promised to place in our hands a remedy of much value and of a somewhat extended application.

When this proving first came under my observation in 1871 or 1872 the opinion was ventured that the lady was originally suffering from hypermetropic astigmatism, which condition would explain the peculiarity observed concerning the letters *s*, *p*, *d*, &c. In this condition the curvatures of the horizontal and vertical meridians of the dioptric media were different; the focal distance of one was greater than that of the other, so that the image of an object being clearly defined on the retina when viewed through one of these meridians would necessarily be blurred, because out of focus, when seen through the other. It is a common observation in ophthalmic practice that patients who are astigmatic do tip the book or incline the head at different angles in order to see clearly.

At that time I was not aware, and indeed I believe it was not

known, that the meridians of the cornea would change their curvatures under the influence of the drug. It has since been demonstrated by actual measurement, that such change has taken place under the action of *Calabar bean*, and that a corneal astigmatism has resulted attributable to this cause. Not knowing this then, it was not even suggested that the probabilities for and against the changes being in the cornea in this case should be considered, but the conclusion was at once accepted that the original astigmatism was located in the lens, and that the curvatures of this body had been altered by the peculiar action of the ciliary muscle induced by the *Lilium*. It may assist some in understanding this matter if it is added that astigmatism may occur either in the cornea, which is the principal factor in the dioptric media, or in the lens, and is a want of symmetry in the curvature of the different meridians. As a rule, in all eyes, we find the vertical meridian of the cornea shorter than the horizontal, while the reverse obtains in the meridians of the lens, so that these two bodies, as a rule, correct each other's defects and make the eye emmetropic. We do, however, find instances in which the defect of each is intensified by the other instead of being neutralised; and we further find that in the act of accommodation the principal meridians of the lens may change position, so that at one time they may overcome the defect in the cornea and at another increase it.

Both bodies, cornea and lens, may, when examined separately, show lack of symmetry in their meridians, but as they are usually placed in the eye their relation is such as to produce symmetry in the dioptric media as a whole. Enough has been said, however, to show that a change of relation may occur, and astigmatism result, and that the ciliary muscle is an active agent in the production of such change.

Applying these facts to the case of the prover of the *Lilium*, it was opined that the fibres of this circular muscle were not of equal strength, and that in one meridian contraction was not as great (or was greater) than in its opposite. After taking the drug the prover's vision became worse and the "aggravation continued for more than four weeks," but after this vision was much better. Precisely what change took place could have been determined by testing with cylindrical glasses, but this was not done, and we are left to conjecture whether there was present in

the first place a spastic contraction, or a paretic condition of some of the fibres of the ciliary muscle, and accordingly explain the final result. More recent developments have only tended to make this conclusion the more likely. Since that proving I have employed the drug more or less in the treatment of *myopic astigmatism*, a condition in which one meridian is normal and the other requires the help afforded by a concave glass. Some of these cases have been reported from time to time, and now the number is sufficient to justify the conclusion that the remedy performs a distinctive use in the relief of this trouble.

It will not be understood that the relief of *myopic astigmatism*, occurring in the crystalline lens and being due to spasmodic contraction of part of the fibres of the ciliary muscle, necessarily embraces the full action of the drug upon the eye. More power may be discovered after more extended use.

Nevertheless, a careful study of all the eye symptoms recorded in the provings leads me to think that they have their explanation in the peculiar condition of the ciliary muscle, and that the symptoms will only disappear under the use of this remedy when they spring from and are accompanied by this pathological condition. The symptoms are such as are comprised under the term asthenopic, but it ought to be clearly understood by the profession that these same symptoms, and, in fact, the whole group of symptoms included in the name asthenopia, may appear as the result of trouble located in any of the six muscles moving the globe or in the ciliary muscle.

In my judgment the symptomatology of *Lilium* becomes tenfold more available and may be applied with tenfold more scientific accuracy, when studied in the light of the proximate, underlying, causal, pathological condition. The same is true of many other remedies. The asthenopic symptoms of *Natrum muriaticum* are caused by insufficiency of the internal recti muscles. When this muscular condition is present and the symptoms occur, a cure can be expected to follow the administration of the remedy almost as certainly as the night follows the day.

Symptoms very closely resembling those of *Natrum mur.*, and in many cases which I have recorded, identical ones can be relieved by *Gelsemium* or *Cuprum aceticum* if (and mark the *if*), they are caused by weakness of the external recti muscles, as they

may be. Again, a paretic condition of the ciliary muscle may cause to appear symptoms very similar to those recorded in the provings of *Lilium*, but *Argentum nitricum* would have to be used to relieve them when springing from that cause. From which statements it is obvious that any prescription for so-called asthenopia lacks precision in its aim unless it is preceded by a careful test of the vision, and of the muscular apparatus of the eye. It is the aim of this short study of *Lilium* to define specifically the scope of its action so far as that can be accomplished from the recorded provings.

The appended case is offered for the new features it contains, to be added to the cases already published illustrating the action of this drug. It is one in which the symptoms of so-called asthenopia were evidently due to a general spasmodic contraction of the fibres of the ciliary muscle, but the contraction being greater in one meridian than the other.

*Case.*—Miss W—, æt. 19. Complains of inability to use her eyes without discomfort. During the past year any attempt to work at the near has produced redness of the lid edges and a hot, sandy feeling in the conjunctiva. She finds difficulty in defining the unpleasant sensation with words, though they were pronounced enough to cause her to abandon school work and to feel quite apprehensive about her vision. Rest has not brought the expected relief.

The letter test was as follows:

In each eye, vision  $\frac{2}{20}$ ? With — 48° axis 180°, vision  $\frac{2}{20}$ . Without glasses, No. 1 Jaeger is read at  $3\frac{1}{2}$  inches and 16 inches; with the cylinders it can be read at 23 inches distant.

*Lilium tigrinum*<sup>30</sup> was prescribed four times daily. I was able to examine these eyes again on the following day when vision was  $\frac{2}{20}$ , and a concave 60° axis 180 made vision  $\frac{2}{20}$ .

Two days later, vision was  $\frac{2}{20}$ , and No. 1 was read at  $18\frac{1}{2}$  inches without glasses.

Four days later still, vision  $\frac{2}{20}$ ; No. 1 at 20 inches. Up to this time no relief from the unpleasant sensations had been experienced.

Three days later, No 1 was read at 22 inches.

Three days later, No. 1 was read at  $22\frac{1}{2}$  inches. The eyes now feel relieved.

Experience with homœopathic remedies, added to the results

of observation of certain anomalies of refraction which undergo spontaneous changes, leads us to hold subject to decided modification much that is taught concerning the mechanical treatment of these defects. Sufficient has already been published to show that in myopia, hypermetropia, presbyopia and astigmatism, our remedies have a sphere of action which cannot be overlooked without decided detriment to the case in hand.—*The Medical Counselor*, vol. i, No. 7.

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*Discontinuance of 'Hirschel's Zeitschrift.'*

In the last number for the year 1879 Dr. Lewi, the editor, announces that the journal he has edited since the death of Dr. Hirschel will not be continued. The reason he gives for its demise is rather obscure, not to say mysterious. Our readers shall judge for themselves.

"We have resolved not to continue this journal, because for years we have not considered, and could not consider, homœopathy in its still beloved old quasi-official form as capable of living any longer, and because while its old approved powers have been during the last few years violently torn away one after the other, *no* scientific substitutes for them, worthy of the name, have been discovered."

This seems to us to be scarcely intelligible. If Dr. Lewi has for years considered homœopathy incapable of living, how comes it that he has for years been conducting a journal which, if it was intended to prove anything, was meant to show the vitality of homœopathy? Has Dr. Lewi suddenly become a renegade, like some we have heard of in our country? The following sentence would prepare us for a full recantation:

"We retire from the scene of our activity, after having, as we believe, attained the end we put before us, viz. to have proved homœopathy to be an important integral constituent of medical science, *but by no manner of means the last word of medical science, or as including the latter in itself*; and thereby we have pointed out the only way by which, sooner or later, the reconciliation of the part with the whole can and must be effected."

We shall miss the *Zeitschrift*, and trust that its disappearance is not indicative of a real decline in the spread of homœopathic truths among the medical profession in Germany. There, as here, we know that the avowed adherents of homœopathy yearly diminish; but we hope that there, as here, the truths of homœopathy permeate traditional medicine, and, like the little bit of leaven, promise eventually to leaven the whole lump.

*Berberis Aquifolium.* By GEORGE WILLIAM WINTERBURN,  
M.D., N.Y.

*Berberis aquifolium* is a firm, bushy shrub, of the natural order *Berberidaceæ*, growing to the height of four or five feet, in the woods of Oregon. It delights in high altitudes, but is cultivated in gardens, and is much esteemed as a flowering shrub on account of its beauty. The leaves are pinnate, and, instead of the soft bristles of the *Berberis vulgaris*, have spinulose teeth. They are leathery in texture, dark green in colour, glossy, and resemble the leaves of the holly. The flowers are yellow, and are upright, not in hanging clusters, as on the *Berberis vulgaris*. The berries are intensely sour and dark coloured, instead of scarlet, as in the better known variety. The root is the part used. It is very hard, of a bright yellow colour, and an intense but agreeable bitter. Jungk has discovered a new alkaloid in this berberis, to which he gives the name *Mahonia*,  $C_{14}H_{19}NO_4$ . It differs from berberis in having six equivalents less of carbon, and two more of hydrogen. *Mahonia* does not, however, represent the full therapeutic value of *Berberis aquifolium*, and is probably only one of several constituents.

I have proved this drug quite thoroughly on two men and three women, and have tested it clinically in a wide range of cases. The provers took, under my direction, the fluid extract of the root (Parke, Davis, & Co.), in doses from ten drops to three ounces, the experiments extending over about three months.

The characteristics of the drug are tabulated in the following scheme.

Its analogues appear to be *Aurum*, *Berberis vulg.*, *Bryonia*,

*Calcarea, Capsicum, Causticum, Drosera, Grindelia, Squar., Hydrastis, Nux vom., Oleander, Ruta, and Spongia.*

*Mental sphere.*—Unhappy and depressed; sudden depression of spirits without cause; profound depression, amounting to anguish; hysterical crying at frequent intervals; nervous and restless; disinclination to move; dull and stupid; disinclined to do anything, but not sleepy; very drowsy in the daytime.

*Head.*—Dizzy sensation; pain on right side (pressing like a weight); pain in the right temple, running down into the teeth.

*Eyes.*—Hollow-eyed; burning and aching in the eyes as if strained; film before the eye; congestion of the lower palpebral conjuction.

*Nose.*—Stuffish feeling, with discharge of greenish yellow mucus.

*Face.*—\* Blotches and pimples on the face; yellow skin; flashes of heat in cheeks; pinched expression of the face; ° *impetigo figurata*; ° *eczema infantile*.

*Mouth.*—Increased flow of saliva; bilious taste after eating; yellow brown, deeply-coated tongue; white, pasty, thick coating on tongue; tongue feels as if blistered; blisters on right side of tongue; scanty expectoration; yellow, sticky, tenacious expectoration; expectoration streaked with blood; soreness in teeth of lower jaw; soreness in the salivary glands; ° cancer of the tongue; dry throat.

*Stomach.*—Hungry soon after eating; constantly hungry, but still could not eat; hunger with aversion to food; canine hunger; sudden nausea after eating; burning in stomach; *borborygmi*; cramp in stomach; no appetite; heartburn.

*Abdomen.*—Uneasy feeling, without desire for stool; heat in the region of the spleen; burning sensation in the spleen; spleen feels as if it had been struck; pain in hypogastrium.

*Stool.*—Large, loose, free movement (four times first day of proving); hot, griping stool (second day); light-coloured stool, expelled with difficulty; lumpy stool, looks as if each lump was varnished; soft stool, expelled with great difficulty.

*Urinary Organs.*—Urine less than normal, clear and without sediment; urine sherry-wine colour; urine enormously increased in quantity.

*Generative Organs.*—Slight burning in vagina; wind from vagina; bearing-down pains; aching as if menses were about to

come on; °delayed menses restored (in two cases); °amenorrhœa; very decided increase of sexual desire.

*Chest.*—Unusual weak feeling in the chest; “have wondered whether it was the beginning of consumption;” weakness of the upper part of the chest; oppression as of a weight on the chest; burning heat in the lower left lung; °phtthisis pulmonalis.

*Larynx.*—Voice very weak, “as if a damper had been closed on it;” dry, nervous cough.

*Upper extremities.*—Flashes of heat and burning in the palms of the hands; tremor in hands and arms; inability to raise the arms from the side; numbness and immobility of the arms; lameness of the arms; \*rheumatism felt only when moving the part; prickling on the outside of the hand and forearm.

*Lower extremities.*—Heaviness and trembling of the limbs; bruising pain in the extremities; cramp in left leg; cramps in the calves of both legs; inability to lift the right foot; rheumatic tension and stiffness of the legs.

*Fever.*—Pulse raised fifteen to twenty beats.

*Skin.*—°Salt rheum; °eczema impetiginodes; °herpes zoster; °rupia syphilitica and escharotica; °pityriasis capitis; °psoriasis diffusa.

*General symptoms.*—Weak and depressed; feels very tired without cause; weak and tired in the morning, wants to go back to bed, better after exercise; griping pain down the whole right side; rheumatic pain on right side; rheumatoid pains over the whole body, making one keep very still; bone pains; °scrofula; °syphilis.

The mental symptoms appeared usually on the second day, continued through the proving, and for several days subsequently. The pains in the head disappeared during the latter part of the proving, and were transitory and recurring. The dizzy sensation, worse when stooping or moving, was part of the general biliousness caused by the drug.

Upon the eyes it has an especial action, producing a sensation like a film. They look weak, as if tired. In one prover, the palpebral conjunctiva was very decidedly injected. This feeling of weakness persisted in one case for several weeks after the medicine was suspended.

The increased flow of saliva was probably due to the bitterness of the medicine, but the other mouth symptoms are characteristic.



The bilious coating of the tongue dated from the second or third day; the blistering of the tongue about the end of the second week; and the soreness of the salivary glands and dry throat during the third week.

Dyspeptic hunger without desire for food, and with burning in the stomach, was noticed from the first. The cramps in the stomach and "no appetite" occurred during the second and third weeks. No direct sensations were felt in the liver, but this drug evidently affects the whole glandular system, including the liver. Bilioussness was a marked feature in all the provers, and one had a peculiar waxy look like the beginning of jaundice. Upon the spleen it has a very positive action, causing intense burning and a feeling as if it had been pounded. This burning in the spleen was a very marked effect in all the provers, commencing about the seventh or eighth day, and persisting until the drug was discontinued, producing a soreness in that viscus of which the provers complained bitterly.

All the provers had large, free, dark movements on beginning the medicine; one had hot, bilious diarrhœa. This was followed by light coloured, varnished, constipated stools. Subsequently the stool became soft and natural in quantity and colour, but too large, and expelled with great difficulty. If pushed, the drug would apparently produce paresis of the rectum.

It had a manifest effect on the kidneys of all the provers, but increasing in some and decreasing in others the amount of urine voided. The effects on the generative system were not marked, except a peculiar bubbling of wind from the vagina and unusual sexual desire (same person).

On either the third or the fourth day each of the provers had what seemed like a bilious cold, the throat choked with mucus, the voice rough and somewhat hoarse, the expectoration yellow, and becoming in a day or two greenish. The throat was not relaxed, the prover could sing *in tune* and without fatigue, but the voice sounded muffled, as if a damper had been closed in the larynx. This condition developed by the fourth week into a most interesting phenomenon. The peculiar lack of *timbre* in the voice; the oppression and weakness of the upper portion of the chest; the dry, irritative cough; the scanty, tenacious, blood-streaked expectoration; the pinched expression of the face; the previous gastric disturbance and the present languor and debility;

the accelerated pulse and heightened temperature; gave a startlingly vivid picture of phthisis pulmonalis.

The symptoms in the extremities presented certain peculiarities. When the parts were perfectly still they were free from pain, though sometimes there was a feeling of numbness, and a sense as if there was not strength of will to lift the part. On movement there were cramps, trembling and uncertainty of motion, and pain. The latter was sometimes severe, and resembled that following a heavy blow. The condition simulated both rheumatism and paralysis. There is a form of paralysis, arising from exposure to damp cold, which includes numbness, immobility, and pain.

One prover noticed, for several weeks after discontinuing the medicine, a peculiar prickling, like electricity, on the back of the hand and outside of the forearm. This lasted only momentarily, but it returned frequently, and seemed to be independent of occupation, position, or time of day.

The proving gave slight indication of its great value in skin disease. Blotches and pimples annoyed the provers, and they all subsequently noticed that the skin was smoother and softer than previous to the proving; but, though it was given in as large doses as the stomach would stand, nothing more serious was developed.

It has, however, sterling merit in the treatment of skin diseases, being alike useful in the mere roughness caused by exposure to wind and weather, or resulting from the continued use of cosmetics, up to the acrid corroding ulcers of syphilis.

It is equally beneficial in many diseases of the mucous surfaces, either of the air passages, digestive tract, or genito-urinary organs. It has cured for me obstinate chronic tonsillitis, chronic parotitis, and chronic trachitis, with scanty, gummy, tenacious expectoration. But it will go deeper than these superficial ailments, and in incipient phthisis will restore gastric energy, and so modify the tubercular diathesis as to remove every vestige of pulmonic disease. Even when the mischief is considerable, it will arrest its rapid course, bring the pulse back to its normal standard, allay local irritation, and prolong life.

All the members of the *Berberidaceæ* are antiperiodic. *Berberis aquifolium* is eminently so. It is considered by some as equal to *Quinine*. It is certainly superior to *Hydrastis* and

*Gentian*, and in sensible doses, say twenty minims of the fluid extract, is quickly curative.

In more moderate doses, three or four drops, it quickly relieves congestion in the liver and kidneys, increases the activity of the spleen, and removes hypertrophy when present, both here and in the prostate.

In rheumatism, I have seen it speedily cure when the pain was like that from a blow, with lameness and stiffness; or when there is no pain except on movement—the patient dreads to move on account of the pain. And it might be of service in paralysis from damp cold, as shadowed forth in the pathogenesis.

But it is especially in what are called blood diseases, syphilis, cancer and scrofula, that the value of this remedy has been shown. In secondary and tertiary syphilis, in five drop doses of the 1x dilution, it will often unaided eliminate the morbid matter from the system. The drug has been so recently introduced that its exact position in relation to other blood remedies cannot yet be stated, but that it is a valuable addition is evident to all who have tried it.

I have never used a dilution beyond the 2x, and I usually prescribe a drachm of the fluid extract in four ounces of simple syrup, a teaspoonful every two to six hours, *pro re nata*. As there have been spurious articles put on the market, I would suggest to those who would like to try the remedy, that they procure Parke, Davis & Co.'s fluid extract, and make their own dilutions, as that is the preparation with which the above proving was made.—*Homœopathic Times*.

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*Society for Improvement of the Physique of the Blind.*

WE have pleasure in calling attention to this Society, whose objects are stated in the following extract from its prospectus:

“This Society has been formed for the purpose of giving the BLIND better health, independent power of using *their bodily* faculties, in order to enable them to be less dependent upon others, and thus to contribute to the general welfare of 35,000 to 40,000 blind in Great Britain.

“The *first* object is to improve the physique of the adult blind of *both* sexes; the *second*, to assist the physical education of

blind children; and the *third*, to prevent blindness as far as possible, by removing ignorance regarding the hygiene of the eyes, which is probably—besides accidents and disease—the most fertile cause of blindness.

“The means to be applied are:—

“1. To train a few blind and seeing teachers in the elements of hygiene and physical development; these teachers to be employed in the various centres where blind congregate, for the purpose of giving the adult that necessary instruction in health and in the mode of systematically exercising all parts of the body; *models* and *raised* drawings of the various positions and exercises will assist the oral instruction.

“2. To induce the principals of blind institutions to introduce the free exercises as an obligatory part of the education of the young blind of both sexes.

“3. To collect information about the origin of blindness, and the means of preventing it in the various injurious trades and occupations.”

Our colleague Dr. Roth takes a warm interest in it, and is, we believe, the originator of it.

## CORRESPONDENCE.

### DR. BLACK AND THE ALLEGED GLYCOGENIC PROPERTY OF URANIUM.

*To the Editors of the 'British Journal of Homœopathy.'*

GENTLEMEN,—May I trouble you with a word or two as to the relation between *diabetes mellitus* and the *Salts of Uranium*?

Dr. Black, in a most scholarly and exhaustive *résumé* of the literature of “Diabetes,” at pages 123-4 of vol. xxxvii of this Journal, speaking of my one-and-twenty provings of *Uranium*, observes that in one animal only, and that on one solitary occasion, was sugar found in the urine. It occurred in conjunction with copious albumen, and Dr. Black very naturally asks “was sugar actually present, or was it not the albumen which reduced the copper?”

Fortunately, this admits of a categorical reply. *It was not the*

*albumen*. The experimenter was at the time perfectly aware that albumen might reduce copper; so in every instance, where albumen was present, it was coagulated by heat and acid, and removed by filtration before proceeding to the sugar tests. These were conducted with all the scientific precautions known fourteen years ago. Newly-made reagents were used, and the most scrupulous cleanliness was observed.

Is it not more probable that Leconte, having no particular reason for extra care and caution, should, as indeed Dr. Black suggests, have fallen into the error of mistaking albumen, existing perhaps in deeply pigmented urine, for sugar? It is more than possible that Leconte's celebrated dogs were, like my cats, albuminuric. Glycosuria would not lead up to suppression, which took place in the dogs, whereas albumen would be quite likely to pass on to that stage.

To turn to another point, I observe at p. 123 that Dr. Black has rendered the word of the review in the "*Archives Générales de Médecine*" as the "muriate." Leconte employed the "azotate." It would have been well had Dr. Black rectified this slip on the part of the reviewer. It is misleading, for readers would naturally suppose that the same salt which produced Leconte's effects, had not been employed in my experiments, thus considerably depreciating them in scientific value.

This explanation ought, of course, to have been forthcoming at an earlier date. That it may be associated with last year's volume, perhaps the editors, if they think it of sufficient importance, may deem it advisable to print it on a detached leaf, which could be bound with vol. xxxvii.

I am, Gentlemen, &c.,

EDWARD T. BLAKE.

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## OBITUARY.

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### DR. JOSÉ NUÑEZ Y PERNIA.

THE name of Dr. Nuñez or, to call him by his title, the Marquess of Nuñez, has been long identified with the spread of homœopathy in Spain. The November number of the *Criterio Medico* announces his death at a good old age, and gives us a

biographical sketch, from which we take the following particulars. He was born in 1805, at Beneventa, in Old Castille. His family was noble. After his school education was finished he went to the University of Valladolid, and studied for the church. He, in fact, took orders, but he changed his mind and became an advocate, practising at Astorga, where he got a large practice, and was so popular that he was elected member for the Province of Leon. At this time the war of the succession was raging in Spain, and Nuñez became a warm partisan of Don Carlos, not as a soldier, but as a member of his Assembly of Notables. He did not continue long a Carlist, for he emigrated to France, gave up politics, and commenced to study medicine at Bordeaux. Here he heard of homœopathy and embraced it. He commenced practising it at Bordeaux without having obtained any legal qualification, was prosecuted and condemned by the tribunals to pay a fine of one franc, which was almost as good as an acquittal. He returned to Spain in 1844, and his medical certificates obtained from the Faculty of Bordeaux being admitted, he was able to graduate as Bachelor of Medicine at Madrid, and soon after obtained his degree of M.D. at the University of Barcelona. All this was somewhat irregular, and his adversaries often taunted him with not having obtained his medical title in the proper manner, and for not having taken out the courses of medical studies required by Spanish law. However, he did not mind this, but began to practise and obtained an immense clientèle in Madrid. But though his medical education was somewhat defective, his acquaintance with homœopathic literature was profound, and it is said that he knew the works of Hahnemann so well that if they had been lost he could have written them over again. He was the veritable apostle of homœopathy in Spain, though, of course, he was not the introducer of it, for it had been practised ever since 1830, and several works had already been published.

In 1846 he founded the Madrid Hahnemannian Society, of which he was president until two years ago, when, on his retirement from age and infirmities, he was nominated honorary president for life. He also started the *Boletín de la Sociedad Hahnemanniana*, which was replaced by the *Anales de Medicina Homœopática*, and this in its turn was superseded by the *Criterio Médico*, amounting in all to thirty-one volumes. These periodicals

contain many articles from Dr. Nuñez's pen. He also published a monograph on the *Poison of the Tarantula*, and sent a paper to the World's Congress at Philadelphia, entitled *Genesis and Etiology of Acute and Chronic Diseases*, which is highly spoken of. His practice brought him in a great fortune and a distinguished position. In 1847 he was decorated by Napoleon III with the Order of the Legion of Honour. He was for some years the favourite physician of Isabella II and of the Infanta Don Sebastian. He was successively made Grand Cross of the Order of Charles III and of Beneficence; Commander of Isabella the Catholic, and in 1865 he was created Marquess of Nuñez. He was last year elected Senator of the Kingdom by the Economic Society of Leon. In 1850 he obtained the royal leave to establish a chair and a hospital for instruction in homœopathy, but he was then unable to carry out this scheme. He applied in vain for public funds and a public building for the purpose. Some years later the Hahnemannian Society resolved to set on foot a subscription to open the Hospital of St. Joseph. When it was opened Dr. Nuñez took up his residence in it in order to be able to devote all his time to it. Possibly the anxieties and the deprivations of his accustomed ease that he incurred by taking up his residence in the hospital may have contributed to hasten the death of the old and by no means robust man. The enthusiastic character of the man is shown in this, and in the fact that he obtained leave for his body, when he should die, to be buried in the garden of the hospital, and he had caused a vault to be constructed for its reception there. His death actually took place almost as soon as he had brought the hospital into good working order. He left by will, under trustees, 3,000,000 reals (£31,250) for the support of the hospital. Occupying pretty much the same position with regard to homœopathy in Spain that the late Dr. Quin held to homœopathy in England, the resemblance of these two illustrious men is further borne out in their munificent benefaction to the hospitals they founded.

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#### CHARLES J. HEMPEL, M.D.

DR. HEMPEL was a native of Rhenish Prussia, born at Solingen, a manufacturing town near Cologne. Having received a collegiate education, he availed himself of the privilege afforded

to all young Prussians at that time of passing a military examination. Young men who passed through this ordeal successfully being entitled to postpone entering the military service of Prussia until the completion of their twenty-third year, the doctor profited by this interval to go to Paris and attend the lectures of the distinguished men who then filled the chairs in the University and College de France.

In Paris he made the acquaintance of the celebrated Michelet, who succeeded Guizot as Professor of History in the College de France, and whom the doctor assisted in the publication of his *History of France*. The six months he resided in the Professor's family as his co-labourer in this great work, constituted one of the most profitable and agreeable periods in the doctor's life. While attending the lectures of Baron Thenard, Gay-Lussac, Dulong, Broussais, and others, he became intimate with American families residing in Paris, and was induced by them to emigrate to America.

He landed in New York on the 5th of September, 1835, the twenty-fourth anniversary of his birth. He always regarded this circumstance as a remarkable coincidence, for he dated the higher intellectual activity, of which he speedily became conscious, from the day when he landed on the shores of America. He at once applied himself to a thorough acquisition of the English language, read the English and American classics with a passionate fondness, at the same time pursuing the study of the Italian language and literature with great zeal and enthusiasm. Very soon after his arrival in New York he became intimately acquainted with Signor Maroncelli, the friend of Silvio Pellico, and with the other members of the Society of the Carbonari who had been released from the dungeons of the Spielberg, and had taken refuge in the United States. He resided two years in Signor Maroncelli's family, where he imbibed an ardent love for music, Italian literature and erudition, and for the great and exalted ideas of social, political, and religious liberty which the members of the Carbonari entertained, and for which they had suffered martyrdom.

While enjoying the society of these gentlemen, and cultivating his taste for the classical literature of foreign nations, he attended medical lectures of the then recently organised Medical Department of the University of New York, of which he became



one of the first graduates. Among his intimate friends and associates at that period he numbered John Manesca, author of a new system of studying the French language, and otherwise a gentleman of vast intellect and scientific attainments; Parke Godwin, editor of the *Evening Post*; Charles A. Dana, co-editor of the *Tribune*; Mr. Ripley, literary critic of the *Tribune*; John C. Bigelow, late ambassador to the Court of France; Daniel E. Sickles, late ambassador to the Court of Spain; Albert Brisbane, the celebrated socialist writer; Professor Bush, the celebrated Hebrew scholar and Swedenborgian theologian, and a number of other gentlemen who have since rendered themselves conspicuous in the domain of literature and politics.

All these gentlemen, without an exception, were enthusiastic advocates of homœopathy, a system of practice which had won Dr. Hempel's admiration in his early boyhood. Drs. Gram, Channing, Gray, Hull, Hering, and others among the oldest homœopathic practitioners in New York and Philadelphia, were his friends and constant companions, to whose advice he was greatly indebted for light and encouragement in the arduous path of his profession.

Soon after graduating he began his translations of the leading authorities of the homœopathic school, and during many later years wrote numerous exceedingly able medical works, which took a high standing in that line of literature in this country and Europe, securing him a name foremost in the medical professional literature of the English language. A bare list of these works would occupy a considerable space.

Shortly after his marriage he was called to Philadelphia to fill the Chair of *Materia Medica* and Therapeutics in the Homœopathic Medical College of that city. Here he laboured three years with fervent zeal for the cause of homœopathic science, and published, as the result of his efforts in that direction, his system of *materia medica* and therapeutics, which was hailed with satisfaction by every enlightened practitioner of that school. The death of his father-in-law rendered it necessary for him and his wife to leave Philadelphia, and take up their residence in Grand Rapids, to look after the interests of the family estate. There he became engaged in a large and lucrative practice, which, after a short time, he was obliged to relinquish on account of failing health, and at last entire blindness.

He died on the 2nd September, 1879, aged sixty-eight.

The new edition of his *Therapeutics* is nearly ready for publication.—*Homœopathic Times*.

## BOOKS RECEIVED.

*The Grounds of a Homœopath's Faith.* By S. A. JONES, M.D. New York. 1880.

*A Guide to Homœopathic Practice.* By S. D. JOHNSON, M.D. New York. 1880.

*Condensed Materia Medica.* By C. HERING. Second edition. New York. 1879.

*Transactions of the Homœopathic Medical Society of the State of Pennsylvania.* Fourteenth Annual Session, 1879.

*Lectures on Clinical Medicine.* By Dr. P. JOUSSET. Translated by Dr. R. LUDLAM. Chicago. 1880.

*The Pathology and Treatment of Hereditary Syphilis.* By H. C. JESSEN, M.D. Chicago. 1879.

*American Nervousness.* By G. M. BAIRD, M.D. Richmond. 1879.

*Morbid Fear as a Symptom of Nervous Disease.* By G. M. BAIRD, M.D.

*The Medical Counselor.*

*The Homœopathic News.*

*St. Louis Clinical Record.*

*The American Homœopath.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*El Criterio Médico.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*Allgemeine homœopathische Zeitung.*

*The Homœopathic World.*

*The Homœopathic Times.*

*L'Homœopathie Militante.*

*The Organon.*

*The Medical Herald.*

*The Medical Record.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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ON THE ACTION OF DRUGS ACCORDING TO  
THE LAW OF SIMILARS.

By DR. FRÉDAULT.\*

THERE has been much discussion of late among the practitioners of the homœopathic school on medicinal aggravations, primary and secondary effects, the different or opposite characters of the action of drugs in different doses. Such discussions are inevitable, and will certainly occur until the solutions they require shall have been discovered. For the questions they refer to are of considerable importance to therapeutics, involving, as they do, many secondary points in practical medicine; and the interest they excite, the persistence, perhaps tiresome but certainly respectable, with which they are repeated, is perfectly legitimate.

I have long hesitated to speak, because I have been maturely considering my ideas, and because I had a natural reluctance to work out my thoughts upon subjects of such difficulty. Moreover, the view I took of them tends to modify profoundly one of the principal doctrines of the founder of homœopathy; and I was unwilling to express my sentiments until I had carefully examined the question.

I have at length decided to publish the opinion I have come to, because I have become more and more convinced that the theory of reaction by aggravation, taught by Hah-

\* From *l'Art Médical*, November and December, 1879.

nemann (and it is of this that I would speak), exercises an injurious influence on almost all the questions of materia medica, that it is the cause of the obscurity in which, in spite of all the efforts of his disciples, the doubtful questions mentioned above continue to be involved.

I trust to be able to show clearly that it is necessary to get rid of an unfortunate theory that has been maintained and imposed with too much persistence, because it is injurious to the law of similars, which is the fundamental point of homœopathic treatment. I believe also that I am able to show that there is a doctrine more truly and accurately in consonance with the facts of therapeutics and with experience; that we may elicit from it satisfactory solutions of several questions that still remain doubtful; and that it may be very useful to medical practice.

This, then, without entering into too much detail, is what I propose to do: to refute an erroneous doctrine, and to substitute for it another on certain controverted points, with the principal arguments in its favour.

I shall speak successively:—1. Of the general theory of the action of drugs; 2, of aggravations; 3, of primary and secondary effects; 4, of the opposite kind of action of different doses; 5, of the different action of different doses; 6, of the intimate action of the drug; 7, of the susceptibility to the drug; and, 8, I shall recapitulate all those questions which naturally follow and are connected with one another.

## I.

In the first place I go to the heart of the principal question, and inquire *How do drugs act?* This question includes the theories of aggravations and secondary effects, theories which at present are almost inseparable from the law of similars.

Like ourselves, Hahnemann may from his earliest years have heard the following saws, which are almost as old as the world: that *the evil must first get worse before it can get better*; that *great sinners make great saints*; that *the disease must attain its height in order to make the turn*

towards a cure ; that in everything it is the excess in one direction that, as in the oscillations of a pendulum, brings about a return to the opposite direction ; that cold brings heat, &c. He may have been more struck than any one else in reading Hippocrates, and especially John Hunter, where the homœopathic idea was more distinctly taught than it has ever before been, so distinctly, indeed, that, as I have shown in my *Histoire de la Médecine*, the English surgeon may be considered as the real precursor of the German physician. But this is a matter of secondary importance. The main thing is that Hahnemann introduced into therapeutics, in order to establish it there as a general and absolute rule, the principle of the above saws ; and so, according to him, the medicine cures by producing an aggravation which brings about a secondary movement of reaction.

The whole homœopathic school has been so deeply imbued with this principle that but a small number of minds has escaped being influenced by it ; few of us have not heard it said when an aggravation occurred : so much the better, that is a sign that the medicine is acting, a sign of the cure which is about to take place.

Only a few practitioners have denied the occurrence of aggravations ; some have asserted that they are less numerous than Hahnemann alleged them to be ; but no one has really attacked, with a view to substitute another for it, the theory of the cure based upon aggravations.

Now, as long as a more correct doctrine, one that will explain the facts more accurately, shall not have been substituted for this theory, our scientific situation will remain unaltered. I am aware that many dislike theories, but the nature of things is opposed to this sentiment, and we must perforce adopt one or another ; theories cannot be dispensed with in matters of science, we cannot get on without them. Facts are only facts ; it is the mode in which we view them that fixes, frames, arranges them, and makes them scientific. Accordingly, those who make it a rule to have nothing to do with theories, adopt them in spite of themselves ; if they do not, they remain strangers to the sure progress that theories promote ; empiricism itself cannot escape the law.

I affirm, then, that the adage that says that *good may accrue from evil* is true in a relative and restricted sense ; but it is a departure from truth to endeavour to elevate it into a strict and absolute principle in the domain of therapeutics.

Hahnemann was dazzled by the homœopathic idea he found in his precursor, John Hunter, under the seductive form which compared the action of a drug to that of a disease which cures another. In grasping this idea of a drug-disease he conceived it as a morbid action added to that already present in order to cure it, in accordance with the saw that an excess of evil produces a return to good.

Still, without the intoxicating and blinding enthusiasm, which I cannot help attributing to him, he would have seen that the comparison on which he based his doctrine was erroneous. For Hunter, who showed him so conclusively that a disease attacking a point of the organism cures a disease previously there, neither observed nor said that the cure was effected as a consequence of a preliminary aggravation. In the numerous cases confirmatory of Hunter's remark he cites, Hahnemann does not show that a disease, by establishing itself in the place and seat of a previous one, and thereby curing it, commences by aggravating it.

Had it not been for the intoxication caused by the idea found in Hunter, Hahnemann would have certainly understood the subtle thought of the English surgeon, unless he had expressly wished to dissent from him. After his remark on the action of drugs, which he believes to be curative in the same way as one disease which suppresses another, J. Hunter adds, with much acuteness and intelligence, that it is doubtless in virtue of the principle that the same instrument cannot perform two different actions at the same time. How different is the thought in the two men ! For Hahnemann, the drug produces a medicinal disease that aggravates the pre-existing disease, and this aggravation excites a secondary reaction that brings about the cure. For Hunter, the medicinal action occupies the organic activity, and consequently distracts it, diverts it from the morbid action it was engaged in, in order to allow it to return by itself naturally to its normal function.



The two points of view are quite different, and we can foresee what differences they may produce on the idea entertained respecting medicinal actions, and on the mode of conducting medical treatment. But it remains to be seen which will be proved to be in the right by the facts, and which has given the most satisfactory theoretical reason—Hahnemann, who founded practical homœopathy, or Hunter, his predecessor and precursor, who formulated the first thought.

All Hahnemann's theory is based on the necessity of primary aggravations and secondary effects; consequently these are the two points we have to examine in order to form an exact judgment as to the value of the synthesis that co-ordinates them.

## II.

Let us first consider aggravations.

In Hunter's theory it may be said that they are of little importance, or may even be injurious; for, provided the medicinal action engrosses the vital activity, and makes it forget its morbid movement, in order to allow it thenceforward to resume naturally its normal functions, that is its principal office; unless, by accentuating the morbid action, it happens to leave it still in full vigour after having exhausted its own action, which could only be explained by a fixation of the activity in its vicious habit.

But in Hahnemann's theory the question is quite otherwise. Here, the aggravation is necessary in order to obtain the effect of the secondary reaction; and necessary to this extent, that if the author failed to observe it he must nevertheless believe that it occurred, and even desire its occurrence, all the while dreading it, for it calls into play the secondary effect, which must not be too weak, for then it would be insufficient, nor yet too strong, for the secondary effect might become morbid, as it sometimes may be. The whole mind of the German physician must be directed to watch for aggravations, perhaps to make them a bogey, so great a part does imagination play in everything, and

thence he was inevitably led, even should he have failed to observe them, to suspect their presence and to guard against their excess by diminishing the doses of the medicines. All these things are fatally linked together. From the very fact of their observation, aggravations are for Hahnemann of frequent occurrence, especially from large doses. According to the theory they ought to occur constantly.

Yet in the domain of observation various opinions are held by his disciples, in spite of the theory. Some practitioners, it is true, have maintained the perfect accuracy of his doctrines, whilst others have declared that aggravations are less frequent than he has alleged; and others have even declared that they do not occur from large doses short of poisonous ones.

I share the opinion of many of my colleagues, that this last opinion is going rather too far, but I nevertheless believe that the opposite opinion is also an extreme one. There are very few physicians who swear by all that Hahnemann has said, as though it were gospel truth; but even among this small group of firm Hahnemannists I doubt if there be a single physician who would venture to maintain that there could not be a cure without aggravation!

There is reason to believe that the majority of homœopathic practitioners have been taught by experience to entertain an opinion between these two extremes, believing aggravations to be possible, but not necessary, and relatively rare; and this is in agreement with the facts though not with the theory.

This intermediate opinion is a formal condemnation of the theory, and even should it oscillate betwixt the more and the less, what does that signify? It will remain established that the aggravation is not necessary, that the cure may be effected in the majority of cases without it, and consequently by another process; and hence the Hunterian theory assumes all the value which in my opinion it ought to have.

The fact is that if the aggravations are not a general law they are only an exceptional law, for in all things there are



only these two kinds of laws : general laws, and exceptional laws. The theory of aggravations is relegated to the category of the adage whence it came : *good may arise out of evil*, but only exceptionally, as the wisdom of nations would add.

But in order to come to this conclusion it is necessary to understand what aggravations are, distinguishing them as exactly as possible according to the manner in which they present themselves, which those who have written upon the subject have omitted to do.

The first kind of aggravations to be considered are what may be called *general aggravations*, those which embrace the whole disease. I know not if there be any such ; for my own part I have never seen them,—for example, a pneumonia aggravated in its collective phenomena, or an eruptive fever, or a typhoid fever. Nor have I seen a pernicious fever aggravated by *Quinine*, and yet I am never sparing of its employment, and I think that in such cases it should not be given sparingly. I can quite understand how it is that some physicians deny absolutely the occurrence of this sort of aggravation, but there are often aggravations that cannot be denied.

Thus *partial aggravations* are possible : the dyspnoea of asthma increased or excited by a medicine such as *Arsenic*, *Coffea*, *Ipecacuanha*, or *Moschus* ; so also *Sulphur* fumes, or the exhalation from roasted coffee, have been observed to bring on an attack ; the fits of coughing in a bronchitis, or even in a pneumonia or a hooping-cough, are sometimes increased under the influence of a medicine ; rheumatic pains are sometimes aggravated by *Sulphur*, *Arsenic*, or some other drug ; an eczema will occasionally become redder and more itching under the action of *Petroleum*, *Sulphur* or *Arsenic* ; a dysuria will sometimes become more marked and painful by *Colchicum* or *Cantharis*. I have never seen *Belladonna* increase the swelling and redness of sore throat, but others say they have. Again, medicines given for diarrhoea or constipation may increase these states. In those cases, and in all cases of that kind, there is no real aggravation of the disease in its totality, but an aggravation of some local

phenomenon or affection. This is the most numerous group.

I believe that in many cases sufficient allowance has not been made for the actual course of the morbid movement, and that many of these aggravations may be merely the natural course of the disease. We may also say that in other cases the disease has naturally recrudescences of violence, even after a medicine has been taken which has temporarily alleviated it, and these recrudescences are ascribed to the medicine the patient is taking at the time. Still, admitting all this, there yet remains a certain number of undeniable aggravations, which cease when the medicine is left off and return when it is again given.

Their number is doubtless not so large as has been stated, and they are exceptional cases, still we must take them into account.

In the third place there are *relative aggravations*. Thus, it may happen that on discontinuing the medicine and leaving the patient alone, the disease may immediately commence getting better, which it seemed to be prevented doing by the continuous administration of the remedy. I remember a medical student who had mucous patches in his mouth and throat, and who had been taking the liquor of Van Swieten for a fortnight without the slightest sign of amelioration; for the last eight days, indeed, the treatment seemed to have no effect whatever. He wished to increase the dose, but instead of doing so I made him leave off the small teaspoonful of Van Swieten he took every morning, and in the course of two or three days amendment was obvious and the cure was accomplished without any more medicine. It cannot be said that here there was a real aggravation, but there was a period of cessation of amelioration, and we cannot contend that this period of cessation was absolutely necessary for the cure. Many other analogous examples might be cited.

In the fourth place there are the *accessory aggravations* consisting of the pathogenetic phenomena of the medicines occurring alongside of the phenomena of the disease. For example, the arsenical eruption in a patient who is taking

this medicine for paralysis, or an iodic eruption in a person taking *Iodine* for something quite different. These aggravations, though not frequent, are occasionally met with, and they have served to enrich our pathogeneses; but besides being exceptional, they give no support to the theory of aggravations. They are a side action which may do harm to the patient by adding to his sufferings, or they may have a derivative effect, but have no bearing on the law of similars.

In short, we need only consider the partial aggravations, those of the second kind of which I have just spoken. But it must always be remembered that even these are of rare occurrence, and that on that account they cannot justify the deduction of a general therapeutic law from them.

It cannot be denied that they are sometimes useful, and facts may be cited, as I will show hereafter, where they have at least not been injurious. Still they may occasionally prove dangerous; Hahnemann was well aware of this because he diminished his doses in order to avoid them, but was not always successful in doing so. For my own part, if I have sometimes observed them to be the sign of a beneficial reaction, in other cases, on the contrary, and these were the more numerous, I have found them to be hurtful; so that I have been led to think that with some rare exceptions of a possible ulterior tolerance, when a medicine causes an aggravation some other medicine may be advantageously substituted for it.

To conclude, aggravations are rare; and only some of them can be used in support of the theory; and of these only a few can be useful, whilst many of them are hurtful. Hence it is impossible to establish a general therapeutic law upon these, as has been attempted, by saying that the medicine produces a medicinal disease, which by being super-added to the pre-existing disease, brings about a curative reaction.

### III.

We shall now proceed to consider the secondary effects,

the second point of the theory; the reactive effects that should produce the cure.

Hahnemann asserted that medicines produce on the healthy two kinds of consecutive effects: first, primary pathogenetic effects; then effects the opposite to the first, which he calls secondary. For example, an agent causes a diarrhœa or a diuresis as its primary effect, then constipation or anuria as its secondary effect.

Explaining these two effects on the sick, he said that the primary effect is a slight aggravation, and the secondary effect a curative reaction; but if the medicine be given in too large a dose, the primary effect is a dangerous aggravation, the secondary effect a morbid reaction, as when we give too strong a purgative for a diarrhœa, we may get a more severe and dangerous diarrhœa, or a secondary and obstinate constipation.

The observation is quite correct and undeniable in regard to certain cases; but I propose to inquire if it is really a medicinal effect, and if the rule as laid down by Hahnemann is a general rule.

It has been objected to the Hahnemannian formula that, by the interpretation given of it, the curative action is antipathic, since this action is produced by the secondary effect which is the opposite of the primary effect, corresponding to the morbid phenomenon. This hostile criticism would be justified if the formula of *like cures like* were given as a metaphysical doctrine; but I imagine that it was only at a much later period that Hahnemann made any pretensions to metaphysics, in which he was, it must be confessed, absolutely deficient. When he first grasped what he found in Hunter, he only saw a principle of indication in the law of similars; and in fact, this law is nothing more than that. I leave this unimportant side of the question in order to consider the serious arguments.

In the first place I observe that the rule of secondary effects is general for all the morbid phenomena called in general pathology "augmentations or diminutions of the functions," but that not on account of the medicine, but rather in virtue of a normal law regulating these

phenomena in the pathological as well as the physiological state. In all these cases, it suffices that a function shall have been augmented in order that it shall afterwards show a diminution; or that it shall have been diminished in order to be subsequently augmented. This is not owing to a particular and determined agent, but is the result of a physiological law of compensation and equilibrium. On each occasion when the activity occurs and is concentrated on a point, it is afterwards transferred to an opposite point in order to effect a complementary and compensating action; and when the two opposite effects can be produced on the same point, as when a function can be augmented or diminished from the moment when an excess occurs in one sense, another is afterwards produced in an opposite sense.

Thus it is impossible to augment an act of secretion by any means whatsoever, without finding the contrary effect succeeding it more or less quickly. After salivation, a deficiency of saliva, and *vice versa*; after perspiration, dryness of the skin, and after dryness, perspiration; after constipation, diarrhœa, and after diarrhœa, constipation; after anuria, polyuria.

And so also with regard to many phenomena which are not secretions: after the acceleration of the circulation, its retardation, and the contrary effect, which we observe so often in the case of nervous persons; after excitement, depression, and after depression, excitement; after cold, heat, as after heat, cold; and so on.

In one word, as regards every function which by augmentation and diminution can furnish opposite phenomena in either the physiological or the pathological state, it suffices that the phenomenon shall be produced first in one sense in order that its opposite shall afterwards manifest itself.

It is therefore perfectly useless to invent secondary effects of medicines in order to explain a double phenomenon which is regulated by organic laws in both the physiological and the pathological state.

But this fact of opposite phenomena is only produced in cases where the functions can be augmented or diminished

physiologically or pathologically ; it does not show itself in cases where general pathology declares that there is a *perversion* of vital action ; for since in perversion there is no augmentation or diminution of functions, neither are there compensating opposite phenomena.

Thus pain has no opposite phenomenon. We may, it is true, say that hyperæsthesia follows anæsthesia, and *vice versâ*, since there is here opposition by augmentation in diminution of sensibility. But we cannot point to a morbid phenomenon the opposite of pain, which is a perversion of sensibility ; we cannot even comprehend that there can be any such, for pleasure is the opposite of pain, and no one has ever seen a medicine produce first pain and afterwards pleasure, or *vice versâ*. In like manner we cannot comprehend and do not know any phenomena the opposite of catarrhs, inflammations, gangrenes, eruptions, ulcerations. Vomiting has physiologically no opposite phenomenon, and has no secondary pathogenetic effect. The same is the case with sneezing, cough, spasms, contractions. Hæmorrhages also have no opposite effects, unless they are functional and therefore susceptible of a more and a less, like the catamenial hæmorrhage, which may be augmented or diminished, accelerated or retarded, and which, under the influence of some medicines, may like any other action present successively inverse phenomena. But as regards other hæmorrhages which are a perversion of action, as well as accidentally produced hæmorrhages which are of the same character, and a large number of other morbid phenomena, there can be for them no opposite secondary phenomena, because there are none such in nature.

We may therefore conclude that there are a great number of morbid phenomena, perhaps more than half of those that fall under our observation, which have not, and cannot have, opposite morbid phenomena, and for which there cannot be, nor can there be imagined, secondary pathogenetic effects.

This is as much as to say that, putting the most favourable construction on the facts, Hahnemann's curative theory is based on but one half of the facts, or even less ; and that these facts referred to in order to establish his views of the

action of medicines are but the result of a physiological law. But there is even more than this, for the facts, even those in favour of his view express just the contrary of that which they are thought to imply.

For it is the case that the secondary phenomenon is not a curative phenomenon at all, but when it does occur it is in truth a morbid phenomenon. If a patient be affected with constipation, and the secondary effect be diarrhœa, he passes from one disease into another; he is not on that account cured of his first disease; and it may well happen that he again reverts to the first after having left the second, as is occasionally seen. The phenomenon produced is morbid: you cannot believe that it can be curative except on condition of being transitory, and thus you will not know with certainty whether the cure is effected by it or by the first; you must confine yourself to saying simply that the medicine cures because it calls on the vital activity to take on a medicinal action which diverts it from its morbid action. Hahnemann's explanation therefore is incorrect, it is altogether illusory.

On the other hand, Hunter's explanation, as I have given it above, is precisely that to which you must come if the subject is presented to you as I have stated it, and it has the double merit of accounting exactly for the facts and of going straight to the point; let alone the not unimportant merit of making the practical physician see more clearly, and not troubling him incessantly with the double pre-occupation of aggravations and secondary effects, the former rarer than the theory supposes them to be, the latter also rarer and requiring to be searched for and expected, when they either do not exist or even when they exist being incapable of producing what we wish.

The formula of the indication is the same in both theories, but is more simple in the one than in the other. The one embarrasses us with secondary effects which do not even give any explanation of the cure, and which we search for in vain in the majority of cases; whilst the other simply shows us that the medicine cures the phenomena similar to those it produces by occupying the vital activity, in order

afterwards to leave it to itself to resume its normal course. And by its means we understand better how it is that it is necessary sometimes to go on giving the medicine in order to keep the vital activity occupied a sufficient length of time before we leave it to itself; how we must resort to its administration again and again in order to prevent the vital activity relapsing into its bad morbid habit; how, on the other hand, in some cases, it is sufficient to touch it, however lightly, according to its dispositions, in order to enable it to return almost immediately into its normal ways.

## IV.

These explanations are of great consequence in their bearing on the question of the dose.

There are frequent discussions on the questions as to whether large doses are preferable to small ones, and whether the action of the medicine varies according to the dose. These questions may, no doubt, be solved directly by experience; but the testimony of experience cannot be impaired by supplementing it by a theory that illuminates it, whereas a clear view of its results may be injured by a theory that obscures it. In this respect, it cannot be denied that the theory of aggravations and secondary effects is an obstacle to a correct appreciation of the facts, because one of its necessary deductions is that the action of small doses is the direct opposite to that of large doses.

For were it true that large doses produce a primary effect, followed by a secondary effect contrary to the primary one, whilst small doses cure by the secondary effect without the primary one, it must follow that every medicine produces, in a small dose, an effect contrary to that it causes in a large dose.

There is in this a strange confusion, seeing that a curative effect is compared with a toxical effect. The pathogenetic or toxical large dose produces a morbid phenomenon; does the small dose also produce a morbid phenomenon, as the theory would imply? Certainly not; there is no clear, well-defined, authentic instance of a medicine producing, in



a healthy person, two contrary effects, in large and in small doses. The truth merely is that in the large toxic dose the medicine produces toxic or pathogenetic phenomena; and that in the weak curative dose it causes effects analogous to those which it produces in the toxic dose.

The curative effect is not a morbid action, it cannot be said to be the opposite of the toxic effect. This opposition which it is endeavoured to establish could only be admitted if we produced by a small dose a morbid phenomenon the contrary of the primitive phenomenon, and in that case our patient would not be cured. If you give a constipation to a patient who has a diarrhœa you do not cure him, you merely substitute one disease for another, and the chances are a hundred to one that if the constipation ceases the diarrhœa will return. This is not a cure; a cure is to cause a patient who has a diarrhœa or a constipation to have neither the one nor the other, but to revert to the normal state. Therefore, the cure does not consist in producing a morbid state the opposite of that present, but in re-establishing the normal state, and when the medicine cures it is not because it develops a morbid phenomenon the opposite of that which is produced, but because it diverts the vital activity from its morbid phenomenon in order to restore it to its normal ways. *Habnemann's* theory is here radically false; *Hunter's* is much truer.

The theory first set out with the idea that one thing was obligatory, viz. the aggravation indispensable for the production of the primary phenomena necessary for obtaining the secondary phenomena. Afterwards, seeing that the cure could be effected without aggravation, it invented the idea that small doses produced the secondary effect without previous primary phenomena, and hence that the small dose has an action the direct contrary to that of large doses. But this is evidently an erroneous notion, it is purely imaginary to suppose that the curative action is a secondary phenomenon.

How can this be accepted when it is proved that the secondary effect is a morbid effect, consequently not cura-

tive, and that this effect does not exist in at least one half of the cases? When a morbid phenomenon has no possible contradictory effect in nature, as we have seen, and when, therefore, the medicine cannot produce any such, how can we allow that the medicine cures by producing such an impossible effect? The thing is absurd.

We should observe that according to this theory medicines ought never to cure except when given in a dose incapable of producing any pathogenetic effect, since it is only in such a dose that they could produce the secondary without the primary effect. But what must this dose be, when it is shown by too many facts to admit a doubt on the subject, that in every dose, even in infinitesimal doses, medicines may produce their pathogenetic effects alongside the disease, or partial aggravations of the disease?

It would at least be requisite that the medicine should be unable to cure except in a very weak dose, as far removed as possible from a toxical dose. Then how does it happen that so many cures have been effected by massive doses? How is it that in England, America, and even in Germany, the general tendency of homœopathic practitioners is to give massive doses, or first decimal attenuations? Let us suppose that only one half uses by preference strong doses, must we assume that this large number of practitioners amuse themselves by deceiving their patients, by deceiving themselves in order to deceive their colleagues?

Finally, were this theory true we ought to have an astonishing scale of contradictory effects according to the doses given; from a non-toxical dose effects contrary to toxical effects; then from the first dilutions there is another contrary resembling the primary effects; then from the sixth to the twelfth, from the twelfth to the thirtieth, and so on indefinitely, a succession of contradictions, which, to sum up, would be nothing but a succession of morbid phenomena that would never result in a cure.

All this is pure romance. In reality medicines have only two possible effects, a toxical or pathogenetic effect and a curative effect, which is physiological. As to alter-

nating phenomena, they are the expression of the physiological law stated above. Practitioners of the old school have fallen into the same confusion that Hahnemann has led us into, because they have followed our lead, of course without saying so. Their want of loyalty has been of no service to them because they have not even the merit of having corrected us. Like us they have set themselves to look for primary and secondary effects, and to imagine that the curative effect depending on a small dose is the secondary effect of a large dose producing primary effects; and as in the days when they disputed whether *Opium* was sthenic or asthenic, we now see them expressing the same doubt with regard to *Digitalis*. We have deceived them so well while deceiving ourselves that they also fancy they see a toxical effect and a physiological effect contrary to the former, according to the doses given; because, in fact, as the secondary action of medicines when it exists is the opposite of the primary effect, agreeably to the physiological law, they suppose that the curative effect is the product of the secondary action. Hence arises an insurmountable difficulty to know what is toxical and what is physiological, as we see in what has been written respecting *Digitalis*. And here it is that they believe they see the normal physiological action in the morbid phenomena produced by the medicine. Just as in homœopathy it is believed that there may be pathogenetic phenomena which are not toxical, whilst it is not perceived that since these phenomena are a derangement, this is because they are not a normal physiological act. On all sides we encounter contradictions, from which there is no escape, because there is a perpetual confounding of the toxical with the physiological, and because it is sought to oppose the weak physiological curative dose to the large toxical dose.

The weak dose has no contrary action, but only a simply physiological action, which does not betray its existence externally in the healthy subject; it cures the patient by a simple physiological process, as I will show presently; for, I repeat, let it be borne in mind the cure is not a particular and perceptible morbid act, it is an imperceptible return to

the physiological state. The medicine, the agent, has not and cannot have more than two actions: the one toxical, which deranges the vital activity and betrays itself by morbid phenomena; the other physiological, which consequently can only produce physiological phenomena, not morbid effects, and which only cures by reason of its occupying physiologically the vital activity. It is actually contended that these two actions are opposed to one another like two movements in contrary directions: this is an error; they are only two different movements, opposed, in the sense that they replace one another, but not in the sense of a conflict or a reaction; the one is toxical, the other physiological. It is because we have got into our heads the idea of a conflict of the life against the disease that we continue in the error naturally resulting from this idea.

The study of the intimate action of the medicine will show us how the physiological action differs from the toxical action without being contrary to it.

## V.

Now, the ground being cleared of false theories, we should inquire if the action of a medicine can vary according to the doses in which it is administered, and what its variations may be. All we have to do is to interrogate toxicology, pathogenetic experiments, and medical practice. Experience only can teach us.

Toxicology tells us that according to the dose the effects are more or less serious and numerous. The effects of a large dose, if it is not immediately fatal, are produced over the whole organism, almost all the secretions are affected; the circulatory system is also involved in its totality, so also the nervous system, with phenomena varying according to the agent employed. On the other hand, if the dose be weak, the array of phenomena is less considerable, less severe; it seems as if the effects localised themselves on some particular points only. Thus, *Belladonna*, which in serious cases of poisoning exerts its action on all the sensitive and muscular systems, on the intestines, the heart, the bladder,

in slight cases will only exert a local action on the eyes, the stomach, the urine, and, perhaps, the intestines. It is in slight cases of poisoning that we especially observe the localisation, sometimes on one point, sometimes on another; eruptions or partial paralyses, or an action on the bladder, doubtless according to the susceptibilities of the subject, since they vary.

We should also consider that if the agent has been given in small doses continued for a long time it localises its action still more precisely, and it is then that we obtain the most of those effects that are recorded in our pathogenetic lists. So, also, the eruption of *Phosphorus* has been much more distinctly developed in the case of moderate doses; and the caries of the jaws in cases where its action has been prolonged. In like manner, mercurial trembling is only seen very rarely in persons who have been subjected to an abuse of mercurial treatment; in these persons salivation and gingivitis are the rule, whilst the trembling, with emaciation, belongs to gilders on metal or mirror silverers.

Similarly in pathogenetic experiments—and of these there are a great number in Hale's instructive *New Remedies*—we find from strong doses general phenomena, and such as involve the whole organism, which are reproduced alike in most of the subjects, and afterwards phenomena localised on one part or another, varying according to the subjects. It seemed to me that there is, as it were, a collection of general phenomena from strong doses, that do not appear from the administration of weak doses; whereas with smaller doses there is, as it were, a specificity, a particularisation of the medicine, which shows itself by one or another phenomenon according to the subject, no doubt owing to his peculiar disposition, for this seems to be the only cause that can be adduced in order to explain them.

And, finally, in practical medicine it is just the same. Allopathic doses are akin to toxic doses, and induce a more general perturbation of the organism than is produced by weak doses. It is in such cases that we observe severe localisations of the medicines on the intestines, on the urinary organs, on the throat, lungs, eyes, and nervous centres; whereas from smaller doses with the first attenua-

tions, the medicine seems to exert its action on more localised points, and on fewer points at a time ; and from still feebler doses there occur much more isolated actions which localise themselves in a more precise manner.

Thus, then, to express what I believe to occur, the medicine has not, properly speaking, a different action according to the doses in which it is given ; but this action is more violent and more extensive with large doses, more limited and localised with attenuated doses, the action is essentially the same whatever be the dose ; and thus it is that we see very sensible effects, such as purging and diuresis, produced just as well with infinitesimal doses as with allopathic doses, according to the susceptibility of the patient. I have seen *Magnesia*, *Ipecacuanha*, *Tartar emetic*, *Bryonia*, produce alvine evacuations resembling a slight purgation, in the 6th or 12th dilution ; and in like manner I have seen *Digitalis* 12 cause a sedative action on the heart, or a diuresis, as marked as when it is given in allopathic doses, but certainly only exceptionally, and by reason of the susceptibility of the patient ; for, generally speaking, there are effects curative as well as pathological, some of which are best seen from strong, others from weak doses.

I said just now that certain effects have been chiefly obtained from slow poisonings or from provings with small doses, whereas great perturbations are invariably caused by violent poisonings. Perhaps we may say in a general way that with large doses the action is chiefly exerted on the circulation and on the principal foci of evacuations, the liver, the stomach, the intestines, the kidneys, the lungs, the skin ; whereas in attenuated doses the medicine touches more delicately the actual structure of the tissues, and exerts its action in a more isolated manner on the peculiar life of the organs. If, indeed, we reflect that the organs have, as it were, two lives, the one functional which responds to the general life, and brings it into connexion with the other functions ; the other proper to each organ, to each element of the tissue, and which is their own peculiar life, their particular action, that which provides for the integrity of the tissue and of the organisation ; it seems to

me, then, that in a large dose the medicine affects the functions in their totality, whereas in a small dose it affects rather the vitality of the organic tissues at the point where it acts.

It is thus that I explain to myself the difference of the effects, depending not on a difference of action of the medicine according to the dose given, but on the difference of the points whereon it acts. As I have said, large doses appear to me to respond rather to the general functions in their entirety, and small doses to exert their action more specially on the isolated morbid phenomena referable to an action of the tissue rather than to the functions in their entirety. Thus, I have seen *Digitalis* 3000 put a stop to nocturnal cardiac crises which came on regularly at a certain hour, which neither *Quinine* nor *Digitalis* in large doses was able to allay. In like manner, I have seen *Calcarea* and *Plumbum* 200 put a stop to epileptic fits. In a child affected with stridulous laryngitis recurring at night, and which had lasted several weeks, *Plumbum* 200 was completely successful. *Kali carb.* 1200, on one occasion, put a stop to nocturnal attacks of vomiting which had occurred every night for twelve years. So many analogous facts have been recorded, that there can be no doubt on that point; it is especially with infinitesimal doses that affections of a very isolated and limited character can be cured. We are all, I believe, familiar with many similar facts.

To resume, large and small doses have analogous actions, but the former are more apt to cause a general disturbance of the organism, the latter more isolated localisations; both occupy the vital activity, sometimes more violently and extensively, sometimes more subtly, in order to permit this activity to return by itself afterwards to its normal state; and thus it is that, according to the morbid habit of this activity (for the disease may be compared to a vicious habit more or less deeply rooted), we should attack sometimes strongly and broadly, sometimes lightly, sometimes continue giving the medicine, sometimes allow nature to recover its equilibrium after a very gentle diversive action, more or less marked.

## VI.

It would certainly be desirable to know more about the intimate action of medicines, but shall we ever know the exact process of any phenomenon whatever? Will there not always be something that escapes us, and that will be an unattainable desideratum for science?

It has been said that in large doses medicines have a kind of chemical action, whereas in small doses they have a so-called dynamic action.

I confess that this last idea of an action of forces without matter, for this idea goes that length, appears to me incomprehensible. The more I endeavour to conceive it, the less successful am I in apprehending this subtilisation by the dynamisation of matter, which would reduce it to a pure force without material substratum. I am unable to comprehend a material force apart from matter, and no one has ever been able to explain it to me clearly.

I know not what the chemical action of a medicine even in medium doses can be, but I can understand that there is a sort of conflict, a fight between the medicinal particle and the living particle. We are aware that lead, copper, arsenic, sulphur, and other inorganic substances may unite themselves to the structure of our tissues, remain there a longer or shorter time, and be expelled therefrom more or less quickly; and thus I explain to myself the fight, the work, though it is not apparent, that may take place in this conflict. In works on alimentation we are told that organic substances, vegetable or animal, may also be associated with the organic life, and even remain stored up there; and thus it is that the milk, the blood, the flesh of animals, retain the odour and the essence of the substances they feed on. So, also, plants smell of the soil on which they grow, of the matters with which they have been manured. In this way I explain the association, the union, more or less durable, of medicines with the vital activity; their participation in this activity and the modifications that may result from it; the occupation they give to this activity, and thereby the diversions they may give to it.



What is there extraordinary in medicines uniting or attaching themselves to living tissues, particle to particle, without anything being apparent except the cure that may result therefrom; unless the dose be a poisonous one, or unless an idiosyncrasy on the part of the patient manifests some discomfort experienced by him? Do not such things happen in the ordinary course of life? The organism is perpetually in conflict with substances that attack it, particles of all sorts that penetrate it, which are then either destroyed, or united and assimilated, or expelled, without the occurrence of anything very remarkable in the manifestations of life. The balanced harmony of the vital actions is compatible with a plus or a minus, and with the imperceptible modulations which vary and which succeed one another without end. In this vortex of vital modulations the medicine associates itself with the action, and occupies it, without anything necessarily resulting therefrom of a very striking character to betray its effect.

It can thus be very well understood that a medicine may occupy the vital activity, modifying it according to the conflict produced, and thereby diverting and deranging it from the action it was performing, and thus turning it away from its morbidity, without the external manifestation of any very striking phenomena, except the obvious return to normal laws.

In cases of poisoning, the agent, by uniting with the living molecule, takes violent possession of it, just as a caustic destroys an external part to which it is applied; or it attaches itself to the natural substance in order to modify its composition; and in both these cases there is a change, a modification of the vital act owing to the modification of composition. We understand the more or less profound perturbation which betrays itself by particular morbid or toxic phenomena. But when the agent is not toxic, its union with the organism can give rise to nothing but a normal act of this organism, accustomed as it is to conflicts of this kind brought upon it by foreign particles which it assimilates or rejects. I cannot understand how this conflict can be confounded with the idea of a struggle, of action and

reaction, which are purely imaginary, and which have no foundation in fact. Even when the action is toxic it is always only a modified act, which remains modified as long as the agent retains possession of the tissue, and which again simply becomes normal, more or less augmented according to the laws of physiology, and there is no question of any other phenomena.

Thus, as far as we can view this medicinal conflict, the actual details of which are hidden from us and will perhaps always remain hidden, as far as we can judge of it by what observation teaches us, and what physiology allows us to analyse, I do not see how we can conceive of the medicinal action otherwise than as a transient occupation of the vitality by a special agent that causes it to accomplish a normal act, and thus takes it out of the morbid course it was pursuing. This is the action which we may oppose to the toxic or pathogenetic action, from which it differs only by an opposition of effects, not by a contrariety of acts. For we cannot say that there is produced here a movement contrary to the morbid movement, contrary to the pathogenetic effect, that is to say in strife with these movements. Such a strife is always present to the mind when we think of these phenomena; such a strife is assumed in order to imagine a curative action contrasting with a morbid or toxic action, or a reaction of nature against itself in a sense opposed to the action it accomplishes. Whereas the truth is, there is only a toxic or perturbing action, when in the conflict the agent is toxic *per se* or by reason of the dose employed; or a physiological effect of occupation of the vital activity which thus returns within its normal laws.

And this confirms what I have said above respecting the alleged opposite effects of different doses. There are no opposites but the normal or physiological state and the morbid state which is toxic or pathological; the medicinal agent produces the one or the other only. As to the other effects, called alternating or primary and secondary, they are the expression of a physiological law as we have seen. What facts and reason say is limited to that, if we set aside

the theories and the confusions which have accumulated on this point.

It is said that *Opium* causes sleep in large doses, and prevents sleep in small doses; because in large doses it is toxic, and in small doses it occupies the organism; but in those habituated to its action it ceases to be toxic in the doses in which it used to be so, and becomes a simple occupier of the vital activity; or, after having produced sleep, the natural return to the normal state is the prolonged wakefulness which compensates physiologically the previous exaggerated sleep.

*Mercury* in large doses is toxic, it causes anæmia and diminution of the blood-corpuscles; in small doses it is a simple occupier of the vital activity, and may thus aid in the reproduction of the corpuscles if there was a previous anæmia. But in these same small doses it will not increase the blood-corpuscles in a subject who has enough of them, because this medicine has not two opposite actions as some say it has; it has only a toxic and a physiological action; and the latter does not *per se* increase the blood-corpuscles, but restores the normal state which augments the corpuscles whose number has been diminished; or it is transiently one of the exciters of the vitality.

*Arsenic* has the same effects; in large doses it diminishes the number of the blood-corpuscles, this is its toxic effect; and in small doses it increases their number in an anæmic person by its curative effect. But *per se* this small dose will not increase those corpuscles in a non-anæmic person; it may even do the contrary, and act as a toxic dose if continued too long.

*Digitalis* increases the pulsations of the heart in large doses; and then it causes a contrary effect agreeably to the law of physiological compensations. In small doses it excites the heart's beats in a patient in whom these are diminished, by occupying the cardiac activity and bringing it back to the normal state; but this small dose does not produce this effect in a healthy person whose heart beats normally; otherwise we must believe that by exaggerating the normal beats it produces in small doses toxic effects

contrary to the toxical effects it causes in large doses, which no one has ever proved. It can only have contrary effects according to the disposition of the subject; just as water at 70° is a cold bath for a febrile subject but is a warm bath for one that has been frozen.

We may take all the medicines, one after another, as far as we know them, we shall never find anything more than that—either a toxical or a physiological effect. As regards secondary effects, these are phenomena produced by an increased or diminished function; they have no existence if it is a question of a morbid phenomenon of perversion of action, as we have seen.

It should be expressly stated that the insensible physiological action is not the only one that can be curative, and that very useful medicinal actions may be obtained by weak toxical doses, in accordance sometimes with the allopathic, sometimes with the homœopathic law. Thus *Digitalis* in large doses, in powder or infusion, may manifestly diminish the heart's beats and the arterial pulsations, so as to reduce the pulse to fifty and even forty pulsations, which is a slight toxical effect, and thus modify in a very sensible manner affections of the heart, and cause a copious and useful diuresis. Hirtz (of Strassburg) seems to have employed it in this way not unsuccessfully in several cases of pneumonia.

It should be borne in mind that a cure may be obtained by aggravation which is a toxical action. The practitioners of Algeria who have had to do with epidemics of dysentery assert that they have often been successful with emetocathartics which acted like slight toxical agents; for induced emesis and diarrhœa are obviously slight toxical actions. At the beginning of the last century when *Ipecuacanha* powder was first used in dysentery, it was given in doses which always caused nausea and often vomiting, that is to say, in a semi-toxical dose. Thus, there is obviously in medicine a large number of toxical actions, slight it is true, which may be utilised by an able practitioner.

But, as a rule, cures according to the law of similars are

effected in an insensible manner by physiological action ; and the toxical action may be medicinal, either by allopathic effect, or accidentally according to the law of similars.

## VII.

There is a last point concerning the action of medicines that I wish at least to mention, as I have the others, though I cannot devote to it the space it deserves ; I refer to the susceptibility to the medicine.

All physicians are well aware of this point in a general way, but it is almost always lost sight of when it is of importance to allow for it. It is well known that medicines do not act in the same way on all species of animals, that plants that are poisonous to man are not so to certain animals. It is more than probable that in the same species some races are more sensitive than others to a medicine ; and perhaps as regards certain plants whose action is now held to be less dangerous than formerly, this change is accounted for by a modification of the races of mankind. Our information on this subject is not sufficient, and we must wait for further instruction.

But it constantly happens in the course of our medical practice that we meet with different individual susceptibilities which often puzzle us. Either we expect a certain action from a drug which fails to do what it performed in another patient, or we witness a manifestation of epiphenomena, of accessory pathogenetic effects, or of repulsions on the part of the patient shown by some discomforts which he alleges he experiences, and which we did not expect.

We may lay it down as a general rule that there is no person capable of expressing and manifesting all the phenomena that a medicine can produce and which are recorded in our pathogeneses. The effects recorded in these pathogeneses have been obtained in a greater or smaller number of persons who were evidently susceptible some of a certain action others of another. And on this point we know not if our most perfect pathogeneses are really perfect, for perhaps the medicines would produce other unknown

effects on a subject endowed with a hitherto untried susceptibility.

Thus, when we give a medicine according to the law of similarity, we are as if we admitted in principle that the pathological state of the subject created in him an aptitude, a susceptibility to respond to the action of the medicine which attacks the diseased part. And in truth it is rational to admit that the pathological state of an organ renders the vitality of this organ more susceptible than any other to be influenced, disturbed, attacked by our agent. Experience leads us to believe that this is a general law, since in a great number of cases the facts bear us out in this view.

Still, it may happen, from some causes still unknown, that the medicine does not act, or acts too energetically. Supposing it does not act; this is demonstrated to us in all those cases where we fail to observe an effect which we had noticed in other similar cases. Supposing it acts too energetically: this is an instance of partial aggravation or of accessory aggravation of which I have already spoken. And these two cases are exactly analogous to those of the pathogenetic provings, or the toxic relations; for in toxicology, as in pathogenesis, certain effects are produced on one subject, others upon another; for one the toxic dose is very weak because the subject is very susceptible, whereas for another much stronger doses are required in order to produce poisoning. When, for example, we see accessory aggravations, as I have termed them—that is to say, pathogenetic effects which have been observed in patients from every dose—how can we lay down a fixed rule of doses, and affirm that such a dose will cause toxic effects and such another dose physiological effects? That is impossible.

The effects called pathogenetic are nothing but very slight toxic effects, where the patient runs no risk except that of suffering a little or of having some epiphenomena; whereas the physiological effect is that where the subject does not manifest any very marked phenomenon, where the conflict betwixt the agent and the organism takes place in one of the normal physiological occupations of the life, at most slightly increasing the vitality at the point where the

conflict occurs. The actual dose may be of no importance in the difference of the two actions, the toxical and the physiological; this depends on the susceptibility of the patient, and a large dose may be just as physiological, that is to say, curative, as an infinitesimal dose, and *vice versâ*.

Not only do the therapeutic effects prove this, but we have also the experiences of toxicologists and therapeutists. Why has there been so much discussion respecting the true action of *Opium*? and why is a similar discussion going on about the effects of *Digitalis*? Some say that the primary effect of *Digitalis* is to retard the pulse, to paralyse the heart; whilst others say that its primary effect is to contract it. The reason of this is that, on the one hand, experiments on animals and experiments on man are mixed up together, the two different species, whose impressionability to the medicine may be quite different, being regarded as identical. On the other hand, the experiments on man being also contradictory; that is evidently owing to different susceptibilities in the same species, so that the agent is toxical in some, physiological in others, in the same dose.

It is impossible to fix the exact limits of the toxical dose of any agent, not even of the fatal dose, for this dose varies remarkably according to the persons; and for slight toxical, *i.e.* pathogenetic effects, there are, we may say, no limits. It would be necessary to fix their limits in order to establish below them the scale of physiological doses, and this cannot be done, because in every dose we may have, according to the susceptibility of the subject, either a toxical or a physiological effect. The only thing possible to do is to fix a very elastic mean of dangerous doses, as is usually done in the *formularies*; and below this commence the physiological or curative doses which may occupy the vital activity, and at most cause some partial aggravations or some epiphenomena.

I will only mention the principal lines of these questions, for it would take up too much space to enter into all the details necessary for their full elucidation. On this special point of the susceptibility to the medicine, we might inquire

if the oppositions and alliances of morbid predispositions, in action and threatening to act, be not a considerable element of difficulty; but this is a subject too obscure and difficult to be treated in a cursory manner. I will content myself with stating that the law of susceptibilities only exhibits the two possible actions of the medicine, as I have already said, the toxical action and the physiological action; the latter usually curative, the former capable of being so exceptionally. But there is one point of this question of the susceptibility of the patient which must be borne in mind, that is, the possible variation in two opposite senses, that of tolerance and that of intolerance.

Thus, on the one hand, the patient may become habituated to the medicine in such a way that after having been greatly influenced by it, the action afterwards becomes physiological and imperceptible, or even null, to such a degree that it would seem that the organism receives it without paying any attention to it. Thus it is that some medicines in large doses, or even in small doses, may first cause an aggravation, or only the semblance of an aggravation, and thereafter act physiologically so as to effect a very distinct cure. The tolerance may be established all at once, or after some time and by continuing to take the medicine.

On the other hand, the patient may at first be apparently insensible to the medicine and then become impressionable by it if its action be continued, and the physiological action may be established, the vital activity being occupied by this action and diverted from its evil morbid habit. Thus it is that a well-indicated medicine may be continued if there is time to do so, and perseverance may be crowned with success. But just as tolerance may be established, so also intolerance may occur in consequence of a too long continuance of its action; and medicines which have acted well at first, not only do not continue their curative action any longer, but produce aggravations, and that not only in large doses but also in small doses. We meet with patients who after having thus taken a course of medicines, or after having been subjected to treatments directed to divers objects, become absolutely incapable of being acted on by any dose;



they manifest only irritation and aggravation from even the smallest doses.

If we reflect, we shall perceive that it is impossible to explain these manifestations of tolerant and intolerant susceptibility on the theory of aggravations, whereas, on the hypothesis that the curative action is simply an occupation of the vital activity, all becomes clear.

### VIII.

To recapitulate, Hunter's view seems to me to present the facts in a truer, exacter light. While giving full credit to Hahnemann for his great services to *materia medica*, which made the law of similars applicable to practice, and demonstrated its value, I venture to prefer to his theories the larger, more physiological, and at the same time more accurate, views of his predecessor. The law of similars seems more correct by seeming more precise, because we perceive more clearly how the medicine in the physiological dose cures phenomena similar to those it causes in the toxical or pathogenetic dose. We thus get rid of the theory of aggravations and of that of secondary effects, which, owing to the confusion attending them, are constantly giving rise to uncertainty. We see more distinctly and more correctly the facts bearing upon the law of similars, and we can better appreciate its true value, and, finally, we can comprehend more clearly the question of the doses in a general way, although many questions of detail are still obscure. The treasures of *materia medica* and the practice of homœopathy have always appeared to me more comprehensible from this point of view, and I am convinced that nothing but advantage is gained in every respect by getting rid of the ancient theories and adopting other views which throw greater light on the subject.

By its toxical or pathogenetic effects the medicine shows in a precise manner where it exercises its action; and the similarity between these effects and the morbid phenomena to be cured shows that the medicine exerts its action on the precise point where the vital action is morbidly modified.

As I have shown in my pamphlet *On the Relations of the Homœopathic Doctrine with the Past of Therapeutics* (Paris, 1852), the law of similars is the most exact formula of the localisation of the medicinal action; the medicine cures by modifying the vital state morbidly deranged in the precise point, sense and direction where it is deranged. This is the first point of the doctrine so clearly seen by Hunter, afterwards demonstrated and made practical by Hahnemann.

In the second place, in what does this curative modification of the medicine consist? Not in an aggravation or augmentation of the morbid derangement for the purpose of obtaining a reaction in an opposite direction, because this aggravation occurs but rarely, and when it does occur it may often be an obstacle, and only occasionally an advantage; and because the reaction in an opposite direction is a mere physiological compensation, and is necessarily wanting in a great number of cases—about one half, and when it does occur it can only be a morbid phenomenon not a curative effect. The proper curative action is quite different, it is a physiological occupation of the vital activity by the curative agent, which thus changes the morbid act which was going on into a physiological act, and causes this activity to return into its normal laws, leaving it there when itself is extinguished.

The action of a small dose, or, better still, of a physiological dose, is not and cannot be said to be contrary to the toxic action of a large dose; for the contrary can only be a morbid phenomenon in an opposite direction; it is a different, a physiological action, which, in our mind, we oppose to the toxic action, but which is only different.

There is then really no opposition of action betwixt different doses, but, nevertheless, the action varies according to the doses; in the case of large doses, more extensive, more multifarious, exerting itself especially on the actions of general functions and the great functional systems, the circulation, the nervous system, the digestion, the secretions; and, in the case of small doses, localising, restricting its influence, acting then more especially on the proper life of the tissues.

In every case the intimate nature of this action can only be explained by a conflict of the medicinal molecule with the living molecule; a conflict which may be toxic if the dose is large or if the subject is too susceptible, which can only be physiological if the dose is small, or even when it is large, if the subject be not too impressionable. This action is curative because it is physiological, because it occupies the vital activity in accordance with physiological laws; and thus it is imperceptible in its action, only revealing itself by its curative effects. The physiological dose occupies the vital activity, excites it, if you will; here we have an action not contrary, but only different to the toxic action.

Moreover, we must always bear in mind this impressionability of the subject, which may cause a medicinal action to show itself strongly in one case while it seems to be imperceptible in another, and that in any dose; which causes a large dose to be very well borne and to act only in a physiological manner, or causes an infinitesimal dose to be pathogenetic and not tolerated; which can establish tolerance in some subjects, and make a dose at first toxic to be borne and to act only physiologically, or a small dose that at first can be borne, to cease to be tolerated; and, finally, which can render the subject either indifferent to almost any action we try to excite, or impressionable so as not to be able to tolerate any dose.

But if we consider only the generality of cases and the general laws, we may say that a medicine acts physiologically in small doses where it exerts its action in a toxic or pathogenetic dose; so that the medicine cures in this way, restoring to a physiological act the vital activity whose morbid phenomena are similar to those which this same activity would produce if the medicine acted on it toxically or pathogenetically.

I now invite my colleagues to reflect on this important question, of which, as I have said, I can only offer them a general outline.

## "ZYMOTICS."

By EDWARD T. BLAKE, M.D.

THE term "*zymotic*" is nowadays often on our lips, yet, were we required to give a strict definition of it, we should, perhaps, find some slight difficulty in doing so.

Of course, every schoolboy could tell us that the term "*zymotic*" is drawn from a Greek word, "*ζύμη*" which signifies "leaven," and it has been supposed that, during the course of certain diseases, the blood undergoes a species of fermentation. But there is not the slightest evidence that the blood can or ever does ferment. Most fermentations are carried on in open vessels, and are followed by more fundamental constitution-changes than we ever witness in living blood. It is, indeed, scarcely necessary to say that current views of the physiology and pathology of the blood have undergone of late so great a revolution that few now suppose such a process to be possible.

Nevertheless, the word "*zymotic*" will probably be retained, because it is a convenient term for a class of diseases recognised, indeed, by the ancients, but whose distinguishing peculiarity, *preventability*, was neither known nor suspected by them.\*

By the term "*zymotic*" sanitarians have come to mean

\* Knowing little and caring less for the great laws of Nature, how, indeed, could they realize that such terrible penalties were but her indignant protest against ignorance and infraction of those laws! Hence some other cause had to be assigned, and, the professions of priest and physician being so commonly combined, what so natural as to attribute them to the immediate intervention of an outraged Deity, thus making them serve as whips for moral or ecclesiastical offences! Pious as was this view, it was probably as much opposed to the spirit of the authoritative writings of the Christian Church (Luke xiii, 1 to 5) as to the principles of physical science themselves. We know that this feeling served during the long dreary period of the Dark Ages to paralyse all efforts in the direction of sanatory research. Cleanliness, which had been an Article of Faith in the Mosaic economy, was also made an essential by Mahomet, but not, alas! by the Fathers of the Christian Church, some of whom seemed to glory in personal filth and in the abundance of parasitic life.

*preventable*, and as, in this country, unimported malarious disorders are now almost unknown, the use of the word is nearly narrowed down to those diseases which spread either by contact, through the air or the soil, by means of liquids, as water, milk, sewage, &c., and more rarely by solid articles of food.

Whilst we duly recognise that the term "zymotic" has gradually come to acquire a special significance, it is of importance to remember that when Dr. William Farr coined this convenient word no such restricted sense existed in his mind. Dr. Farr apparently intended by "zymotic" what other writers have meant by "general" [WOOD], by "specific" [WALSHE], and by "miasmatic" (not *marsh*-miasm alone).

Dr. Farr divided zymotics into—

1st. Miasmatic.

2nd. Enthetic.

3rd. Dietic.

4th. Parasitic.

We well know that this division brings together many dissimilar disorders, at the same time divorcing diseases whose alliance stands unquestioned.\* Yet Registrar-Generals must make reports, and to draw them up they must, perforce, classify diseases.

There is no doubt that by "zymotic" we had better mean *preventable*; and as, of course, the question then arises—What diseases are preventable? the task I set myself is to answer that question as accurately as the present very limited extent of sanitary research enables it to be answered.

As obviously the measure of infectiousness is the measure of preventability, we must think first of that class of conditions which Sir William Jenner, following Walshe, recognises as the "acute specific diseases."

The European zymotics are then :

Smallpox and its allies.

Measles and its modifications.

\* Diarrhoea, *e. g.* being removed from diseases of the alimentary canal, to be placed between dysentery and cholera.

Scarlatina and Rötheln.  
 Typhus.  
 Cerebro-spinal fever.  
 Enteric fever.  
 Relapsing fever.  
 Simple continued fever.  
 Febricula.  
 Ague and its sequences.  
 Remittent fever.  
 Simple cholera.  
 Whooping\* cough.  
 Mumps.  
 Influenza.  
 Diphtheria.  
 Glanders, farcy, and grease.  
 Malignant pustule [vesicle].  
 Phagedena [also sloughing p.].  
 Hospital gangrene.  
 Erysipelas.  
 Pyæmia.  
 Puerperal fever.  
 Ephemera [weed].  
 Rheumatism.  
 Syphilis and gonorrhœa.  
 Cancer?  
 Pulmonary consumption.  
 Scurvy and purpura.  
 Rickets.  
 Anæmia and dropsy.  
 Sunstroke.  
 Drink diseases.  
 Ophthalmia.  
 Pneumonia, pneumonic abscess.  
 Pleurisy.

\* This word is from A.-S. *hwōpan*, to hoot, and is connected with **WEEP** (A.-S. *wēpan*); therefore should not be spelt "hooping." Is this not full of interest, reminding us that our ancestors howled over their dead as orientals and savages do to this hour? How different from the well-bred sorrow—the subdued grief of our day!

Stomatitis { Vesicular.  
 Ulcerative.  
 Suppurative.  
 Gangrenous (cancrum oris).

Putrid sore throat.

Sloughing sore throat, (cynanche maligna).

Pharyngitis and its complications.

Gastric catarrh.

Gastric ulcer.

Hæmatemesis.

Dyspepsia.

Enteritis.

Typhlitis and perityphlitis.

Dysentery.

Diarrhœa.

Hepatitis (abscess).

Peritonitis.

Albuminuria.

Cutaneous affections, especially the parasitic forms.

Certain artificial diseases produced by chronic poisoning in the way of trade and otherwise.

*Ague* is a typical example of preventable disease. Everyone who is conversant with the early records of Britain, knows what a terrible scourge it has been in this country. The fen district was formerly decimated by the recurrent visitations of this dreadful disorder. A well-marked case of intermittent is now a curiosity, even in the fen country itself, thanks to the wonderful drainage-works that have been carried out there. Of course other factors, as drier houses, improved water supply, better clothing and food, and the introduction of the "Jesuit bark," have contributed their aid to this beneficent result.

Ague was once endemic in the South of London,\* but

\* The continued want of an effective dam to prevent the recurrence in this district of the terribly disastrous, disease-provoking inundations is a deep disgrace to a wealthy city. There seems to be little doubt that the modern system of deep-drainage, so excellent in itself, contributes considerably to the floods of the Surrey side; they may therefore be expected to increase steadily in severity.

since sewerage operations have been carried out in that district, it has steadily declined and is now unknown, save as an imported disease.

*Rheumatism*, even in the acute form, is not alone the result of cold or of damp. We have still much to learn as to the precise part played by the nervous system in the different rheumatisms. Here is an example. In a well-built house, on a dry Surrey sand-rock, rheumatic fever threatened a woman of 30, who was suffering at the time from symptoms of pelvic congestion, and who had not been exposed in any way to the effects of damp-cold. The warning passed away to reappear during the next menstrual period, as classic polyarticular rheumatism of the acute type, *again without* exposure.

The occurrence of gonorrhœal, of diphtheritic rheumatism, and of the anæmic variety, tells us that other forms of blood-poisoning, besides the cutaneous secretions, may induce this disease, and amongst these, prolonged exposure to sewer-gas will probably have to be placed.

*Cancer*, at first flash, seems the last disease in the world to place in the preventable category. But some curious and most significant facts have of late years come out in connection with this terrible disorder. Dr. Haviland has shown the remarkable rule that cancer is more common in alluvial, low-lying districts than on the more lofty, dry, primary formations.

The observant health officer for Ilfracombe assured me that he had witnessed the carcinomatous tendency lingering, and recurring in badly-sewered districts. One would think that this must be an instance of the development by insanitary conditions of a latent taint rather than the direct result of poisoning by sewer products.

*Pulmonary Consumption.*—A remarkable and unexpected result of the sewerage of towns is the sudden diminution of the cases of pulmonary phthisis.

As empyema with perforation, emphysema with bronchiectasis, pneumonic abscess, chronic recurrent pleurisy, besides a considerable variety of other diseases of the respi-



ratory apparatus, differing widely both as to causation and course, are returned as "consumption," we cannot say that "tuberculosis" itself is especially lessened by good drainage, in which, of course, the removal of surface-water forms a considerable factor, still the result is equally satisfactory from a sanatory point of view, for it shows a diminution (usually of about ten per cent) in many of the pulmonary diseases.

This is a valuable set off against a few "drain-diseases," attributed to modern methods of treating waste liquids, really due to the fact that too many architects, builders, and plumbers plume themselves on their ignorance of the most elementary laws of pneumatics; too often, indeed, even decrying such necessary knowledge in others as unpractical and visionary, because they do not themselves chance to possess it.

It is not for one moment intended that every case of sore eyes or sore throat is zymotic, but that certain cases of all these diseases may be fairly placed in the preventable category.

The principal diseases preventable by *general* attention to health-conditions have now been enumerated.

It is plain that in the nature of things such a list cannot be absolute. Had it been constructed a century ago it would have consisted of, say one disease, *variola*;\* and perhaps we should then, if of a proper conservative spirit, have appended a little note of interrogation in brackets! Even now we scarcely realize how, due chiefly to the energy and intelligence of the Army Medical Service, there has sprung up a new science greater, by common admission, than the art of healing, inasmuch as it involves the art of prevention, destined, doubtless, to be the medicine of the future. The long roll of preventable diseases is, thank God, destined to grow longer year by year, not, indeed, by the discovery or appearance of new forms of suffering, but because daily there occurs a transference of diseases from the inevitable list to the zymotic side.

\* In 1780 vaccination was not generally received, it had been foreshadowed by Edward Jenner about three years.

A political parallel may aid our conception of what is taking place.

If we imagine all the countries of the world to be represented by diseases. The zymotics being under British sway, and the "inevitables" under other sovereignty. Now, suppose a daring and determined statesman, of marked imperialistic proclivities, holding the reins of government in such a country.

From time to time he selects an appropriate tract of land and taking it from the inevitables adds it to the zymotic empire. Under such circumstances, just in proportion as the preventables grow and increase, the non-preventables plainly must diminish day by day.

We have now glanced over the diseases preventable by general precautions—precautions which cover a wide area—embracing such questions as climate, soil, occupation, habit, food, clothing, cleanliness, &c. These it will take generations of health-teachers to impress on mankind before we see any very marked result of their praiseworthy efforts. But there is also a class of *especially* preventable diseases depending on grave domestic sanitary defects. Such diseases we see daily, but, alas! we too frequently fail to recognise and relegate them to their true cause. These are especially due to the introduction into dwelling houses of recent products of organic decomposition. They are introduced principally by two classes of vehicle: 1st. By atmospheric air. 2nd. By potable liquids and solid food.

From this it is evident that they must gain access to the system by way of the respiratory apparatus in the one case, by way of the digestive organs in the other. Producing in the former instance diseases of the nose, mouth, throat, and air-passages; in the latter, disorders of the alimentary canal. And, as a matter of fact, those are just the localities in the body where sanitarians look for the symptoms of recent sewage-poisoning. In older cases, where there has been long-standing exposure to mephitic air or to other methods of contamination, more deep-seated signs are seen. This will be observed in the list of "sewage-symptoms" which I shall presently give. The

list is imperfect, but the subject is new ; and though I have been aided in compiling it by many health officers, I am perfectly conscious of its imperfections. However, it will, I trust, prove at least suggestive, and every man's experience will enable him to add to and to take from it, accordingly as fresh facts come to the surface.

### Symptoms of Sewage-Poisoning :

- Throat affection ;
- Languor, loss of appetite and spirits ;
- Anæmia ; palpitation ;
- Feverishness ; sleeplessness or nightmare ;
- Dyspepsia ; nausea ;
- Morning diarrhœa (erroneously attributed to dentition when occurring in the very young) ;
- Morning headache with malaise ;
- Glandular disease proceeding to suppuration ;
- Skin affections, especially vesicular [TREND] ; shingles ; herpes of mouth or tonsils, prone to be followed by tedious ulceration ; aphthæ.
- Urticaria [SLADE-KING ; EDWARD MADDEN].
- Erysipelas after operation, especially after vaccination.
- Cellulitis { Circumscribed, boils, &c.  
Diffuse, at or near orifices.
- Abscesses of various kinds, facial, temporal, axillary, inguinal, pelvic, more especially multiple infantile abscess.
- Quinsy ? Whooping-cough ? Croupous pneumonia ? Convulsions ? Rheumatism and its allies ?

To differentiate these diseases from similar disorders, owing origin to causes not connected with sanitary condition, we have certain tests. Amongst them :

1st. The numerical test. By this is meant that we see usually two or more inmates of a house suffering in a similar way.

2nd. Obnoxiousness to treatment ordinarily successful.

3rd. Speedy improvement on removing the cause or the patient.

4th. Inexplicable recurrence of symptoms in children; obstinate persistency in adults.

Sewer gas is a compound of very varying composition,\* as we can readily understand when we reflect on the extremely complex characters of the constituents of sewage† itself. When we think of the products of decomposition of this seething mass of material, reacting on each other in a

\* *Composition of the air in sewers.*—The air in sewers varies greatly in composition with the amount of gases disengaged and the degree of ventilation in the sewer. It contains carbonic acid, sulphuretted hydrogen, ammonium sulphide, nitrogen, oxygen, light carburetted hydrogen, ammonia, and certain fœtid volatile matters allied to the compound ammonias. Sulphuretted hydrogen has been found to the extent of 3 per cent., carbonic acid 15·9 per cent., and light carburetted hydrogen 88·5 per cent.; while the oxygen has been reduced as low as 2 and the nitrogen to 5·35 per cent., but these are extreme quantities. In well-ventilated sewers the sulphuretted hydrogen has been reduced to a mere trace and carbonic acid to 0·307 per cent. or even less, whilst oxygen may be 20·71 per cent. These quantities, however, are extremes in the other direction. These gases are, as a rule, of far less importance than the *fœtid organic matter*, to the presence of which the peculiar odour of sewage gas is due, and the exact chemical composition of which is not thoroughly known. Dr. Odling believes it to be carbo-ammoniacal. It is alkaline, and rapidly decolorises solutions of potassium permanganate. Sewer air contains bacteria and promotes the growth of fungi; meat and milk soon taint when exposed to it.

To recapitulate; the air of sewers varies considerably, &c. Its oxygen is generally diminished, and may even be as low as 2 per cent. Carbonic acid is increased, and may be as high as 15·9 per cent. Sulphuretted hydrogen is present, from a mere trace to 3 per cent. Carburetted hydrogen, ammonia, and ammonium sulphide may also be present; but certain peculiar volatile, fœtid organic matters are also present, and give the sewer gas its peculiar odour, &c.

† Sewage consists principally of—

Water.  
Excrement.  
Urine.  
Paper.  
Rags.  
Kitchen water, cabbage-cleansings.  
Wash-house water, soap, soda.  
Stable and cow-house refuse.  
Slaughter-house blood and offal.  
Factory chemicals.

These elements vary greatly, of course, in different towns.

nascent state, we can form some slight idea of the great variety of organic gaseous products evolved !

Yet the effects of the sustained inhalation of sewer air, *uncontaminated by specific germs*, are, in spite of its unstable nature, sufficiently well marked and distinctive.

1st. Comes a characteristic disturbance of the sympathetic, and especially of those portions which control digestion, assimilation, and hæmopoïësis.

2nd. The skin or the mucosa is attacked, a rash appears, sometimes papular (urticaria), more frequently vesicular. Of this nature are the ulcers of the mouth and tonsils, attributed to such widely differing causes, they are usually broken-down vesicles. At times the affection takes the form of inflammation of the skin (erysipelas), which may be associated with cellulitis and then proceed to abscess.

3rd. The respiratory system may suffer when we get either pseudo-croup or croupous pneumonia.

4th. The stress in certain constitutions falls on the musculo-articular system, inducing various rheumatoid conditions.

We have considered in turn a great group of preventable diseases, depending on causes lying for the most part outside our dwellings, and a smaller group of disorders which owe origin to ignorance or systematic defiance of natural laws, having their bearing inside or in near connection with the houses in which we spend at least a third part of each day. It is plain that upon the condition of these houses not only must our own health and happiness in great measure depend, but the well-being of those, also, who are dearer far to us than our own lives. But after all, even that is the selfish side of the question ; there is another aspect of the affair, altogether outside ourselves and our belongings. I know that I shall find a ready response in the breast of every member of the most dignified, because the most disinterested, of professions, when I assert that it is the solemn duty of us doctors to press these truths home on the laity in every possible way and on every possible occasion.

## ON PYREXIN OR PYROGEN AS A THERAPEUTIC AGENT.

By DR. DRYSDALE.

IN studying the experimental evidence bearing on the germ theories of disease, I was greatly struck by a remark made by Dr. Burdon Sanderson in the *British Medical Journal* of 13th February, 1875. It was as follows: "Let me draw your attention to the remarkable fact that no therapeutical agent, no synthetical product of the laboratory, no poison, no drug is known which possesses the property of producing fever. The only liquids which have this endowment are liquids which either contain Bacteria, or have a marked proneness to their production." This last clause is qualified by the statements elsewhere, and from other sources, that the fever-producing agent is a chemical non-living substance formed by living Bacteria, but acting independently of any further influence from them, and formed not only by Bacteria but also by living pus-corpuscles, or the living blood- or tissue-protoplasm from which these corpuscles spring. This substance when produced by Bacteria is the *Sepsin* of Panum and others, but in view of its origin also from pus, and of its fever-producing power, Dr. B. Sanderson names it *Pyrogen*. If, however, it is to be also used therapeutically, I suggest the more neutral name of *Pyrexin*. I cannot admit without qualification the statement that no drug or poison can produce fever, for undoubtedly *Aconite*, *Belladonna*, *Arsenic*, *Quinine*, *Baptisia*, *Gelseminum*, and a host of other drugs do produce more or less of the febrile state among other effects. But they produce it only after repeated doses and contingently on the predisposition of the subject of experiment, and thus uncertainly as regards any individual case or dose; or they produce it as a part of a variety of complex local and general morbid states, of which it may be a secondary phenomenon. It is therefore practically true

that no other known substance induces idiopathic pyrexia certainly, directly, and at will after a given dose. This directness and certainty of action ought to make it a remedy of the highest value if it ever can be used therapeutically; and if the law of similars is applicable here as it is in so many other instances, we ought to find it curative in certain states of pyrexia and certain blood-disorders to which its action corresponds pathologically. In order to put this suggestion to the test practically, let us first shortly sum up the symptoms and pathological changes caused by *Sepsin* or *Pyrogen* freed from all bacterial, self-reproductive, or transmissible cause of disease. In a series of experiments by Dr. B. Sanderson on dogs after a non-fatal dose of *Pyrogen* (i.e.  $1\frac{1}{4}$  cubic centimetre of the aqueous solution per kilogram of body weight, or  $\frac{1}{2}$  grain of the solid extract for an ordinary sized dog), the animal shivers and begins to move about restlessly; the temperature rises from  $2^{\circ}$  to  $3^{\circ}$  C., the maximum being reached at the end of the third hour. There is great muscular debility; thirst and vomiting come on, followed by feculent and thin mucous, and finally sanguinolent, diarrhoea and tenesmus. These symptoms begin to subside in four or five hours, and the animal recovers its normal appetite and liveliness with wonderful rapidity. I mention this fact as proving that the septic poison has not the slightest tendency to multiply in the organism, and secondly, as rendering it extremely probable that when death occurs it is determined not so much by alvine disorders, which are so prominent, as by the loss of power of the voluntary muscles and of the heart.\* Another proof that death when it occurs is from failure of the circulation is, that in non-fatal cases with well-marked gastro-enteric symptoms, the temperature rises gradually during the first four hours, and as gradually subsides; whereas in fatal cases it rises rapidly to  $104^{\circ}$  F., and then declines rapidly to below the normal before death, thus indicating failure of the heart. In fatal cases from larger doses, the above symptoms increase to intestinal hæmorrhage, purging, collapse, and death. *Post mortem*.—

\* *Brit. Med. Journ.*, ii, 1877, p. 913.

There is found extravasation of blood in patches underneath the endocardium of the left ventricle, sometimes on the papillary muscles, sometimes on or in the neighbourhood of the valvular curtains. Similar though less marked appearances are seen in the right ventricle. There are similar points of ecchymosis on the pleura and pericardium. The spleen is enlarged and full of blood. The mucous membrane of the stomach and small intestine is intensely injected with detachment of the epithelium, and exudation of sanguinolent fluid distends the lumen of the gut. These appearances indicate a general tendency to congestion and capillary hæmorrhage, as well as locally, congestion and capillary stasis of the gastro-intestinal mucous membrane, with shedding of the epithelium, as the nature of the disorder. The state of the blood plays a great part in the morbid process; it is darker in hue, and the corpuscles arrange themselves in clumps instead of rolls; many of the blood-corpuscles are partially dissolved in the *liquor sanguinis*, communicating to it a red colour: a large quantity of the hæmoglobin is lost by evacuation of the bowels, and conversion into bilirubin; the partial disintegration of the white corpuscles, by liberating the fibrino-plastic ferment, is supposed to be one cause of the capillary stasis.

The symptomatic and pathological effects are substantially the same in man, and, indeed, the analogy between the symptoms and morbid appearance and state of the blood in septicæmia after wounds and the experimental poisoning with *Sepsin* is very close.

Now, granting that the powerful agent producing these remarkable effects may be expected to act therapeutically as an alterative in morbid states which present the pathological *simile* to them, what are these morbid states, and how are they to be recognised in the complex phenomena of fever in the human subject? To answer this we must enquire what is the cardinal point in the proximate cause of pyrexia with which we have to deal in employing a directly acting remedy? To this question—at least as regards the chief phenomenon which determines the name pyrexia, viz. the increased heat—the critical review of the



experiments of Senator, Leyden, and others by B. Sanderson,\* gives a reply.

The temperature of the body being dependent on the production and discharge of heat, of which the former is a function of living protoplasm, the latter a function of the organs of circulation, respiration, and secretion, the question arises whether pyrexial increase of temperature depends upon the former or the latter. To this Dr. B. Sanderson thus replies (p. 45):—"Two possibilities are open to us. One is, that fever originates in disorder of the nervous centres, that by means of the influence of the nervous system on the systemic functions, the liberation of heat at the surface of the body is controlled or restrained, so that 'by retention' the temperature rises, and, finally, that the increased temperature so produced acts on the living substance of the body, so as to disorder its nutrition. The other alternative is that fever originates in the living tissues, that it is from first to last a disorder of the protoplasm, and that all the systemic disturbances are secondary. The facts and considerations we have had before us are, I think, sufficient to justify the definitive rejection of the first hypothesis in all its forms; for, on the one hand, we have seen that no disorder of the systemic functions, or of the nervous centres which preside over them, is capable of inducing a state which can be identified with febrile pyrexia; and, on the other, that it is possible for such a state to originate and persist in the organism after the influence of the central nervous system has been withdrawn from the tissues by the severance of the spinal cord. We are, therefore, at liberty to adopt the tissue-origin of fever as the basis on which we hope eventually to construct an explanation of the process." It is elsewhere concluded that it is in the protoplasm of the blood and the muscles that take place those changes of activity and disintegration on which depend the changes of temperature, and no doubt the other essential phenomena which characterise fever.

What, therefore, on these data, are we to expect from an agent which shall act directly as curative of the pyrexial

\* See *Blue Book*, 1876, No. 1, Appendix.

state? Not certainly any palpable disturbance of the nervous system which can in health lower temperature by promoting heat discharge as is expected from large doses of *Quinine*, or from the merely physical action of cold baths; nor a general support of the vital powers till the specific disease runs its course, as is expected from alcohol, &c. But, on the contrary, a simple modification of the exalted and perverted protoplasmic action in which the proximate cause of pyrexia consists, which shall be of such a nature as to bring it back to health. Let us assume (without any attempt to prove it, but merely to give an intelligible illustration in explanation) the hypothesis of Beale, that the essence of inflammation and fever consists in a degeneration in the scale of biological development of the bioplasts of the blood and tissues, which involves the production of a more rapidly growing and disintegrating kind of protoplasm; our most complete and perfect conception of a direct remedy would be that of an agent which would act as a specific stimulus to the affected protoplasm, and bring back its germinal development up to the normal plane. This has long been my view of the action of *Aconite* in inflammatory fever, or, at least, that it acted directly on the pyrexically affected protoplasm, and not on the vaso-motor nerves or centres of the heart, or of the spinal marrow; for reiterated experience has shown that it acts in far too small a dose to exert any directly depressant effect on the heart or its nerves, or, indeed, any perceptible effect on them at all. Now, the living matter or protoplasm is capable of an almost infinite variety of kinds of morbid action according to the predisposing and exciting causes acting on it, and hence pyrexia may vary indefinitely in its character, even independently of the addition of the local lesion proper to the concrete specific fevers; so no directly curative remedy can be applicable to more than a few forms or even to only one, *e.g.* *Aconite* suits inflammatory fevers, and *Quinine* malarious intermittents, while they would be powerless if interchanged. To what form then should we expect *Pyrexin* or *Pyrogen* to be applicable? The true clue to this is given, I think, by the state of the blood, for

that is the most marked and important of the signs of septicæmia; the local congestions and extravasations not being so constant or so grave as respects the issue. If we contrast the characteristic hyperinotic state of the blood in inflammatory fever, displaying its bright colour, buffy coat, firm coagulum, and the adherence of the red corpuscles in rolls, with the septicæmic state of blood already described, showing its dark and dissolved state, loose coagulum, the red corpuscles adhering in clumps, and the increase of white corpuscles, we shall see well-marked grounds of distinction. This latter state of the blood is very similar to, if not identical with, that which belongs to typhous or adynamic fevers, and, indeed, in describing fatal cases of septicæmia after wounds the analogy of the symptoms is so great with these fevers that the word "typhous" is generally used in describing them. Hence the shortest discrimination of the indications for the use of *Pyrexin* or *Pyrogen* may be stated to be the typhous or typhoid character or quality of pyrexia, using these adjectives in their old-fashioned sense. For although the clinical discrimination of enteric fever from typhus is a great gain, it is unfortunate that the word "typhoid" should have been appropriated to the former, as it either introduces confusion into our nomenclature or deprives us of a hitherto well-understood expression of the character of pyrexia as distinct from the name of a specific disease. We shall find it convenient to go back to the terms of Cullen, viz. synocha, for inflammatory fever, the typhous or typhoid condition for the low adynamic or asthenic character or quality of fever, and synochus for the mixed kind, which is inflammatory at the beginning and typhous at the end. I do not know that the more accurate discrimination of the typhus, enteric, and relapsing fevers into distinct specific diseases gives any ground for denying the existence of the above distinctions of character in the pyrexial state in general, and, therefore, we should still keep up the words inflammatory, and typhous or typhoid, as expressive of different qualities or characters of fever, and not of distinct febrile diseases.

As *Aconite* is well known to be the most important of

the remedies for the synochal or inflammatory pyrexia, so the most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhous or typhoid quality of pyrexia. This being a condition and not a distinct disease, it is to be looked for as occurring in a variety of diseases such as the typhus and enteric fevers themselves always, and more or less it may occur in intermittents, so-called bilious remittents, in certain varieties or stages of the exanthemata, especially scarlatina, measles, and smallpox, of dysentery, and of epidemic pneumonias, diphtheria, &c. From the gastro-enteric symptoms *Pyrogen* may possibly also apply to some stage of cholera, and to yellow fever. It is, of course, to be distinctly understood that this substance is only recommended at certain stages and phases of these diseases, and entirely as a remedy of a secondary or subordinate character, and not in any sense as a *specific* for the whole disease.

*Sepsin* or *Pyrogen*, it must be remembered, is only a chemical poison, like *Atropin* or serpent venom, whose action is definite and limited by the dose, and it is incapable of inducing an indefinitely reproducible disease in minimal dose, after the manner of the special poisons of the specific fevers; its sphere, therefore, is by no means commensurate with that of these diseases, and if ever true specifics for them should be discovered it is hardly probable that such would be merely chemical non-living agents. At present there is no question at all of such specifics. The only point is that we should be able to form an intelligible idea of the way in which a margin can be supposed to exist in individual cases, say of enteric fever, smallpox, or yellow fever, &c., in which a directly acting medicine can do good to the pyrexia without at the same time having any power to check, modify, or shorten the true specific disease. Observation, I think, shows that such a margin exists, for we are all familiar with the immense variety in the degree of severity, especially as regards the pyrexia existing between cases of the same specific fever in different individuals, while at the same time the cardinal symptoms are pronounced sufficiently to leave no doubt of the diagnosis,

and the completeness of the specific process is also shown by the protection against subsequent attacks being as complete after the slight cases as after the more severe. In scarlatina and smallpox both these circumstances are notorious, and the astonishing mildness of the pyrexia in some case of enteric fever, in which the local diseased process runs its full course, is well known.

When we take these facts in connection with the theory of Beale that not all—nay, not even the majority—of the new bioplasts, whose formation and continued multiplication constitutes the essence of fever and inflammation, are, in a specific contagious disease, themselves specific, and capable of conveying the disease, we can easily see that there may be in each specific fever a large margin of non-specific febrile action or protoplasmic change. It may be, and probably is, this which gives the severity and fatality to certain cases by its excessive amount rather than the greater intensity of the specific process, owing to increased susceptibilities of the patient towards the specific poison, although no doubt that is also a factor of importance in the variations of severity in different individuals. At all events, we easily see from the above considerations the reasonableness of the expectation that any remedy which could moderate and control the concomitant non-specific pyrexia in the specific fevers would thereby palpably diminish the average mortality, even though it could not cut short the specific disease itself. Whether *Pyrogen* be such a remedy remains to be seen; at present we have only to show that a place is open for a possible agent of this kind. Our expectations, also, must not be pitched too high, because, for innumerable reasons, as we all know, a considerable mortality must attend all the severe specific fevers, and the margin wherein positive curative treatment adds to the value of good negative treatment is not large. Besides, from the very character of the symptoms and stage of the disease for which this remedy is indicated, it must often be in the position of a forlorn hope. Therefore, it is only by the statistical comparison of a large number of cases that we can determine how far lives have been saved by it.

The known specific fevers do not by any means exhaust the possible sphere of a remedy for the "typhous" condition of pyrexia; for, although it is no longer the fashion to speak of the synochus of Cullen, yet, as far as my experience goes (and I doubt not other practitioners will agree with me), the list of species or varieties of continued fever in this country is by no means exhausted when we name the inflammatory, rheumatic, typhus, enteric and relapsing. On the contrary, we all meet with cases of fever which cannot be distinctly referred to local lesion, and cannot be fairly brought under any of the above names, and for want of a more definite appellation we have to speak of as catarrhal, gastric, or bilious fever; or describe in some such vague way. Many of these are synochal, and require *Aconite* at the outset, while in the later stages a more adynamic state sets in, supposed to require stimulants, thus corresponding to the synochus of Cullen. In the specific fevers also, there may occur more or less of this primary and secondary quality of the pyrexia requiring *Aconite* at the first stage and (should our anticipation prove correct) *Pyrogen* at the later stages. Doubtless Cullen, his contemporaries, and for long his successors, described and treated as synochus many cases of continued fever, which were, in reality, enteric, or even relapsing, before Henderson separated the latter, or Jenner the former, from the general mass of continued fevers; and, no doubt, we are all doing the same in respect to other species to be discriminated in future. But this is of less consequence as regards medicinal treatment as long as we are guided by indications for a particular quality of pyrexia, and not the concrete disease in which that may occur. If the discrimination of enteric fever as a species may be correctly held to explain away synochus in part, yet can we admit that the supervention of bacterial growth at the later stage will account for all the rest? Certainly, in that case, the sepsin of the Bacteria would produce a state of blood analogous to the "typhous" state, and if itself the cause would of course exclude our remedy. But although a certain growth of micrococci does take place in some cases, and is the cause of complications

(e. g. ulcerative endocarditis in smallpox), yet there is certainly no proof and, I think, very little probability, that such is general and sufficient to account for the phenomena, which in the meantime must, therefore, be referred to a quality of the disease.

In septicæmia, metastatic pyæmia, and puerperal fever, it is more difficult to see any possible opening for a remedy of this kind. As long as not only sepsin, but bacteria, micrococci, and their germs are being poured into the system from the focus of infection we can naturally expect nothing good from it; but after the focus is removed or neutralised by antiseptics it may become a question whether the artificially prepared *Pyrogen* from a different source may not be curative in the still remaining fever and blood disorder. Likewise, whether it may not be a preventive of traumatic pyæmia and septicæmia if given when the system is verging on that loss of vital resistance which allows the development of these diseases. The above objection applies more particularly to auto-infective puerperal septicæmia, or that form which is apparently spontaneous, *i. e.* not arising from inoculation of specific infective poison such as that of erysipelas, of scarlatina, or of another case of puerperal fever itself. But in the latter case if, at an early stage, this remedy can control the degree of pyrexia, and thus hinder the loss of vital resistance which allows the development of metastatic pyæmia and septicæmia, it may be of vital importance and sensibly diminish the average mortality of that, at present, almost hopeless disease. For, as elsewhere\* said, I look upon the theory which attributes the specific infective poisons to partial bions or portions of diseased protoplasm thrown off by the patient (Beale), to be true rather than that of specific pathogenic bacterial parasites. Disease having thus begun in a subject who may be regarded as having a deep-seated wound, vital resistance is lowered and the ubiquitous putrefactive bacteria grow and multiply locally, pass into the system, and add the fatal complications of pyæmia and septicæmia.

The theory of the engraftment of bacterial septicæmia

\* *The Germ Theories of Infectious Diseases.* London: Baillière.

and pyæmia as a subordinate phenomenon upon other diseases, without the inoculation of a necessarily specific kind of Bacteria may be shortly stated as follows. The viable germs of a variety of kinds of Bacteria and micrococci existing constantly in all ordinary air and water, and articles of food and drink, even in some after cooking, we are constantly receiving them into the alimentary canal, air passages, and any open wound. But just as constantly in the healthy state does the living matter consume them and prevent their development, such powers being summed up in the term vital resistance. Many states of disease, however, especially traumatic and other states of pyrexia and local stagnation of the circulation, so far lower vital resistance, that the accidental Bacteria germs may grow and multiply, and thus add their characteristic noxious effects to the former disease. Many of the products of bacterial putrefaction, especially those comprised under the term *Sepsin*, have a powerfully poisonous influence in lowering and paralysing vital resistance, and thus a small quantity of complete putrilage, containing both living Bacteria and septic products, is able to form a focus from which septic growths and products can spread and infect the whole system fatally. But if the same amount of Bacteria alone is carefully washed from adhering *Sepsin*, no evil follows, for the vital resistance at the spot destroys the Bacteria speedily. This was proved by Hiller, who injected into his own arm a whole Pravaz syringeful of fluid swarming with living but carefully-washed Bacteria, and no effect was produced but a transitory redness of the part. If, therefore, *Sepsin* should prove a remedy for any of the forms of pyrexia, especially the traumatic, which lower vital resistance, to that extent we may expect it to be a *preventive* of those forms of pyæmia, septicæmia, and so-called blood poisoning, which depend on the development of accidentally introduced germs of Bacteria and micrococci.

In chronic disease there may also be an opening for a substance like this, acting so powerfully on the blood. Here we may name leucocythæmia, and possibly pernicious anæmia.

It may be said that the analogy is not great between the



action of *Pyrogen* and leucocythæmia; but this may be merely that we see usually an early stage of that disease, whereas the final stage may complete the resemblance. I had the opportunity of following to its close a case of leucocythæmia with enlarged spleen, in which the number of the white corpuscles almost equalled that of the red. For many months little alteration of the health was apparent, except muscular debility and liability to digestive derangements. The patient, had, however, bled over much when a tooth was extracted, and also was subject to occasional bleeding of the nose, and once had hæmatemesis. Then, after cold or a trifling indigestion, there came on vomiting and purging, prostration, fever, delirium, and death, in about a week,—the course of the disease resembling typhus without any diagnostic mark of that disease. A day or two before death there was large extravasation of blood under the skin of a large surface of the trunk, a portion of which, drawn off by the aspirator during life, showed a tarry colour and consistence, and the same large proportion of white corpuscles, but no Bacteria. There was also complete deafness for a week, and nearly complete blindness for the last three days, thus reminding us of the retinal hæmorrhage in septicæmia. After death the only appearance of importance was the enlargement of the spleen. In this case, *Phosphorus*, *Arsenic*, and a variety of medicines failed.

A case of leucocythæmia is reported by Dr. Gowers,\* in which retinal hæmorrhage is described and figured. Epistaxis is also mentioned as occurring frequently, but the termination is not given. This disease would seem to be analogous to a long drawn out first stage of *Sepsin* poisoning, therefore, since other remedies fail I would be inclined to try the one under consideration.

Such is an *à priori* outline of the possible sphere of action therapeutically of this powerful pyrogenic agent. It is, however, only an outline, as the characteristic alterations of the blood especially are too meagre and general to enable us to fill up the picture and give exact indications. What the exact state of the blood which characterises this

\* *Medical Ophthalmoscopy*, p. 312.

typhous state is, is not yet made out, and it would appear from the observations of Andral and Gavarret, and more recently of Baxter and Willcocks, that the blood-corpuscles are less affected in number and richness in hæmoglobin than might have been expected in many cases of scarlet fever, measles, typhus, and typhoid; while, on the other hand, the decrease of the red corpuscles both in number and richness is most marked and rapid in paludal miasmatic fevers. The indications for pyrexin here given are entirely *à priori*, as the foregoing was all written before a single therapeutic experiment was made. We must, therefore, expect that experience may correct or fill up, or contradict a large part of the above anticipations. In order to put the matter to the test, I prepared some of Panum's *Sepsin* in the following three different ways.

*Modes of preparation of Sepsin.*

1st. Half a pound of chopped lean beef was put into one pint of water from the tap and set to macerate on the sunny side of a wall in June, 1879. As the weather was unusually cold and cloudy no pellicle had formed in fourteen days, so it was left a week longer. The maceration fluid was then reddish, thick, and fetid; this was strained through muslin, then filtered. The filtration was slow and difficult. The filtered liquid was then evaporated to dryness in a water-bath at boiling heat. The dry residue formed a brownish caky mass, which was then rubbed up in a glass mortar with two ounces of rectified spirits of wine, and then allowed to digest two hours. This sprituous maceration was then boiled for five minutes, then filtered. The residue on the filter was then thoroughly dried in the warm chamber, and formed a hard brownish mass, weighing fifty-four grains. This was rubbed up with 540 minims of distilled water, allowed to stand an hour and a half, and then filtered. The clear amber-coloured liquid which passed through is the watery extract or solution of *Sepsin*. To this was added double the volume, *i.e.* 1080 minims, of *Glycerine*, and labelled "*Pyrexin*"  $\phi$ , forming the standard solution of *Sepsin*, of which one minim corresponds to the water extract of  $\frac{1}{3\frac{1}{2}}$ th of a grain of dry *Sepsin*. The solution is amber-coloured, and remains perfectly clear throughout,

and without any trace of mould fungi on the surface eight months after preparation. On testing by subcutaneous injection in white mice in quantities from one minim upwards, and with simultaneous control experiments with like quantities of pure *Glycerine* diluted with one third water, it was found that one, two, and three minims produced palpable effects, though not fatal, while four minims were fatal in some cases, and six minims uniformly so, the corresponding control experiments being innocuous.

2nd Mode. A similar maceration, after standing fourteen days in July, 1879, was strained through a linen cloth, measured twelve ounces, of a deep and clear solution. This was at once precipitated with twelve ounces of strong spirits of wine (90°), mixed thoroughly by stirring, and set aside to stand all night. The precipitate was buff-coloured, and very bulky, taking up nearly half of the glass beaker. The supernatant alcohol was decanted off and the precipitate drained upon a filter, then washed off into a beaker with boiling spirit, made up to twelve ounces, and boiled over the lamp for five minutes with constant stirring. Filtered and washed with boiling spirits. The precipitate was removed to a clock-glass, and kept *in vacuo* over strong sulphuric acid for thirty-six hours, during which time it shrivelled into a small compass, and became blackish. It weighed forty-two grains. Now treated with ten parts of cold water for an hour in a mortar, triturating constantly. Then filtered and washed twice over. The two filtrates and washings were then evaporated in a water-bath to dryness, and weighed 1.5 grain. This was triturated in an agate mortar with 150 minims of a mixture of one part of water and two parts of *Glycerine*. This was marked *Sepsin* or *Pyrexin*, 100 minims = 1 grain. The solution is not complete, and flocculent particles are visible. Of this three minims are fatal to mice, and it is thus, therefore, more virulent than the former preparation, but from the small quantity of dry precipitate got and the large quantity of *Alcohol* consumed in the process it is not one to be recommended.

3rd Mode. A similar maceration of the nineteenth day, in the open air of a cold September. The filtered maceration liquid (11.3 ounces) was mixed at once with two volumes of rectified spirits of wine and precipitated. The precipitate was of a dull brown colour, and the solution containing it was allowed to stand

six days, then filtered, drained, and washed with hot spirits of wine. The precipitate was detached from the filter, dried in a warm chamber at  $150^{\circ}$  for eighteen hours, then ground very fine, and weighed 3.14 grammes =  $48\frac{3}{4}$  grains. This was macerated six hours over a water-bath with ten parts of water, then twenty parts of *Glycerine* added, and filtered under pressure. The fluid was very pale amber-coloured, and keeps perfectly like the mode No. 1. But seven drops are not uniformly fatal to mice. It is, therefore, weaker than the first mode, and more *Alcohol* is consumed. The first mode is preferable in yielding a product of sufficient strength and in tolerable quantity, and with moderate expense of *Alcohol*. But it has the drawback that the preliminary evaporation is attended with such a horrible smell.

As above said these preparations were tested on mice, which animal had been found by Dr. R. Koch to react very like the human subject with the septic and anthrax poisons. The symptoms observed were as follows:—The animal became dull and languid, ceased to eat; then appeared restlessness, the eyes dim and sunken, and bleeding from the anus; then a quiet stupor till death. More or less of these symptoms were produced by all the doses, from one dose upwards. Bleeding from the anus was perceived in all the fatal cases, but also in some that recovered.

The blood of the animals thus killed was then tested by subcutaneous injection into healthy mice, which in every instance were unaffected. It was, therefore, not infectious, and we have thus the security that we are dealing with a simple non-reproducible chemical poison, whose effects can be regulated and kept within perfectly safe bounds by simply limiting the dose.

As all doses below six minims were insufficient to kill a mouse, we may take it that from one to five minims would be quite safe for subcutaneous injection for man. How much smaller might be sufficient for the curative reaction can only be determined by experience. As this is an animal poison like snake venom, it may require to be used subcutaneously, as we do not know how far the stomach or the mucous membrane may not impair its activity, as they certainly do with snake poison. This also can only be deter-

mined by experiment, and it may turn out to be effective in the much more convenient way of administration by the mouth. As the action of *Sepsin* is speedily exhausted, it would probably be necessary to repeat the dose by subcutaneous injection at least twice a day in acute pyrexia; and from the nature of its possibly curative operation, we would not expect a rapid or palpable lowering of febrile heat soon after each dose, but only a gradual amelioration of the disease.

As *Sepsin* is of the nature, probably, of peptones, and extremely favourable to the growth of accidental Bacteria, whose germs exist in all ordinary water, it should, if given internally, not be prescribed in an aqueous mixture, but dispensed in pure *Glycerine* or in *Glycerine* with one third of distilled water, and the dose dropped into a spoonful of water at the time of administering.

Since the above was written, I have had some experience with *Pyrexin* as a remedy, both subcutaneously and internally used, but not sufficient for publication. So far, however, the results have been favourable and give good promise. The injection, even of that strong *Glycerine* preparation, excites no local disorder, nor any general septic disturbance in the above doses. The first decimal dilution has been given internally, in three-drop doses frequently repeated, to children with good effect.\*

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TRANSACTIONS OF THE PARIS CONGRESS  
OF 1878.†

WE omitted to notice in this Journal the Homœopathic Congress held in Paris in 1878; but our British colleagues were fully informed as to its proceedings in the pages of our contemporaries, the *Monthly Homœopathic Review* and the *Homœopathic World*. Its Transactions are now before

\* Messrs. Thompson and Capper, chemists, 55, Bold Street, Liverpool, have undertaken to prepare *Pyrexin* according to formula No. 1, to ensure uniformity of strength and quality. They will furnish it in the form above described as *Pyrexin*  $\phi$ , and also in the first decimal dilution.

† *Comptes Rendus du Congrès Internationale d'Homœopathie*, Paris, 1879.

us, and we propose to give some account of them to our readers.

The occasion of the gathering was the "Exposition universelle" which was held in the French capital in that year. The idea at first seemed to be that another meeting of French-speaking homœopathists should take place, such as those which met in 1867 and at three previous epochs. It was accordingly styled the Fifth Homœopathic Congress of Paris. Subsequently, however, it assumed a more general character; and the authorisation given to it by the French government speaks of it as "*un Congrès international d'Homœopathie.*" Nor was it unworthy of the title; for among the names which appear on its "*Liste générale des adhérents,*" 19 are those of foreigners.

The organisation of the Congress was entrusted to a Committee representing the various sections into which (unhappily) the homœopathic body in Paris is broken up, and consisting of M.M. Bourdas, Chancereau, Goddard, Herrman, Jousset, Léon Simon, and Teste. The last named was its president, and might have been that of the Congress itself, but that illness unfortunately disabled him from attending it. The election, therefore—which took place at the commencement of the first day's proceedings—lay between Drs. Léon Simon and Jousset, and a slight majority gave the former the chair. Dr. Jousset was requested to undertake the office of vice-president, in conjunction with Dr. Hughes of England, Dr. Gonnard became "*secrétaire-général,*" Drs. Claude and V. Léon Simon "*secrétaires-adjoints,*" and Dr. Guérin-Meneville treasurer.

The plan adopted was to make a general request to homœopathists throughout the world to furnish papers for discussion. Those received were classified in three divisions, and one allotted to each of the days (August 12th, 13th, 14th) on which the Congress assembled. On the first day the subject was "The law of similitude, its bases and its range:" on the second, "Materia Medica and homœopathic practice:" on the third, "Organisation of homœopathic medicine.—Institutions (societies, schools, hospitals).—Study of legal reforms." Those papers whose

authors were present were read by them: of the remainder a brief *précis* was furnished by one of the secretaries. The Transactions—published at the expense of the Government, which also housed the Congress in the Palais de l'Exposition—consist of a short-hand report of all that thus came before the meetings, with the discussions that took place.

Our survey of them finds as the most noteworthy feature of the first day's proceedings a paper by Dr. Jousset "On Homœopathic Doses." Beginning by affirming that neither the pure infinitesimalists nor the advocates of ponderable doses in all cases have clinical experience on their side, and that a middle course (as the invariable prescription of the third or sixth attenuation) loses the advantages of either, he shows that those who practise *omni dosi* are bound to inquire into the reason why sometimes larger and sometimes smaller quantities do most good to their patients. Like Dr. Sharp, he looks for his law of dose to the action of drugs in health; but does not find it, with him, in the simply opposite effects of large and small doses. He fixes upon another feature of the phenomena which many of us would equally refuse to acknowledge as a pervading one, viz. the primary and secondary actions of medicines. He points out, after Hahnemann, that, the weaker the dose, the more purely are manifested the primitive effects of the drug; while larger quantities tend to suppress these, and to produce secondary phenomena immediately. Applying now the law of similitude to the choice of dose, he argues that we should administer appreciable quantities (or those approximately so) "when we have to combat a symptom which recalls the secondary action of the medicine, and, on the contrary, should prescribe infinitesimal doses when we have before us a symptom corresponding to the primary stage of the drug's operation."

We have given Dr. Jousset's view in full, that it may not be misunderstood; but our readers will see at once that he has unwittingly propounded as a novelty a position familiar to us as taken up by Dr. E. M. Hale. Our reasons for dissenting from it have already been stated in this Journal, and we will not repeat them here.

The programme of the second day presented a list of sixteen papers, very few of which of course could be read, but which are mostly printed in the Transactions. The first to appear there is a very interesting and valuable paper by one whose writings are always welcome to us—Dr. Meyhoffer, of Nice. It is entitled “A Disquisition on some functional and organic affections of the Heart, in relation to a certain number of homœopathic remedies.” The medicines whose action he characterises are *Aconite*, *Cactus*, *Arsenic*, *Digitalis*, *Phosphorus*, *Coffea*, and the preparations of lime. His remarks upon these are so scientific and withal so practical that we will reproduce them here.

“We shall follow in the choice of remedies the two principal indications furnished by the morbid states we have just pictured, that is, on the one hand to moderate the action of the heart, on the other, to increase its vigour.

“To the first of these indications correspond more especially *Aconite* and *Cactus grandiflorus*; to the second, *Arsenic*, *Digitalis*, and *Phosphorus*.

“But the morbid conditions are not always so clearly defined: they are sometimes very complex, and demand remedies which fulfil several indications at the same time. Among the crowd of such substances, we limit our remarks to two, *Coffea* and *Caffeine*, and the preparations of lime.

“All the physiological experiments made with *Aconite* prove to demonstration that this agent paralyses the vaso-motor nerves, excites the action of the heart, and at the same time irritates its muscular fibres. Dilatation of the arteries and capillaries, elevation of temperature, force and fulness of the pulse, energetic impulse of the heart, violent palpitations with præcordial anguish, are such well-known effects of this plant that we have no need to enlarge on the subject. That which it is of importance to observe is that, whenever we find in a patient the phenomena we have just seen as producible experimentally by *Aconite*, we can be sure beforehand of relieving them, and causing their disappearance, by inducing its influence. We find then in *Aconite* the remedy *par excellence* for palpitations of the heart in adolescents and plethoric adults; it is not less potent in insufficiency of the aortic valves, with a strong and abrupt pulse, with throbbing of the peripheric arteries and dilatation of the



capillary network. Its action is not manifested only in causing the rapid disappearance of palpitations and cerebral congestions, which so often accompany this lesion; but one finds also that the diastolic bruit in the carotids (when it exists) has been at the same time sensibly diminished. This transmitted bruit, present before the administration of this medicine, becomes sometimes scarcely perceptible after the patient has taken three or four doses of it. By "dose" we mean one or two drops of the first or second decimal dilution, repeated every three hours.

"All the aggravations engendered by an endocarditis are under the control of *Aconite* as long as arterial turgescence predominates; but when the heart itself is principally affected and the vascular disorders are but the consequence of its exaggerated action, we should betake ourselves, to restore its equilibrium, to *Cactus grandiflorus*.

"This medicine, still entirely unknown in the official practice, is called to play a grand part in the treatment of cardiac maladies. According to Rubini, who was the first to make us acquainted with it, the effect of this plant on the human organism is absolutely identical with that of *Aconite*. He attributes to it a value equal, if not superior, to that of its analogue in all active inflammations, and considers it an irritant of the heart itself as well as of its nerves. My experience with *Cactus* only partially confirms the statement of Rubini. There is no doubt in my mind that this plant affects the muscle of the heart more than any other organ or tissue. Its action on the nerves of the heart is *nil*. The vascular dilatation, the force and fulness of the pulse, which we observe in its pathogenesis, depend on its primary effect on the muscular fibres of the heart. The contractions of the latter are violent, the blood is thrown with great force into the aorta, and yet one does not see the vascular storm to the same degree as under the influence of *Aconite*. These reservations made, we are the more free to declare that we know no remedy which displays a moderating power over the action of the heart superior or even equal to that of *Cactus*. I have used it with a success which has never failed me in idiopathic hypertrophies of the heart in young people, in all the disturbances of this organ so frequent in the course of mitral and aortic insufficiencies, caused now by endocarditis, now by muscular strains. There is here even a danger: that of allowing one's self to fall too easily into routine.

" *Cactus* does not augment the power of the heart, but it moderates and regulates its action, and thus economises its force. This agent produces no effect on an enfeebled heart; secondary dilatation and the cardiac cachexia are no more within its range than they are within that of *Aconite*. The latter medicine is much less frequently indicated than *Cactus*, but it sometimes prepares the way for it. Sensation of constriction (as from a tight girdle) round the body, and pulsations in the epigastrium, are precious indications for the choice of *Cactus*.

" This plant, whose virtue is so great in the treatment of organic affections of the heart, replaces to the great advantage of the patient the preparations of *Bromide of Potassium*, and of *Digitalis*, which our allopathic colleagues employ in these circumstances. It does not weaken, as they do, the energy of the heart, but preserves while it moderates it.

" The dose of *Cactus* should vary according to the urgency of the case. One is rarely, however, obliged to give oftener than every two hours one or two drops of the second decimal dilution to obtain promptly the desired effect.

" The attenuations which we prepare of *Coffea* and *Caffeine* are for the nerves of the heart what *Cactus* is for its muscle.

" The action of *Coffea* is exerted in an elective and immediate manner on the special nerves and ganglia of the heart, independently of the vagi and the sympathetic trunks, as the experiments of Leven have clearly shown.\* Its influence on the cardiac muscle is indirect, entirely dependent on the excitation it effects in its nervous supply; the accelerated contractions of the heart, the increased intra-vascular pressure, have no other origin.

" As a remedy, *Coffea* addresses itself to those palpitations of the heart characterised by abundant diuresis which we call 'nervous.' A drop of the third or sixth dilution often suffices to cut short an attack of tumultuous action of neurotic origin.

" *Caffeine*, though it acts as only an indirect stimulant to the cardiac muscle, is nevertheless manifested to be a potent auxiliary to *Digitalis* in the treatment of asystolia. From simple weakness of the heart to its passive dilatation (cardiac cachexy) and fatty degeneration, this alkaloid renders the most striking service, *provided that it be given only in small doses*. We have found two centigrammes three or four times a day sufficient to secure regular contractions of the heart and an

\* *Archives de Physiologie*, 1868, t. i, p. 179.

increased quantity of urine. It was by this means that we restored sleep and obtained the nearly entire disappearance of the œdema in the patient who formed the subject of our third observation. It also determined more vigorous contractions of the heart in the American lady subject to syncopal attacks of six or seven hours' duration, and in the physician whose case I have related. To these I gave one centigramme of *Caffeine* every half hour, until the pulse returned, and then at longer intervals. If, then, one can obtain from such small doses of this alkaloid effects so striking, is it not evident that in following the recommendations of Parrot, who leads us to prescribe from twenty to fifty centigrammes of *Caffeine* three or four times in the twenty-four hours, we shall soon finish by exhausting the vitality of the nerves as well as that of the muscle of the heart?

"*Digitalis* manifests the same influence over the muscular fibres of the heart as *Caffeine* over its nerves; that is to say, it paralyses them. How comes it, then, that the allopaths employ, like us, this plant and its alkaloid as a tonic for the heart? Some physiologists assert as an explanation of this contradiction, that *Digitalis* acts as a moderating agent on the heart's action in regulating the influence of the pneumogastriacs. The experiences, however, on which they rely are very contradictory, and far from justifying this view. The question is very simple; *Digitalis*, in small doses, augments the heart's action, while in large doses it destroys it. Our colleagues of the official school know this so well that they prescribe in preference one to two granules of *Digitaline* a day, of one milligramme each, in asystolia; and when it enters into their plan to employ stronger doses, they divide them by long intervals. For our part, we have found that *Digitaline*, in the second or third decimal trituration, a dose of five centigrammes two or three times a day, or a simple decoction of from fifty centigrammes to two grammes of the plant in 120 grammes of water, is sufficient to regulate the contractions of the heart and to augment the intravascular pressure. Thanks to this remedy and to its auxiliary, *Caffeine*, one can often bring back to life patients whose state seems desperate.

"*Arsenic* is the remedy for the incipience of the cardiac cachexy. The heart grows feeble, the pulse begins to show irregularities, the nights are troubled by oppression and anguish,

œdema of the feet appears and disappears. The fear lest fatty degeneration should have commenced to invade the heart is a further indication for the choice of this mineral. *Arsenic*, by its profound influence on nutrition, is capable for a long time of holding in check passive dilatation of the heart, and maintaining the equilibrium of the circulation. Dose: four to six drops a day of the dilutions from the first to the sixth.

“Not less important than *Arsenic*, in the treatment of secondary dilatation of the heart, is *Phosphorus*; but it corresponds to a more advanced degree of the malady. Asystolia is more pronounced; bronchial catarrh has become more or less permanent; hæmorrhages and passive pulmonary congestions are produced; dyspnoea obliges the patients to pass their nights in an armchair. It is especially these phenomena of pulmonary stasis which should determine the choice of the present remedy. On the other hand, it seems impossible to treat steatosis of the heart with any chance of success without the aid of *Phosphorus*. We need not here recall the rapidity with which this substance, introduced into the organism in a toxic dose, transforms the muscular fibres, and especially those of the heart, into a fatty substance. We have accordingly found the metalloïd of great value in degeneration of the heart, whenever the pulse becomes irregular and intermittent, and vertigo is more or less permanent.

“This agent is not less precious in insufficiency of the sigmoid valves, and in constriction of the aorta of atheromatous origin. The pulse is small, intermittent, difficult to find at the wrist; giddiness and faintness indicate the anæmic state of the brain.

“For dose, I habitually give a drop, three or four times a day, of the third dilution, when we simply have to re-establish the regularity of the circulation. But when vertigo predominates and syncope threatens, I give a drop of the first dilution every two hours.

“It finally remains for me to say a few words upon the preparations of *Lime*. They have no direct affinity for the heart; but by their well-known influence upon nutrition, the *Phosphate* and *Hydrochlorate of Lime* ought to be, and are, most effectual means for quieting palpitations of the heart in young persons who are growing rapidly. It would not be amiss to give them some preparation of *Iron*; but no great harm would be done by

omitting this medicine from our plan of treatment. For we have to do here with no mere anæmia, but rather with an impoverishment of all the reparative elements caused either by defective assimilation or by excessive expenditure. Now it is just this vice of nutrition which *Calcareæ* corrects. Let us say at once that it is not to a chemical action that we attribute this salutary influence, but to the vital direction the drug impresses on the cellular nutrition. The evidence of this is in the dosage we employ, which varies from the first to the thirtieth dilution, one to six drops being given per day. In the affection which we are now considering the *Phosphate of Lime* will generally be the best preparation; but we should prefer the *Hydrochlorate* when there is a tendency to gastro-intestinal catarrh."

The next memoir presented was of no less interest in value. It was from M. Teste, and its subject was the use of *Bromine* in diphtheria. The author makes a curious mistake in his sketch of the history of this remedy. He confounds our Hering, who proved it mainly in the 30th dilution, with Höring, who experimented with it on both men and animals in a more vigorous fashion; and accordingly states that "to our celebrated and venerable *confrère* of Philadelphia is due the introduction of *Bromine* into therapeutics!" He justly, however, credits Dr. Ozanam with having first established its efficacy in diphtheria; and follows him in giving it (contrary to his usual practice) in a somewhat crude form, viz. the *eau bromée*, a solution of about the strength of our first centesimal potency. Of this he administers from one to three drops, every hour in anginous diphtheria, every quarter hour in croupous. His experience leads him to regard this medication as almost infallible in the dreaded malady in question, and as "the most precious acquisition that the art of healing has made for a hundred years past." He relates several cases in illustration; and in some of them the curious fact comes out that milk neutralises the action of *Bromine*, and must accordingly be forbidden during its employment.

The absence of the author hindered the reading of this paper, and so deprived us of what would probably have

been an animated discussion on the point it raises. Some compensation was obtained, however, in that excited by the next communication but one,—a paper by Dr. Cartier, of Lyons, on “Homœopathic Posology.” It contains an account of several cases, treated by similarly-acting remedies in doses somewhat larger than we are ordinarily wont to administer. One was of acute albuminuric nephritis, with anasarca, from cold; in which *Terebinthina* (the obvious remedy) was given in a mixture of a teaspoonful of the oil to 120 grammes (about 4 oz.) of water, of which a dessert-spoonful was taken as a dose. Another was of ulcer, threatening malignancy, on the lower lip, healing under Fowler’s solution of *Arsenic*, two or three drops three times a day; others of severe inflammation and neuralgia, in which *Aconite* proved curative in fractional doses of the mother-tincture. In the first two other remedies, and in the second *Arsenic* itself, in infinitesimal doses, had been employed in vain.

These narrations, accompanied by some remarks pointing their moral, raised quite a commotion in the assembly. Member after member of the Congress rose to protest,—one saying that he thought the author of the paper had missed his way, and supposed himself to be at the *Académie de Médecine*; and, although Drs. Meyhoffer and Jousset came gallantly to the rescue, so strong was the prejudice aroused, that the meeting, by a majority vote, decided that Dr. Cartier’s memoir should not appear in the Transactions. The Committee of publication, however, has judged it wiser to print it; and we have the benefit of its experiences accordingly, of which we should have been sorry to have been deprived. To our minds, it is the discussion, not the paper, which suggests the meeting of an old-school rather than of a homœopathic society. The kind of outcry which the communication of cures wrought with infinitesimal doses would have evoked in the former assemblage is here echoed *à merveille* because the quantities given were comparatively large. It is a small matter that cures were wrought, even that they were effected by medicines conforming to the law of similarity: their doses “ne

rentrent point dans notre cadre," and so they had best remain unreported! Wherein does homœopathic differ from allopathic bigotry? The only point of distinction which comforts us is to find a Meyhoffer and a Jousset standing up for more liberal views: we should have looked in vain for their analogues in the *Académie de Médecine*.

Our space will not allow us to give an account of the remaining contributions to this day's work. They were, a paper on *Purpura Miliaris*, by Dr. Vincent Léon Simon, a worthy inheritor of an honoured name; one on Seasickness, by Dr. Chapiel, of Bordeaux; two from this country, by Drs. Morrisson and Edward Blake respectively, the one discoursing on Amyl nitrite, the other on the radical cure of Uterine Displacements; a further communication from Dr. Cigliano, of Naples, on Splenic Leucæmia;\* and some warnings by Dr. Espanet against "Dangerous Innovations in Homœopathy," among which he includes the substitution of new remedies for well-tried specifics, the use of the decimal instead of the centesimal scale of dilution, high potencies (*i. e.* above the 30th), the mixture of medicines, and Count Mattei's charlatanism.

The last day was devoted to miscellaneous matters. Reports of the two homœopathic hospitals of Paris, and of the existing provisions for instruction in our method throughout the world, were presented. Proposals for a complete French *Materia Medica*, for a School of Homœopathy in France, for the erection of a monument to Hahnemann on the site of his tomb and the publication of his correspondence, were made and discussed. The Congress terminated with the reading of two papers on the general aspect of our position, one by Dr. Becker, "On the duty of Municipalities in the doctrinal conflict which divides Homœopathic and Allopathic physicians as to the best mode of healing;" the other by Dr. Ariza, of Madrid, on "The Causes which have restrained and paralysed the progress of Homœopathy of late years." The latter is especially worthy of consideration by all who have the large interests of our system at heart. His practical

\* See vol. xxxv of this Journal, p. 273.

conclusion is that, to perfect and demonstrate our method, we should cultivate specialties, as he justly says they do with so much advantage on the other side of the Atlantic.

The Transactions of the Paris Congress of 1878 form thus a volume full of present interest and permanent value ; and we shall have to do our best in 1881 if we are to produce a better.

## REVIEWS.

*Curability of Cataract with Medicines.* By JAMES COMPTON BURNETT, M.D., &c. London: Homœopathic Publishing Company. 1880.

DR. BURNETT has here collected in a pretty little volume all the information we can derive from medical literature respecting the medicinal cure of cataract. It is not much, and a great deal of it is nearly worthless, for the diagnosis is so often unsatisfactory. It is not every practitioner who can detect a cataract, and the number of practitioners who can tell what kind of cataract they have before them is still more limited.

Indeed, we may say that a correct diagnosis of other affections of the eye besides cataract is not always made by the general practitioner, and Dr. Burnett gives us what we cannot but regard as an erroneous diagnosis of an ophthalmic affection at page 2, *et seq.*, when he designates, as "a case of panophthalmitis," what was evidently only a severe case of probably strumous conjunctivitis. The extreme photophobia and blepharospasm, the red swollen appearance of the eye in everting the lid (probably chemosis), and the rapid cure in two days, point to strumous conjunctivitis, and are utterly inconsistent with panophthalmitis.

As a rule, soft cataracts are more curable than hard



ones, capsular than lenticular, peripheral than central. Hence the prognosis for a hard central lenticular cataract is much less hopeful than for a soft cataract, a capsular cataract, or a peripheral lenticular cataract.

Though many of the cases recorded as cured under homœopathic treatment are hardly reliable, enough remains to prove that cataract has been cured and consequently can be cured by this treatment, and by allopathic treatment too for that matter, as Dr. Burnett shows.

Perhaps, instead of saying that cases "have been cured" by homœopathic or other medical treatment, it would be more correct to say they have "got well" under such treatment, as cases of cataract have undoubtedly got well under no treatment at all. The following two cases, which occurred within our own knowledge, prove this :

A lady, aged about 50, states that she has had gradually increasing cataract of the left eye for several years, whereby vision was nearly entirely lost in that eye. She now drew attention to it as it seemed to be decreasing. No treatment was pursued, and in the course of two years the cataract had decreased to such an extent, that only a slight grey speck, like a pin's point, remained.

The second case is still more striking—

A gentleman, at about the age of 40, partially lost the sight of the right eye, without apparent cause. His medical attendant said the loss of vision was due to cataract. Ten years afterwards, when examined, the eye presented a yellowish white opacity, filling the pupil entirely. The sight of that eye was entirely gone. Two years later the opacity had entirely disappeared, leaving imperfect vision, the lens having apparently been absorbed, probably from giving way of the capsule. This imperfect vision of the previously blind eye was rather a trouble than an advantage to him, as it interfered with the proper vision of the left eye. No treatment of any kind was adopted.

Such cases as these should lead us to be modest about claiming for our treatment the disappearance of a cataract.

Dr. Burnett gives nine cases from his own practice, which

cannot be called very satisfactory. By-the-by, they are numbered very oddly. The first and second cases are not numbered at all, the third case is numbered "Obs. IV," the fourth case is "Obs. V," the fifth and sixth are both "Obs. VI."

In the first, second, fourth, seventh, and eighth cases no effect was produced by the treatment on the cataract.

In the third case, where the cataract was stellate, there was some improvement.

In the fifth case (Obs. VI) it is stated that there are lenticular opacities, but in the description that follows we are at a loss to make out whether the symptoms are subjective or objective. There was obviously some improvement from the treatment, but the case is so ill-reported that we cannot tell how much or wherein.

The sixth case is of cataract in a gouty old gentleman ; it is stated to be "*decidedly* improved" by *Iodide of Potash* (*Potassium* is probably meant).

The ninth case seems to be one of cataract of some sort produced by excessive indulgence in salt. Reducing the amount of salt taken to moderate quantity seems to have removed the opacity.

It is, of course, very spirited of Dr. Burnett to publish all we know and all he can tell us about cataracts in such a pretty little book ; but the real information he is able to give us is so very scanty that we think it would have more appropriately appeared as an article in the periodical he so ably edits.

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*Stammering and its Rational Treatment.* By E. B. SHULDHAM, M.B., &c. London Homœopathic Publishing Company.

THIS little book is very pleasant reading, and it is evident that the author has bestowed a considerable amount of thought on the subject. We cannot discover from what he says if he has had much practical experience of the treatment, nor does he relate any cases cured by himself.

He objects much to most of Canon Kingsley's rules for overcoming the defect, from which he was himself a sufferer until the age of forty, when he pronounced himself cured, after persevering efforts to overcome the difficulty of pronouncing certain letters. Dr. Shulldham lays down some, no doubt, excellent arbitrary rules for avoiding stammering, but we have seen in our own experience victims to the affection who have endeavoured to practise rules like these and other rules without success. Very likely there are essentially different kinds of stammering, some of which may be cured by attention to rules, some by medicine and some not at all. It is a curious fact that some stammerers lose their defect as long as they are under the influence of violent emotion or passion, while the stammering of others is aggravated by these very causes. There are some whose stammering is only intermittent, others whose defect is not perceptible when singing. Possibly the stammering of some may be owing to insufficient bodily exercise, and what increases their general muscular vigour may remedy the want of co-ordination in the muscles of speech. But, indeed, it is very difficult to arrive at any definite conclusions as to the cause or cure of stammering, and it is scarcely a matter that would come under the treatment of the general practitioner. Those only who have made it a special study and have attentively watched the course and progress of the affection in a large number of cases are capable of enlightening us much on the subject. Though we cannot flatter Dr. Shulldham so far as to say that he has told us much that we did not know before about stammering and its cure, we can, we think, say that he has written a very amusing little book, sparkling all over with funny anecdotes and jokes. The unfortunate subject of stammering is, indeed, often productive of merriment, and the stories about the sorrows and difficulties of stammerers are innumerable. Dr. Shulldham tells us one of a stammering tobacconist in Paris into whose shop came three stammering customers, who excited the tobacconist's wrath by their stuttering talk, the shopman naturally thinking they were mocking him. The

enraged cigar-dealer, under the excitement of his passion, swore at his involuntary tormentors without the least impediment in his speech, and drove them out of his shop with a stick. There is a somewhat similar story, current in select circles, about a stammering carver and gilder in London, only in this case it was the stammering customer who avenged himself on the unfortunate tradesman for his supposed impertinence. Stammerers are perhaps often unduly irascible, and no doubt anger often causes its subject to stutter, for, as Bacon remarked, "Many stutterers are very choleric, cholera inducing a dryness in the tongue."

That stammering may be cured, and that it has been cured, we have many historical examples from Demosthenes down to Canon Kingsley; but we imagine that one general method is not applicable to all cases, and that in most the advice of the doctor to Macbeth is the best that can be given—"Therein the patient must minister to himself." Dr. Shuldham gives a list of the medicines "which may be found useful to the stammerer," or "may not," we might add; and Dr. Kirsch, in our fifteenth volume, gives two more medicines, which he said did good to two stammerers; but, as a rule, the stammerer would be apt to say to his doctor as Macbeth said to his, "Throw physic to the dogs! I'll none of it." By the way, Shakespeare's description of stammering is extremely felicitous—"I would thou could'st stammer, that thou might'st pour out of thy mouth, as wine comes out of a narrow-mouth'd bottle, either too much at once, or none at all." We are glad to think that one of our colleagues, and that a man of such varied accomplishments as Dr. Shuldham, should have given his attention to the treatment of this common and very annoying defect, and we shall feel pleasure in directing our stammering friends and patients to try his method.

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*Photographic Illustrations of Skin Disease.* By G. H. Fox, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O. New York ; E. B. Treat.

WE have received four numbers of this new publication. Photography alone is not a suitable art for conveying an accurate idea of many skin diseases, which require colour for their faithful portrayal, and therefore the plates in this work have been slightly tinted or more deeply coloured where that was necessary. Small photographs would be useless for many of the cutaneous diseases while they might answer well enough for others. Accordingly, some of the photographs are almost life size, as the first two, comedo and acne ; and they give a very excellent idea of these two diseases. Elephantiasis, of course, did not require such minute detail. Accordingly Plate 4 gives a photograph of the whole body of a woman affected with this disease. Some of the illustrations we imagine would have been better on the large scale of the first two plates, for we cannot very well make out the details of favus and zoster for instance, and would have preferred them larger. But, on the whole, as far as it has gone, the work is excellent, and must be invaluable to the student and practitioner who are unable to enjoy the advantages of studying skin diseases on the living subject. The descriptive text accompanying the plates is all that could be desired except what relates to treatment, and this is poor enough. Of course, there is no question of specific or homœopathic treatment in this work, and, indeed, the idea of specific treatment for cutaneous diseases seems to be scouted by the author. Even eczema is treated in the vaguest general manner: purgatives, diuretics, alkaline salts, and lithic mineral water, seem to constitute the author's chief reliance.

The work will be completed in twelve parts, with four plates each, and if the remaining plates are as excellent as those already published this will be the most valuable work of the sort with which we are acquainted.

*Materia Medica and Special Therapeutics of the New Remedies.* By EDWIN M. HALE, M.D. Fifth edition; revised and enlarged. Vol. II. Special Therapeutics. Boericke and Tafel. London: Turner, 170, Fleet Street.

IN this new edition of his now well-known book, Dr. Hale continues to divide his material as he did in the fourth. Its second volume, containing the therapeutic use of his medicines, has appeared before its first, which is devoted to their pathogenetics. We repeat the expression of our hope that, in the latter, Dr. Hale will see it good to return to the manner of his two earlier editions, and give the detailed provings of the new remedies which exist, instead of a dish of hash made from these in the shape of a "symptomatology." Our literature is being flooded with these compilations, which, however useful in their way, can never give the insight into the real action of drugs which is derived from reading the daily records of the experiments made with them.

Dr. Hale states in his title-page that this fifth edition contains thirty-seven new remedies, but in his title-page he gives a list of thirty-nine. Their newness is of various degrees, some being familiar enough to students of old-school literature, while some are entire novelties. While the special value of the book continues to reside in its original nucleus—the account of the action of the indigenous remedies of the American continent, it is of no little service to have, grouped therewith, some information about pretty well every therapeutic agent which has been pressed into service of late years. The value of the several articles is very unequal (that on *Jaborandi*, for instance, being quite unsatisfactory); and the work bears too many of those signs of "raw haste, half-sister to delay," which we have often had to lament in the publications of our transatlantic brethren. But, with all its faults, the book is an indispensable one to every homœopathic practitioner; and Dr. Hale continues to deserve our gratitude for his industry in our cause.

*Therapeutical Materia Medica; containing the Chief Symptoms and Clinical Uses of 216 Remedies, arranged upon a new and available plan for Study and Practice.*

By H. C. JESSEN, M.D. Chicago; Halsey Brothers.

THE material of this volume is said to consist of the "chief symptoms and clinical uses of the most important homœopathic remedies." The compiler nowhere explains how the remedies came to have the symptoms he ascribes to them, or what "having" them means, or on what principles he has selected some as "chief" among them. When we have looked over a few of his lists, however, it becomes apparent that he has been working upon the old vicious principle. He has taken out of Jahr's *Codex* and similar compositions such symptoms as commend themselves to his mind, without the slightest discrimination (or, probably, enquiry) as to their origin; he has mixed these up, without note of difference, with morbid phenomena supposed to have disappeared under the action of the several drugs; and this *olla podrida* he has given us as the "Materia Medica" he would have students to learn. We know well that herein he is erring in good company; but we cannot cease to protest against a course of proceeding which is robbing the Materia Medica of homœopathy of all that is scientific and rational and real, and reducing it to the chaos in which Hahnemann found that of the old school when he began his labours.

We are not encouraged, under such circumstances, to consider closely the "new and available plan for study and practice" which Dr. Jessen has evolved and followed. When we find a coat to be made of shoddy, we do not trouble ourselves much about its cut. We must, nevertheless, say that his method of presenting on a level the features of four or six medicines at once is a good one, and worthy of consideration by future compilers. In fact, the whole volume displays evidences of industrious work of no slight degree; and we can only regret that it has been rendered comparatively useless by the badness of the material on which it has been lavished.

*Medical Chemistry, including the Outlines of Organic and Physiological Chemistry.* By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Second and revised edition. S. J. Wheeler, Chicago.

WE noticed this book on its first appearance; and we have only to repeat, as regards its present issue, the commendation we then gave it as presenting in a compact form all that it concerns the student to know concerning the chemical phenomena of the organism.

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#### OUR FOREIGN CONTEMPORARIES.

AMERICA. We are prevented, by an accident, from giving our promised survey of the American monthlies this quarter; but must say a few words of welcome to a new one which has appeared in the present year. It is called *The Clinique*, and purports to be "a monthly abstract of the Clinics, and of the proceedings of the Clinical Society, of the Hahnemann Hospital of Chicago." It is to be mainly practical, and at any rate to eschew all controversial articles. The first two numbers, which lie before us, are full of valuable matter; and we advise all homœopathic practitioners in this country who wish to see the actual working of their method illustrated by hospital experience, to send the equivalent of a dollar to Dr. Hoyne, 817, Wabash Avenue, Chicago, in return for which they will receive *The Clinique* for a twelvemonth.



## MISCELLANEOUS.

*Physicians and Surgeons Practising Homœopathy, 1879.*

WE invite the attention of our colleagues to a picture with the above title, just published by the eminent photographic artists, Messrs. Barraud and Jerrard, of Gloucester Place. It represents 123 British practitioners of homœopathy. We need hardly say that the likenesses are excellent. The grouping is done with admirable skill, and is singularly free from the stiffness that would almost seem to be inevitable in a large number of figures that must of necessity have their faces all turned towards the spectator. The picture represents the entrance hall of a building of magnificent architectural design, which the spectator may imagine to be the future locality of the School of Homœopathy or a College of Physicians of the future. The artists deserve great praise for the execution of the work, which will be a valuable memento of a considerable number of the chief representatives of homœopathy in this country in 1879, including excellent likenesses of the late Professor Henderson and Dr. Quin. It is published in two sizes, and the price is moderate.

*Solvents of Gall-stones.*

DR. BUCKLER, of Boston, U.S., says physicians have a ready means at hand of dissolving cholesterine gall-stones in the gall-bladder. This is the conjoint use of *Chloroform* and *Succinate of iron*. His mode of using these remedies is to give ten drops of *Chloroform* every four hours, and a teaspoonful of *Succinate of iron* after each meal. *Chloroform* alone will often suffice to dissolve the gall-stones, and, after they are dissolved, *Succinate of iron* should be given in teaspoonful doses, three times a day for four to six months, to prevent their re-formation. He says: "Of all the certainties of medicine, there is nothing more absolutely sure than that *Chloroform* will, in every instance, dissolve calculi in the gall-bladder." Dr. Lothrop says he has treated, with complete success, more than twenty cases of chololithiasis by the use of *Succinate of the peroxide of iron* alone.

## CORRESPONDENCE.

## THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the 'British Journal of Homœopathy.'*

GENTLEMEN,—The second edition of our Pharmacopœia having been for some time out of print, and the demand for the work being on the increase, the British Homœopathic Society have decided to proceed at once with the preparation of a new edition, and have authorised me to take the necessary steps for the accomplishment of that object.

The alterations required will not, I hope, be many, as the book has been generally very well received. Still, something more than a mere reprint is needed, as some fresh matter must be added, some omissions made, and any known errors corrected.

Through the kind agency of Dr. Richard Hughes, we hope to get some criticisms and suggestions from our American brethren. If successful in this we shall, as far as possible, endeavour to make our new edition even more acceptable abroad than the other was. It must, however, be understood that there will be no deviation from the leading features of the last edition. The table of doses, which was reluctantly retained, will be omitted.

It may be in the power of different gentlemen to give practical help, some in the way of corrections, others in the way of experiment; but, in whatever shape it comes, it will be very acceptable, and all such information shall receive most careful consideration.

As examples of the points that information is required about I may name:

The *average loss of moisture of plants*, which engaged a good deal of attention at our last revision.

Further information is desired as to the exact composition of *Mercurius solubilis*, also as to its character and tests.

Additional tests for *Hepar sulphuris* will be desirable.

It is thought that a change is needed in Homœopathic pharmacy, with a view to greater purity, in our process of *Distillation*. Those who have considered this may be able to give some results of their experience.

Shortly after the issue of the second edition of the *Pharmacopœia*, Mr. Isaac Thompson pointed out an error in regard to *Phosphorus*. If others have investigated this matter, an expression of opinion as to the results obtained by Mr. Thompson and Mr. Wyborn will be very welcome.

Mr. Wyborn, who gave most valuable aid in bringing out the last edition, has again promised his assistance, which may be regarded as a guarantee that the revision will be a careful one.

If other gentlemen will kindly supply any information that they have, or will say in what way they can help, I shall be extremely obliged, and shall be glad to hear from them as early as they can make it convenient to write.

I remain, yours faithfully,

WILLIAM V. DEURY.

Bournemouth.

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EDUCATIONAL REQUIREMENTS FOR HOMŒOPATHIC TEACHING.

*To the Editors of the 'British Journal of Homœopathy.'*

GENTLEMEN,—Dr. Jousset, after giving a full report of the last Annual Meeting of the Governors of the London School of Homœopathy in the *Art Médical* for November, 1879, adds, *à propos* of the report:

“We cannot allow this report of the meeting of the Governors of the London School of Homœopathy to pass without remarking on the one hand that our sympathies for this school lead us to say a word on the discussion that took place, on the other, that the questions discussed are interesting to all practitioners who, under whatever title, have adopted the reforms of Hahnemann.

“What is the object of the discussion reported here? Half the lecturers in the Homœopathic School allege that they teach allopathy along with homœopathy; the other half wish that homœopathy only should be taught.

“This question is badly stated, and consequently insoluble.

“Why is the question badly stated?”

“Because the expressions *homœopathy* and *allopathy* are epithets engendered by the war excited by Hahnemann’s reforms ; because the expressions are false, and I should like, if it were possible, that they should disappear.

“There are certainly two therapeutic doctrines under observation, but their two names are *positive therapeutics* and *systematic therapeutics*.

“*Positive therapeutics* (I do not say, like our colleague, Dr. Gaillard, *positivist*), rests on the experimental *materia medica* created by Hahnemann. *Systematic therapeutics* comprises all the systems taught by the official school, and before our reform this therapeutics was founded entirely on the hypothetical *materia medica*, which Bichat defined in his well-known phrase. And if nowadays this *materia medica* does not bear such a striking resemblance to the Augean stables as it did at the time Bichat wrote, this is owing entirely to the impulse given by Hahnemann and his school to the study of the physiological effects of drugs.

“In our opinion, the question discussed at the general meeting in London, ought not to be to decide whether allopathy and homœopathy should be taught, but more simply and radically whether the teaching of *experimental materia medica* and of the *therapeutics of positive indications* would not adequately imply the teaching of the whole domain of therapeutics ; the numerous and contradictory systems known by the name of allopathy being reserved for the chapter of the history of therapeutics ?

“We do not hesitate to answer this question in the affirmative.

“The study of *experimental materia medica*, while making us acquainted with the action of medicines on the living organism, does not let us remain ignorant either of their evacuant action, or of their revulsive action, or of their action on pain. And the *therapeutics of positive indications* teaches us in what particular case the homœopathic medication should be replaced by evacuant, derivative, or palliative medication.

“Does not experimental *materia medica* teach us that in sufficient doses opium has an anæsthetic action on the organism ? And does not our therapeutics attest that in painful cancer, where a cure is impossible, the *positive indication* is to allay the pain, and consequently to administer opium in its palliative character ?

“The experimental knowledge of the actions of medicines

obviously comprises the purgative action of sulphate of soda, and positive therapeutics teaches us that, in a case of retention of fæcal matter, without mechanical obstacles, there is a time when purgative treatment is positively indicated.

“ We see that therapeutics viewed from this elevation is but little concerned with the expressions *allopathy* and *homœopathy*; that it only retains them in order to designate a mode of action of drugs, and that it includes, on the one hand, all the medicinal actions demonstrated by experimentation on the healthy individual; and, on the other, all the indications which rest on a positive relation betwixt the known action of drugs and a particular pathological state.”

I press the above observations of Dr. Jousset on the attention of all my colleagues who consider anxiously, as I do, the future of homœopathy in England, in France, and in Germany, where the circumstances dependent on the State are wholly different to those existing in America. In the United States progress is most satisfactory, because of the freedom of medical education; in the three other countries the condition is most unsatisfactory, because no such facilities exist. Optimist views are most popular, but here the bare truth must be faced. It is in vain to conceal the fact that in the countries of Europe the number of homœopathic practitioners have, during the last ten years, ceased to increase in the proportion they ought to do, estimated by the general population, by the increase of wealth, and by the number of the whole medical profession.

I believe the great obstacle to the spread of homœopathy in Europe is isolation from the medical profession. I regret this, not, as alleged, because it excludes individuals from certain social and medical privileges, although the injustice of that is crying, and it is a matter of wonder that the educated public have allowed it to remain so long, but because it limits the propagation of a knowledge of the homœopathic law; because it seriously checks the gain of converts among the profession; and, above all, because it debars us from assisting in the education of medical students, by impressing on their minds, during their studies, the existence of special therapeutic laws. It is during these studies, and prior to graduation, that the medical mind is most readily impressed, and therefore it is at this period that it is so desirable to have access to the student. The great object is to impress on the medical

student the supreme importance of a full knowledge of the physiological action of all remedial agents, and how we interpret therapeutically one aspect of those actions. The complaint, and it is a true one, is that therapeutics are taught by the ordinary school in a one-sided fashion: our just claim for recognition is that we teach it in all its breadth. As an example of how fullness of teaching is compatible with fidelity to the homœopathic law, I give the concluding paragraph of Dr. Hughes' "Belladonna," in the *Hahnemann Mat. Med.*

"In conclusion, I have only to express my hope that this presentation of the physiological action of a potent drug will be useful to my medical brethren, whatever creed they hold. It is now far from being peculiar to the school of Hahnemann to maintain that to use drugs properly for the sick we must know their effects on the healthy. The following pages are just a *catalogue raisonné* of such effects. The inferences drawn from them as to therapeutic application are governed by the law 'similia similibus curantur,' in which the writer has the fullest confidence. But he has not been altogether unmindful of other directions towards which the actions of the poison point; and any who prefer to use the drug as a contrary can do so herefrom as readily as those who use it as a similar. Which will get the greater profit out of it as a remedy is another question; and a question towards the settlement of which such a collection as this is a necessary contribution."

I am fully aware that the difficulties in establishing even one recognised teacher, and it is that of *materia medica* which is most important, are very great. It is impossible, say some; but if the *non possumus* were a valid argument, where now in this world could truth in any form exist? It is wrong, it is a breach of faith, exclaim others, for professed believers in homœopathy to teach the ordinary and antipathic use of remedies. This judgment rests on confounding divine or moral laws with therapeutic rules. The greater my belief in the homœopathic law the more I could feel, as a teacher, that the methods of ordinary practice afford admirable contrasts and excellent foils for the demonstration of law as superior to hypothetical therapeutics.

The very efforts to overcome the obstacles which must arise in attempting recognition are salutary, and the necessary agitation offers sound and justifiable grounds on which our peculiar

therapeutics are brought to command examination. These efforts would testify to our catholic scientific spirit, and if steadily sustained must bear good fruit, even if they failed to secure legal recognition. Until recognition is realised, lectures on some of the principal remedies common to both schools might be given with advantage, if the lectures were framed in a liberal spirit, and delivered in the neighbourhood of a large medical school.

This catholic teaching of medicine will benefit us all as individuals. Constant concentration of thought on one point almost always means a mind in one attitude, an eye that regards every object, however many sided, from one point of view ; hence arise exclusiveness and narrowness, hence medical trades-unionism and its tyranny to homœopathy ; hence springs the exaggeration of our own therapeutics, and perhaps therewith of our own importance.

FRANCIS BLACK, M.D.

Bournemouth.

#### THE NEW DEVELOPMENT.

*To the Editors of the 'British Journal of Homœopathy.'*

GENTLEMEN,—It gave me great pleasure to see in the January number of your advanced contemporary, *The Organon*, an article by one of the editors, entitled "High Potencies of Nothings," for I have always held that the perfection of treatment for diseases of the most serious character, commonly regarded as incurable, would be just that, viz. a *high potency of nothing*. Casting my eye over the article, I saw that the name of one of the remedies employed was *nix*. Now *nix*, we know, is vulgar German for *nothing*, and a thrill of delight ran through me at the word. Here, I thought, at last we have the true homœopathic remedy for those diseases which the united faculty have declared "*nothing will cure.*" But, alas ! I found on reading the article that, though it is not expressly stated, yet the context leaves it beyond doubt, that the Latin and not the German *nix* is intended. *Snow*, in fact, was the remedy employed. Now the hundred-thousandth dilution of *snow* might be thought by some to be very much the same as *nothing*, and methinks I hear some frivolous punster perpetrating a silly *double entendre* by saying "It's *snow* medicine"

(it's *no* medicine). But my eager search for the real remedy for the incurable is not to be baulked by untimely jokes or contemptible puns. I am quite of Dr. Johnson's opinion that a man who would make a pun would be capable of picking your pocket.

I had almost hoped, on reading your late article, entitled "The Secret Revealed," that the illustrious Jenichen had discovered the real *nix* or *nothing*, when the happy thought occurred to him of making his high potencies from an empty bottle, but then I could not help thinking that his diluting vehicle, the water of Lake Schwerin, might, like other lake water, contain a certain or uncertain proportion of organic and inorganic substances that might vitiate the purity of the original empty bottle. As yet, then, the real *nihil*, Germanice *nix*, Anglice *nothing*, has not been introduced into the sphere of practical medicine; so *nix* is still a desideratum. When found, I have not a doubt in my own mind that it will act on *isopathic* rather than on homœopathic principles, and be *the* remedy for that large class of patients who have *nothing* the matter with them. The nearest attempt that I have heard of towards obtaining this sovereign remedy was the request made by one of our colleagues to a homœopathic chemist to prepare for him the c.m. dilution of a drop of distilled water. The request unfortunately came to nought, as the chemist pointed out that it could not possibly be made with common spring water, like the ordinary high potencies, and the practitioner was not willing to stand the expense of the quantity of alcohol that would be required for the process of dilution. But, though very near, a high potency of distilled water is not the absolute *nihil* or *nix*, so some other plan must be adopted. The vacuum globes used by Mr. Edison for his new electric light seem to me a hopeful direction in which to look. But perhaps we need not go so far a-field, for, judging by their sayings and doings, I think a perfect vacuum may be found in the heads of many of our opponents. But this is too complex a subject to be considered satisfactorily in a mere letter. With your leave I may hereafter write an article treating the whole matter in full detail, and setting forth my reasons for believing the heads of some of our opponents to be quite empty, and the explanation of the fact that ideas do sometimes seem to proceed from them is to be found in the absolute vacuity of



their skulls, their ideas being merely the reverberations or echoes of something external to themselves.

*O quanta species cerebrum non habet!*

The chief practical difficulty that occurs to me in connexion with this subject is not so much the obtaining of a *nihil*, but the discovery of some nihilistic vehicle for diluting it. All conceivable diluting mediums seem to partake rather of the nature of an *aliquid*, whereby our inestimable *nihil* would inevitably be contaminated. This is a subject well worthy the consideration of those "men of light and leading," the editors of *The Organon*, and I doubt not that if they will lay their heads together they may, by such "consolidated co-operation," be able to discover something of an analogous nature that will serve as an appropriate potentizing medium for my *nihil*.

But to return to the delightful article in *The Organon* that induced me to write to you. Though disappointed in finding in it my long-sought-for panacea, it presents other points of value to medical science and practice. Thus, it reveals a simplification of the treatment of disease which bids fair to supersede the cumbersome and complicated method of Hahnemann. The first two cases at all events show this new and excellent method, which is to administer the very agent that made your patient ill, in the hundred-thousandth potency, and it will cure him. Thus, one of the writer's patients was affected disagreeably by the *moon*, so he gave *Luna* c.m., which means the hundred-thousandth dilution of the *moon*, and, presto! the moon loses all its baleful influence over that patient. This is a most valuable hint. To a person suffering from sunstroke we shall only need to give *Sol* c.m., *i.e.* the hundred-thousandth dilution of the *sun*, and one dose will as assuredly cure him as *Luna* c.m. cured the moonstruck patient. Similarly, a person blinded or paralysed by a flash of *lightning* will be readily cured by *Fulgur* c.m. Uneasiness caused by *light* will yield to *Lux* c.m., sufferings from *heat* to *Calor* c.m., and so on. How much simpler this than Hahnemann's wearisome method of proving medicines and comparing the symptoms of the disease with those of the medicines! When this new method comes to be adopted we shall get through our task of prescribing so much more expeditiously and satisfactorily. All we shall have to do will be to ascertain the exciting cause of the disease and administer it in a potentized state. No

inquiry into symptoms nor tedious reference to the head-splitting pathogeneses of our present *Materia Medica* will be necessary. Pathology and pharmacodynamics will be done away with, and the whole duty of medical man will consist in administering the potentized disease-producing forces of nature to patients suffering from the effects of these forces in the crude state.

To some it may appear that there might be a difficulty in procuring some of these valuable agents. But with respect to one of these at least this difficulty has been overcome, as the author has already potentized *Luna*, which it would have been impossible for him to do unless he possessed a bit of the moon. No doubt, though he does not state the fact, he got this from an illustrious and far-travelled German nobleman, who mentions in his autobiographical memoirs that he succeeded in visiting that satellite, and that he brought back a pocketful of it. We would suggest to the fortunate possessor of this fragment of *Luna* the desirability of having an accurate analysis made of it, in order to set at rest once and for all that much vexed question as to whether or no the moon is made of green cheese. Possessing, now, the *moon* duly potentized for medicinal purposes, we may hope soon to have a similar preparation of the much more powerful *sun*, fragments of which will doubtless be found lying about somewhere, if diligent search be made for them.

*Nix*, of course, belongs to a much more easily procurable class of remedies, which, however, are in the same category as *Luna*, as they cure in the fraction the maladies they produce in the gross. No one who reads the brilliant cure by *Nix* c.m., can doubt that *snow*, at all events in the hundred-thousandth dilution, is a medicinal agent of marvellous power. All the natural agents that in their excess or their wrong place inflict much misery on human beings may, by the process so effectually employed by the author of this article, be made to heal the diseases they occasioned. How many persons have been seriously injured in health by exposure to the *rain*! One drop of *rain* diluted up the hundred-thousandth would be an infallible remedy. So with *hail*, so with *wind*. I should rather say *winds*, for some are more affected by the east, some by the west, wind; the north wind, too, and the south have each their several victims. The editor of *The Organon*, who potentizes *Luna*, *Nix*, and *Magnes australis*, will find it an easy task to bring each several wind to

the c.m. potency, to serve as appropriate remedies for the maladies each produces.

During the fogs that prevailed to such a fearful and fatal extent in London this winter the idea occurred to me to potentize this powerful morbid agent. The difficulty was to find an appropriate diluting vehicle. Water would not do; no combination of the two was possible. Alcohol was equally unsuitable. At length the brilliant idea occurred to me to use *air* as the potentizing medium. Accordingly, with some little trouble, I procured a powerful smith's bellows, having a capacity of somewhat more than one cubic foot, to wit, 2000 cubic inches (a cubic foot, 1728 inches, according to Cocker, being an awkward number for calculations); this I erected in an empty room at the top of the house. I had the nozzle drawn out fine and bent downwards, so that it reached to within 2 lines of the bottom of a specially constructed bottle, which I had previously filled with *fog* taken in London on Christmas day, when the fog was densest, on the roof of the house, so as to have it perfectly pure and uncontaminated by any exhalations from the streets or sewers. The bottle I used for collecting and potentizing the fog is made of the best flint glass, perfectly annealed, so as to admit of being heated to any degree (and I should subject it to a white heat after being employed for one medicine before using it for another), and *thimble-shaped*, that is, rounded at the bottom internally, so as not to offer any corners in which a portion of the gaseous medicine might lurk, and so escape the action of the diluting vehicle. It is of the exact capacity of one cubic inch, and has no shoulder like an ordinary phial, so that every portion of each dilution must come under the influence of the potentizing vehicle. I placed a thick layer of cotton wool over the air-hole of the bellows, so that the entering air should be thoroughly filtered. The apparatus being thus arranged, I waited for a day when the atmosphere was perfectly free from the slightest trace of fog, and set to work. I blew air through the bottle containing the fog for six hours continuously, then rested for one hour and recommenced. In this way I worked for eighteen hours, in spells of six hours each, with only one hour of interval between each period of six hours for meals and repose. Nor was my self-imposed labour done in a perfunctory manner, for, like Jenichen, the beads of perspiration stood on my forehead, and though I

did not, like him, strip to the skin, for it was mid-winter, yet my linen was dripping wet with my exertions, and, again like Jenichen, each stroke of my powerful arm made the whole house shake to its foundations.

I found that, working thus regularly, I made exactly ten strokes of the bellows per minute; this multiplied by 2000, the number of cubic inches of air propelled through the bottle by each stroke, gives the degree of potency communicated to the medicine each minute as 20,000. In my eighteen hours' work, therefore, I raised the potency of the original crude fog to 21,600,000 degrees, and I believe that this is high enough—for the present, at least. I call this the twenty-millionth potency, "XX.M.M." The odd numbers give a liberal margin for leakage, possible weakness of some of the strokes, &c. This is a long way beyond the favourite c.m. dilution of the writer in *The Organon*, but then I think that the medicine I was engaged on demands a higher potentization than the substances he operated on, for it stands to reason that the more fog is diluted the better it is for the human constitution; so I do not think the twenty millionth at all too high. It was with readily comprehensible feelings of pride and satisfaction that at the end of my hard day's work I could stick a label on my bottle marked "*Nebula* XX.M.M."\*

Unfortunately, after I had obtained my preparation of *Nebula*, no more considerable fogs came to derange the health and try the temper of the Londoners, so that I have not had an opportunity of testing the efficacy of my remedy. Had it only been got ready in time (but having to wait so long for a clear day made that impossible) how many of the thousands who fell victims to the pernicious fogs in the metropolis might not now be alive and happy by taking one single dose of *Nebula* XX.M.M. ! However, there is the remedy, prepared with infinite trouble and care, and I shall be happy to supply any of my colleagues with a few globules of it for use next winter.

If this mode of potentizing medicinal agents by filtered air should meet with the approval of my Hahnemannian colleagues, I propose to get rid of the labour of blowing the bellows by

\* I observe that Dr. Deschere, in the February number of the *N. Am. Journ. of Hom.*, has proved, greatly to his own satisfaction no doubt, that the millionth fluxion potency of Drs. Fincke, Swan, and Skinner is only the tenth centesimal of Hahnemann. But I defy him to prove that my potencies are different from what they profess to be.

connecting it with a gas engine of two-horse power, which will be able to work continuously for many hours at a time, like Dr. Skinner's admirable and ingenious automatic fluxion potentizer by means of water. I shall also attach to the nozzle of the bellows a dry-air meter, like that used by the gas companies, which will automatically register the number of cubic inches propelled through it into the potentizing bottle. I send you a drawing of the complete and perfected apparatus, which I trust you will get engraved on wood or steel to illustrate this letter.\* With this machine we may easily prepare potencies of the various gases that are known to produce remarkable effects on the healthy human subject, such as *oxygen*, *hydrogen*, *nitrogen*, *carbonic acid*, *sulphuretted hydrogen*, the *choke damp* of coal mines, *nitrous oxide*, *ozone*, and many more. I would recommend this method of potentizing the various winds, the air of different health resorts, and the morbid exhalations from marshes, sewers, and decomposing vegetable and animal substances. I ought to mention that globules for medicinal purposes are impregnated with the remedy by merely shaking them two or three times in the bottle containing the potency. Any number of globules may be so medicated, care being taken not to let the potentized gas escape from the bottle either in introducing or extracting the globules. Remedies so prepared I propose to call "pneumatic potencies." Plagiarists beware! the name is copyright.

The vista opened up to us by the grand idea of using highly potentized natural morbid agents to cure diseases they have caused in their crude state (which may be appropriately designated "Physical Apocalypse No. 2," Jenichen's happy thought of commencing his dilutions from an empty bottle being, according to Rentsch, No 1, and perhaps my notion of *pneumatic potencies* may deserve to be called No. 3) promises a speedy overthrow of the coarse materialism of Hahnemann's doses. Imagine taking a gross material substance like *Nux vomica* or *Arsenic* and potentizing up to the thirtieth degree merely! Why, if Hahnemann were still alive and were to sport such gross materialistic doctrines he would be quickly expelled from the refined society of the Hahnemannians, and serve him right! To practise the

\* This we should have done with pleasure, only our correspondent omitted to send a cheque to cover the cost of engraving his very elaborate design.—  
[Eds.]

homœopathy of Hahnemann requires a certain amount of labour and brains, but the new method is quite above that sort of thing, and requires neither. All we want is an automatic potentizer, which only needs that a tap should be turned in order to provide us, without any trouble, with the c.m., the m.m., or the c.m.m. potency of anything and everything (and *nothing* too, by-and-by, I hope). Practice is reduced to the simplest formulary. Enter a patient. "What's the matter?" "I drank too much port wine last night, and now—" "Never mind your symptoms; take this globule of *Vin. Port* c.m., and you need not come again, for you will certainly be all right by to-morrow morning." Enter another. "Ten years ago I had syphilis, and now—" "Enough said, swallow this *Syphilinum* c.m., and be off." Enter another. "Last night I got into a towering passion, and to-day—" "That will do; *Ira* c.m. is your remedy." Another. "I chafed myself riding to hounds two days ago." "All right; *Cutis suilla* c.m." Another. "I tumbled down stairs yesterday." "Stone or wood?" "Stone." "What stone?" "Granite." "The remedy for your hurt, whatever that may be, is here. *Lapis granit.* c.m." Another. "I caught cold last week." "You mean cold caught you; take this and be cured, *Frigus* c.m."

What charming simplicity! What a contrast to the lumbering old process insisted on by Hahnemann! Instead of painfully inquiring into the past and present history of a case, and carefully registering all the minute shades of symptoms, with all their conditions and concomitants, for tiresome comparison with the records of tedious provings of medicines, as Hahnemann directs, in this new method all we want to know is the immediate exciting cause of the disease, and this potentized up to c.m. gives the infallible remedy.

Among the remedies of the future alluded to above I have mentioned *Ira—anger*. I observe that in your January number, you ask ironically, as it would seem, "Why may not mental emotions, such as fear, love, rage, jealousy, &c., be potentized?" Curiously enough, the question you ask sarcastically has received a serious answer in the February number of the *Medical Record*. We are there informed that a distinguished scientist with the significant name Dunstmeier (*vapour-farmer*) has actually succeeded in collecting what he calls "psychic essences," that is to say, *mental emotions*, and employing them as pathogenetic agents.

His method is at once ingenious and simple. He has found that the nose of a dog is capable of receiving and retaining the emotions excited in other animals. Thus, he placed twenty hares in a cage, and introduced a dog into the room where this cage was. The hares were, of course, terrified at the sight of the dog, and the *fear* they exhaled was sniffed up by the dog and deposited on its nasal mucous membrane. Dunstmeier then killed the dog, removed its nasal mucous membrane and olfactory nerves, and rubbed them up in a mortar with glycerine and water. A few drops of this administered to a cat made her so timid that she ran away from mice offered to her. A small quantity administered subcutaneously to a large mastiff made it so cowardly that it slunk away from a cat. The author himself, after swallowing a little, had not the courage to believe in his own great discovery! By a similar experiment, in which a dog was introduced into the presence of a lion, he succeeded in isolating the soul-substance of *courage* and in transmitting it to other animals. Similarly, doubtless, other passions and emotions might be obtained, and, properly potentized, say to the C.M. degree, might be used as valuable remedial agents. In short, the field opened up to us by the wonderful discovery of this German physiologist promises to yield a rich harvest of new and powerful remedies for a large class of psychical maladies that have hitherto baffled the skill of medical practitioners. I would be inclined to suggest a slight alteration or modification in the mode of collecting "psychic essences." There is a scientific objection to the employment of inferior—or perhaps I should say different—races of animals for the pathogenetic and remedial purposes of mankind, independently of the moral objection with which the anti-vivisectionists have made us familiar. I think that human beings might be used both for the production and the collection of these "soul-substances." Men (and women too) occasionally make great displays of passions and emotions, such as love, jealousy, hatred, anger, fear, &c. An intelligent person with a well-developed nose (for *non cuiusque datum est habere nasum*) might be employed to sniff up these *psychic essences* as opportunity offered. I do not think it would be necessary to scrape off the nasal mucous membrane of the collector; doubtless the mucus alone would contain a sufficient supply of the emotional exhalation. The collector might be provided with pocket-hankerchiefs *ad hoc*

made from calico free from size and "devil's dust," if that is procurable from our manufacturers, and when he has duly sniffed some well-developed passion he might immediately collect the secretion from his olfactory mucous membrane in the usual way, and the handkerchief thus impregnated with the "psychic essence" might be macerated in alcohol, and the tincture thence obtained potentized up to c.m. for future employment as a sure specific remedy for the corresponding natural psychical malady. I look forward to the time when this grand discovery of the learned Dunstmeier shall supersede the present clumsy method of obtaining remedies by their careful proving on healthy persons, for if it be possible (as Dunstmeier proves it to be) to fix the effluvia of passions and emotions on the nasal mucous membrane, to be afterwards used as medicines, then why not diseases of all kinds, which must surely evolve each its special emanation, capable of being collected on the Schneiderian membrane and used isopathically to cure similar diseases occurring naturally. When we have brought medicine to this pitch of simplicity and perfection we may fairly be said *suspendere omnia naso*, as old Flaccus has it. Possibly the materia medica of the future may consist of these psychic and pathic essences obtained in the way described for all mental and miasmatic maladies, the common morbid forces of nature, such as sun, moon, snow, hail, rain, wind, fog, heat, cold, lightning, sewer gas, mephitic air, &c., for diseases produced by their means, all these remedies being duly potentized by the fluxion or pneumatic process up to the highest obtainable potency; and for desperate and hitherto incurable cases we shall soon have, I hope, that incomparable specific above alluded to—*nihil*. Our pharmacopœia will then vie in strangeness with that of the renowned Dr. Hornbook, which, as Burns tells us, contained

Forbye some new, uncommon weapons,  
 Urinus spiritus o' capons,  
 Or mite-horn shavings, flings, scrapings,  
     Distilled per se;  
 Sal alkali o' midge-tail clippings,  
     And mony mae.

The third cure mentioned in the article of *The Organon* by *Magnes australis* c.m. of sundry pains and sensations in the leg is a further illustration of the great advance of the new system



beyond the clumsy method of Hahnemann. Here the character of the pains is evidently of no consequence, as no similar pains are recorded in the proving. The condition "when the leg hangs down," which is three times italicised, is evidently the key-note, and one symptom in the recorded proving, though it no way resembles any of those in the case, has a similar condition. To be sure other medicines (such as *Digitalis*, *Pulsatilla*) have symptoms occurring under a like condition, and it is not very clear to the uninitiated why *Magnes australis* should have been selected; but the choice of this remedy shows the superiority of the true Hahnemannian to the ordinary disciple of Hahnemann, just as the superiority of his pharmaceutics is shown by the employment of the refined and ethereal *Magnes australis* C.M., in place of the gross contact with the corresponding magnetic pole, as Hahnemann in his ignorance proposed.

I am sorry that the editors of the new periodical should have named it after that effete work the *Organon* of Hahnemann. Why did they not "go the whole hog," so to speak, and call it *Novum Organum* after Bacon, for their tenets and teachings are as far ahead of the *Organon* as Bacon is ahead of Aristotle.

Mr. Darwin's evolution doctrines have made us all familiar with the wonderful transformations that may take place in the course of æons of ages, but who could have anticipated that within forty short years after his death the gross homœopathy of Hahnemann would have developed into the ineffable sublimities of the Hahnemannians?

My father's brother; but no more like my father  
Than I to Hercules.

Like the author of the article in *The Organon* I have a supreme contempt for "materialistic mongrels," but I cannot see how these poor dullards could find any opportunity to poke fun at his excellent article, supposing they are capable of poking fun at anything, which I doubt.

With all respect, I beg to subscribe myself  
Your obedient servant,

AN IMMATERIALISTIC THOROUGHbred.

April 1st, 1880.

P. S.—The *nom de plume* I adopt is meant to express my antagonism to those antiquated believers in Hahnemann, with his gross doses and his tedious insistence on the necessity of corre-

spondence between the totality of the symptoms of the disease and the pathogenetic effects of the medicine, whom *The Organon* has so felicitously dubbed "materialistic mongrels." I observe that one of these materialistic mongrels on the other side of the Atlantic has had the impertinence to call us Hahnemannians (who have left Hahnemann so far behind) *Hahnemaniacs!* When an opponent resorts to the pitiful device of calling names he shows his dearth of rational arguments.

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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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INTESTINAL OBSTRUCTION.\*

By JOHN W. HAYWARD M.D.

I USE these words in the singular, as indicating a generic disease; not in the plural, as indicating either the *kinds* or the *causes* of this generic disease. I mean, by them, *Obstruction of the Bowels*.

Intestinal obstruction may be temporary or permanent, partial or complete.

The most familiar example of *temporary* intestinal obstruction is simple constipation, whilst *organic* stricture affords an example of permanent obstruction. *Permanent* obstruction may result also from impaction by foreign bodies, such as gall-stones, which have escaped from the gall-bladder; or from masses of magnesia or chalk, which has been taken as medicine; it may also result from lead-poisoning; from twisting of the bowel, or from intussusception. *Organic stricture* may arise either from closure of the passage by enteritis or ulcer, or from constricting bands, or from twisting of the bowel, or from internal hernia. And any, and all, of these causes may produce, in some cases partial, and in some cases complete, obstruction.

\* Read before the Liverpool Medico-Chirurgical Society.

The diagnosis in intestinal obstruction is not always easy; that is to say, it is not always an easy matter to say whether an obstruction is temporary or permanent, partial or complete. An apparently simple constipation, in fact, may prove to be a permanent stricture; and an obstruction at first apparently complete and permanent may eventually prove only temporary, or at least only partial. Nor is it easy to decide at once whether it is dependent on impaction, twisting, intussusception, or stricture; nor even what is the exact locality of the obstruction. The true nature and locality of the disease, in many instances, are only discernible after some days of watching. Some light may be thrown upon the diagnosis by the manner of onset. Simple constipation comes on gradually, intussusception and twisting suddenly, and obstruction by gall-stones is usually preceded by a painful passage of the calculi from the gall-bladder.

This uncertainty in the diagnosis is a matter of embarrassment to the practitioner and a source of danger to the patient, at least in allopathic practice. The danger to the patient is great in allopathic practice, but only very trifling in homœopathic practice. Happily for the homœopathic patient in this disease it matters but little what the diagnosis be; but to the allopathic patient it may make all the difference between life and death. "If," says Sir Thomas Watson writing on this subject, "we mistake colic for enteritis, the error is of no great moment; but the opposite mistake, which is more common, may be fatal. . . . Some of the remedies for mere colic are highly dangerous when there is inflammation of the bowel. . . . Stimulants are frequently of great service in true colic, but they exasperate the symptoms and increase the mischief when the disease is enteritis; and indeed, treatment of this kind will sometimes urge colic into enteritis." (II, 456.) And on the use of purgatives, he says:—"Purgatives given by the mouth are often rejected by the stomach with great distress to the patient. If they are retained and fail to operate, they must do more harm than good." (II, 460.) "Purgatives, however mild," says Dr. Bristowe, writing on acute intes-

tinal obstruction, "can do no good, may do immense harm, and must be altogether discarded."—*Reynolds's System of Medicine*, III, 102.

From these risks and dangers, homœopathic practitioners and patients are happily free. But in any given case what is to be done? A patient presents himself complaining of obstruction of the bowels, which has supervened gradually; what is usually done? The allopathic practitioner, of course, orders aperients and purgatives. But suppose the case be enteritis or twisting, or intussusception, internal hernia or organic stricture, then the patient is made worse and hastened towards his grave by the treatment. The homœopathic practitioner orders, in such cases, a few doses of *Plumbum*, *Opium*, *Nux vomica*, *Bryonia*, *Lycopodium*, or *Alumina*, or some other drug capable of producing similar symptoms to those present in the patient; and in all probability removes the disease at once; but if he does not—if he does no good, he at least does no harm. It may be said the homœopathic practitioner prescribes only for the symptoms; this may be true; and so much the better for the patient; for who knows what the essence of the disease is? Guessing at the disease, and treating this imaginary disease may be fatal to the patient, as Sir Thomas Watson says.

But suppose the diagnosis be less obscure, from the symptoms having come on more suddenly, and it be supposed to be a case of *acute* intestinal obstruction, depending either upon intussusception, internal hernia, stricture, or enteritis; what will then be the mode of procedure? Why, with the allopathic practitioner, notwithstanding the protests of some of the older and more distinguished teachers, such as Russell Reynolds, it will still be purgatives. Even Sir Thomas Watson himself says:

"Remember therefore, that in every case of obstinate costiveness, with signs of inflammation within the abdomen, it is absolutely necessary for your own credit and subsequent comfort, as well as for your patient's safety, to make diligent and thorough enquiry after such hernia as may be recognised externally.

“ But often you find nothing of the sort, and then you are at liberty to prosecute with more energy and decision the purgative plan of treatment. You prescribe strong doses of jalap and calomel ; black draughts. The stomach being irritable you give pills of cathartic extract, and repeat them at short intervals ; or large doses of calomel, ten grains or a scruple, three or four times in succession. You inject stimulating clysters. Then you are driven to croton oil ; and at last, in some vague hope of relaxing spasm, to opiates. If symptoms of inflammation spring up, you put fairly in force the remedies of inflammation, and especially blood-letting. But all is in vain. The medicines are vomited ; or, if retained, they serve but to augment the patient’s distress, producing or renewing the pain and the nausea. It is extraordinary how comfortable the patient sometimes becomes upon the intermission of these active attempts. Now and then he suffers tormina, or has fits of retching ; but in the intervening periods his sensations and outward condition may be those of perfect health ; only there is no alvine discharge.

“ Now, under these afflicting circumstances, the question will force itself upon you—how long am I to pursue the purgative system ? Common sense, and common humanity, answer—you must stop it the instant you are convinced that there is a mechanical obstacle which cannot be overcome. To persist in the use of drastic purgatives after that conviction is to inflict wanton and needless torture upon the patient. But how are you to know this ? That is one difficulty. And how are you, believing that it is so, to satisfy the patient’s friends that his disorder is irremediable ; and to resist their importunity to try this and that ; how persuade them to look passively on while their relative is slowly perhaps, but surely, perishing ? These are great and terrible difficulties.

“ You will be urged with all imaginable suggestions, even the most absurd. Crude mercury may perhaps be one. Pounds of this metal have been swallowed in such cases, in the hope, I suppose, that it would force a passage by its weight. But the obstacle may be in an ascending coil of intestine. And if not, experience does not teach us to put any faith in this rude mechanical remedy. It has often done mischief, and seldom or never done any good. The metal is apt to become oxidised in the body, and

then to produce very distressing salivation. This is an evil which I have known to occur, and to trouble the patient greatly, some time after the ineffectual exhibition of large doses of calomel.

“Dashing cold water over the abdomen and the lower extremities is another rough expedient which is sometimes successful in producing evacuations. It was adopted, after various other measures had failed, in the case in which the bowel was tied down by the adherent appendix vermiformis; and it caused the emptying of that part of the canal which lay beyond or below the internal hernia. It is plain that this partial success can be of little or no use; certainly of none that can compensate for the shock and annoyance of the cold affusion.” Vol. II, 463, 464.

True it is that Dr. Brinton, in his *Croonian Lectures*, and Dr. Russell Reynolds, in his *System of Medicine*, deprecate such practice; and it is to be hoped, for the honour of our profession and the benefit of patients, that the *rising* generation of practitioners, at all events, will fully discard it. That the present generation has not yet done so is positively asserted by Mr. Hugh Owen Thomas, surgeon, of this town, in an elaborate essay on the subject; where he says (pp. 8, 9, 10, 12, 13, 14, 15):

“These two reports may be compared with what is done in our own time. We take for example a case reported in a number of the *London Medical Record*, June, 1877, page 233, when on the first day the treatment commenced with castor oil and enema. Second day—croton oil, two enemata of senna and soda sulph. in the morning and evening; the same day third enema of senna and soda sulph., and belladonna to the skin over abdomen. Third day—calomel, jalap, and belladonna every two hours, and insufflation of air; the intestines being distended by forty strokes of the bellows. Fourth day—enemata and purgative pills and insufflation, this latter was repeated ‘with redoubled energy.’ Fifth day—thrice action of the bowels. Sixth day—the belly was electrified and an enema of mercury, which produced abundant motion and blood. Seventh day—‘a glass of castor oil.’ The treatment failed in this case to kill the patient; he recovered.

“Again, in the *Lancet* for the year 1876, a case of intussusception of the large intestine is reported. The treatment adopted was copious warm soap-and-water injections. The case was fatal, the post-mortem examination showing that an advanced degree of recovery had taken place, and that had Dr. Brinton’s principles been thoroughly carried out in practice there was a great probability that the patient might have recovered.

“In the same volume, in the column devoted to correspondents, another case is mentioned, the treatment of which was commenced with an enema of castor oil and turpentine, with an ‘internal compound to stimulate the intestines,’ the enema being repeated while the patient was sinking.

“It may probably be fresh in the memory of the reader, the report given in the *British Medical Association Journal* of the treatment adopted in the case of the late Madame Du Devant (better known as Georges Sand). In her case, evidently one of the élite of the profession was invited from Paris to her Chateau, near Mohant, to assist ‘the learned men of the parts around’ as to the treatment to be adopted, with the result, it appears to me, of a repetition of that treatment which some of the contributors to the *Medical Physical Journal* of 1824 would have advised. In fact, the patient’s chance of recovery would have been better had she had no advice at all, rather than the injurious interference to which she was subjected.

“I will take another example from a recent number of the *Dublin Journal of Medical Science*, in which a case of intestinal obstruction is recorded, which was treated on the first day with enemata of ‘various kinds,’ ‘purgatives of different sorts,’ ‘including castor oil, scammony, calomel, and croton oil.’ This treatment was continued for several days, when a change of plan seems to have been decided upon, and extract of opium was given by the mouth every fourth hour. On the sixth day a return was made to the previous treatment with purgatives; rubbing the bowels with warm oil had been constantly persevered with during intervals of the administration of medicines. Sometimes between the sixth and ninth day the distended abdomen was relieved of gas by puncture, and the opium treatment was again resorted to; then about the tenth day, galvanism was applied. On the fifteenth day castor oil and rhubarb were administered, with the result of producing a return of most of the symptoms which had



begun to abate. This case, wonderful to relate, survived the treatment.

"From the foregoing examples and others which have come under my notice during the last ten years, I am convinced that there are very few in the profession who are acquainted with Brinton's labours, and fewer acquainted with the correct treatment of this disease, and many who are cognisant of his views want the confidence to apply them undeviatingly in practice.

"This can be further shown by a comparison of the paper contained in the *British Medical Association Journal* for 1853, p. 117, where is recorded a series of nine cases. I append a condensed account of each. The first case was treated by opiates and enemata, with metallic mercury, and the patient took 7 lbs. of this metal and yet recovered.

"The second case was treated by calomel, colocynth, black draught, castor oil, enemata, turpentine stupes, and a pint of newly fermented yeast, and recovered.

"The third case was treated by calomel, opium, castor oil, and enemata, and proved fatal, the patient succumbing in twelve hours.

"The fourth case was treated with purgatives, and died on the third day.

"In the fifth case nearly all the list of purgatives was tried, also quicksilver and tobacco enemata, and the patient died on the sixth day.

"The sixth case was treated by purgatives, and proved fatal in thirteen hours after the commencement of the attack.

"The seventh case was treated with purgatives and tobacco enemata, and also proved fatal.

"The eighth case was treated with purgatives and opium, and proved fatal.

"The ninth case was treated with mild aperients, opium, and enemata, and was fatal on the third day.

"In comparing the treatment of these cases with that of one reported and discussed before the Clinical Society of London so late as last October, and reported in the *Lancet* of the 21st of the same month, I am forced to the conclusion that we are not improving upon the treatment practised in times gone by, but rather, retrograding. This case, the details of which were discussed before the Clinical Society, appears to have been diagnosed

as one of intestinal obstruction, and yet the details of treatment were, daily enemata, hot fomentations, castor oil, croton oil, and turpentine; the passage of a long tube up the bowels, inverting the patient and shaking him in the inverted position, trocaring the bowels, kneading and manipulating the abdomen, galvanism (with the intention, it is reported, of exciting peristaltic action), the administration of extract of aloes, and a combination of enemata and kneading; and still more remarkable, it is reported that death occurred suddenly and unexpectedly on the fifty-ninth day, after all this heroic treatment. Surely, death could only be expected, as, to all the remedies so trying to the patient's powers of endurance, was superadded a very serious complaint.

"In confirmation of my assertion as to how imperfectly the principles of treatment are understood in the present time I subjoin a quotation from Dr. J. S. Bristowe's recent volume on the *Theory and Practice of Medicine*, published last year, advising treatment for intussusception, page 728.

"In those cases, however, in which the symptoms of obstruction come on vaguely and without evidence of association with inflammatory mischief, it is generally advisable to commence the treatment with the administration, either by the mouth or rectum, of moderately powerful purgatives, and to persist in this treatment until, by their failure to act, and by their causing vomiting and painful but fruitless peristaltic movements, their inefficacy is distinctly shown. It sometimes happens that, after drastic purgatives have failed, a large dose of some simple laxative, such as castor oil, acts with singular efficacy. In aid of this treatment, hot baths, fomentations, or ice or electricity to the surface of the belly, and voluminous enemata of gruel or of water may severally be employed. If those measures are without avail, it is generally advisable to give the bowels rest, and to relieve pain by the repeated use of adequate doses of opium or of belladonna; the persistence in which treatment will, by relieving spasm, or otherwise promoting the return of some length of bowel to a comparatively healthy condition, not unfrequently result, after a shorter or longer time, in an effectual and sufficient evacuation. If this treatment fail in its turn, it may be necessary again to solicit the action of the bowels by the employment of purgative medicines, enemata, and the like. Such is the routine which must be generally followed in cases of simple obstruction, in

which the cause of obstruction is obscure; and in many cases also even when the cause is distinctly ascertained.'

"Here we are advised to commence with powerful purgatives, and to persist in their use until we have evidence of their injurious action; then mild laxatives can be tried, aiding all these by hot fomentations, electricity, and enemata; failing in all these opium or belladonna is to be given; after which latter, if they fail, a return to purgative and enemata, &c., is counselled. In fact, it may be noticed that there is, in the treatment recommended, an utter absence of any systematic method based on the etiology of the difficulty under consideration. These lesions are of such serious import to life that it were better to practise an expectant method than to incur any risk by giving remedies not based on successful clinical or experimental observation. Many cases have been reported as having recovered even after the most inefficient treatment, which to my mind is strong evidence that with a more rational treatment the mortality would be decreased."

There are, then, now in the old school four principal kinds of treatment of acute intestinal obstruction, viz. the purgative plan just referred to; the mild tentative treatment advocated by Russell Reynolds; the *Opium* and *Belladonna* treatment advocated by Dr. Brinton; and the mere *Opium* treatment with very small diet advocated by Mr. Thomas.

Reynolds recommends mild enemata, mild aperients, and very small diet. Brinton recommends large doses of *Opium* to keep the bowels quiet, combined with a little *Belladonna* to promote peristaltic action, and the avoidance of all purgatives, aperients, and even enemata. Thomas deprecates all attempts to move the bowels by either purgatives or enemata, and he uses *Morphia*, subcutaneously injected two or three times a day, for the purpose of keeping the bowels in absolute quietude, his object being to prevent any action whatever of the bowels, and this he would do for seven, fourteen, or twenty-one days, or even longer, giving the while only the smallest quantity of nourishment.

The object aimed at in each of the two latter, or at least in the last plan, is not to attempt to cure the disease, but simply to keep the bowels quiet and to prevent their acting at all, whilst Nature herself cures the disease. Now, this

object is certainly best served by the simple *Opium* treatment of Mr. Thomas, which must be described, however, as simply a negative treatment.

I need scarcely here remark that we, of the new school, have all along and always deprecated the use of purgatives and even aperients in such cases, and I may say that we are not alarmed at the proposal to forcibly keep the bowels from acting at all for seven, fourteen, or twenty-one days, or even longer, in cases of enteritis, intussusception, internal hernia, or stricture; and, further, that we quite believe in the necessity of absolutely preventing peristaltic action, for some time at least, in such cases, and *that* forcibly if necessary, but that in practice we do not find this enforcing with *Opium* necessary, our specific medicines being, as a rule, quite capable of doing it.

Mr. Thomas gives some striking instances of recovery under the simple *Opium* treatment, of which I will give the three following (pp. 74, 79, 85) :

“CASE NO. 1.—During the early part of this year I was called to assist in the treatment of a case of supposed intussusception. The gentleman in charge of the case informed me that a fortnight previously the patient had, whilst at work, had a sudden action of the bowels followed soon after by a good deal of colic pain, to relieve which the medical attendant was called in; and he, attributing the cause to constipation, administered purgatives, enemas, &c., which, however, had given the patient no relief. When I examined him I found the abdomen very tender on pressure, especially in the right hypogastric region, with moderate distension, and frequent vomiting, which had become slightly stercoraceous. I advised the discontinuance of all purgatives and all interference by the use of enemas, and ordered cold cloths to the bowels, elevation of the pelvis, and morphia administered subcutaneously night and morning. This treatment had the effect of diminishing the pain and partially arresting the vomiting, which now only occurred, with a notable regularity, about once in twelve hours. The distension continuing much as before, the morphia was continued, sometimes twice, and at others three times a day, subcutaneously for the seven days succeeding my first consultation, with the effect of

greatly relieving the patient from pain and the partial arrest of the vomiting; but there was no diminution of the distension, nor was the rapidity of the pulse much diminished. About the eleventh day after my introduction to the case the morphia dose had to be much increased, but did not completely ease the pain, and diminish the rapidity of the pulse, whilst the distension was slightly increased. On the twelfth day of my co-operation in the treatment the patient's condition appeared very precarious, and indicated to my mind that if in the course of a few hours the symptoms did not improve, it would be necessary to practise some operative interference, lest perchance this might not be a case of intussusception or enteritis, but rather one of the various forms not usually judged amenable to therapeutical remedies. This opinion was based on the fact that the morphia appeared not to have sufficient control over the pain or the pulse. However, to my delight, when we met in consultation the next day, I was informed that the patient had passed frequent and copious semi-liquid stools, with great relief to all the symptoms."

"CASE NO. 6.—On the 15th of December, 1874, I was called to attend a club patient of mine, Mr. P. M.—, 32 years of age, residing at R— Street. I found him suffering from intense pain in the abdomen, attended with constant vomiting, which was stercoraceous in character. He had been sick some days, but judging that it arose from simple constipation he had used purgatives; consequently, I found the symptoms much aggravated when called to attend him. I immediately injected a quarter of a grain of morphia beneath his skin, and continued to do so twice daily for three days, with the effect of diminishing the pain and decreasing the vomiting; but the distension increased. On the fourth day I commenced to inject under the skin a half a grain of morphia four times a day, and on the sixth day, finding the distension still increased, he was tapped with an ordinary bladder trocar with the effect of relieving him of a good deal of gas, which collapsed the abdomen. On the ninth day the trocaring was repeated, the morphia being still continued. The use of the trocar was repeated at intervals of three days, and on four occasions in all. On the twenty-first day a spontaneous action of the bowels took place, the patient being much relieved; yet the opium treatment was continued for some days, and the symptoms gradually resolved, and the patient recovered."

“CASE No. 8.—On December 16th, last year, at midnight, I was requested to go on board a Swedish vessel in the Salthouse Dock to render professional assistance to one of the crew. On boarding her I found the steward in great pain. His previous history was, that while ‘straining at stool,’ he felt a sudden pain in the right iliac region, no diarrhoea, thirst, slight acceleration of pulse. The captain, on the occurrence of the pain, had given him a dose of Epsom salts. This he had vomited immediately. My examination of the patient was made in about one hour after the accession of the pain. I at once injected under skin a quarter-grain dose of morphia, advised abstinence from all food, and allowed a limited quantity of drink, frequently repeated if desired by the patient. Next day, at 9 a.m., I sent my assistant to visit him, with instructions that if in pain to inject an eighth of a grain of morphia. This dose was given, and at 4 p.m. visited him myself, and was informed that he had vomited twice (but slight in quantity) during the night. The iliac region was still tender, slight thirst, pulse accelerated. I now again injected a quarter of a grain of morphia under skin, previous details as regards diet and drink to be adhered to. Third day visited and found that he had vomited once only since last visit, all the other symptoms being the same as those present on the second day. I now advised removal to my hospital, but before removal injected a quarter grain of morphia, 2 p.m. In the evening I visited him in the hospital, and found tongue more furred, no increase of distension, tenderness still present on pressure of the iliac region, temperature  $100^{\circ}$ , pulse as before, had vomited once this evening; repeated half grain of morphia. On the fourth day, at 9 p.m., injected half grain of morphia; symptoms present during this day, pulse no change, no vomit, tongue furred, slight tenderness and distension, less than had hitherto existed, temperature  $102^{\circ}$ . In the afternoon he passed suddenly a very copious liquid stool. No food was allowed until the fourth day; a little arrowroot and water and beef tea was allowed this day in response to the patient’s request, and another half grain of morphia was administered under the skin at 10 p.m. Fifth day, 9 a.m., gave half grain of morphia under the skin; at 12 noon, passed a copious pultaceous motion, pulse 7 in five seconds, temperature  $101^{\circ}$ , tongue furred, no vomit, slight thirst; half grain of morphia given at 6 p.m., not the slightest

tension of the abdomen, but slight pain in right iliac region on pressure. Sixth day, had during night passed several small pultaceous motions, pulse 7 in five seconds, temperature 99°, tongue less furred, no distension, pain in iliac region diminishing; no morphia given in the morning; patient wanted to return to Sweden, but with the assistance of two other medical friends was persuaded to remain another week: 10 p.m., half grain of morphia under skin, as there was increase of pain. Seventh day, pulse and temperature normal, tongue correct, no thirst, pain only on firm pressure of iliac region, bowels acted three times during the day; half grain of morphia was given at 10 p.m., same diet continued. Eighth day, apparently well, but still slight pain on firm pressure, continued same diet, and half grain of morphia under skin at bed. Ninth day, all abnormal symptoms absent, and the evacuations passed appeared of normal consistence, though small in bulk, indicating that all accumulated liquids had been passed, consequently the conditions permitting the spurious diarrhoea which often follows relief of obstruction existed no longer."

These cases show from what a formidable disease the body can recover when left to itself; nay, what Nature can do even when under the depressing and obstructing influence of *Opium* poisoning! What, then, could she not do with perfect quietude and the assistance of judicious specific treatment? I am quite satisfied that many of the recorded fatal cases would have recovered with the help of homœopathic medication.

But before going into the homœopathic treatment, let us examine the pathology of intestinal obstruction. Passing over the obstruction dependant on mere torpor or inaction, which is easily put to rights with *Opium*, *Plumbum*, *Nux vom.*, *Sulphur*, and excluding specific stricture, as that of syphilis, which must be met by *Mercurius*, *Kali iodidum*, *Acidum nitricum*; and that of cancer, which, when curable, is so by *Conium*, *Arsenicum*, *Hydrastis*, *Hamamelis*, and confining our investigation to *sudden, acute, or inflammatory* obstruction, we have still a very serious disease to deal with. Whether the cause of the obstruction be impaction of a foreign body, twisting of the gut, intussusception, hernia, or stricture, we have always organic closure of the

passage of the gut, attended with inflammation. In some cases, the closure is absolute and complete, at least for a time; and much faith in the reparative powers of nature is needed to be able to believe that recovery is at all possible.

We shall not have time to review all the varieties of intestinal obstruction; nor is it necessary we should, as much the same treatment is required in all of them. We will then take *INTUSSUSCEPTION*. In this disease the course of matters is something like the following:—A portion of the bowel becomes abnormally distended with flatulence, and whilst thus distended, an unfortunate peristaltic action draws down a few inches of the non-distended bowel above into this enlarged portion; two mucous surfaces and two serous surfaces of the bowel are thus brought into contact; the distending gas is excluded from a portion of the enlarged bowel, and the two approximated mucous surfaces irritate each other, especially if there is any faecal matter between them; peristaltic action occurs; and the *contained* portion of the bowel becomes constricted—strangulated—by the containing portion, the circulation is interrupted, the mucous membranes swell, and congestion and inflammation supervene. The same changes take place in the two approximated serous surfaces, and the result is that a portion of the bowel becomes closed, more or less completely; excessive and inverted peristaltic action is then excited, producing pain, increasing the inflammation, and causing vomiting and fever. That such an accident should occur is not very surprising, it is, indeed, more surprising that it is not of very frequent occurrence. A small and temporary invagination may, indeed, be of frequent occurrence. It is probable, I think, that such an accident will account for many of the temporary attacks of abdominal pain, with vomiting—the so-called “bilious attacks” that are so common—the invaginated portion of the bowel becoming liberated before the occurrence of sufficient inflammation to glue it to the invaginating portion; and it is probable that all such cases would terminate thus favourably by the timely assistance of hot fomentation and a few doses of an appropriate specific medicine such as *plb.*, *nx-v.*, *col.*, *alm.*, *k-bi.*, *bel.*, *opi.*



*Opium* is a medicine very homœopathic to such cases. It produces all the essential symptoms of the onset of acute intestinal obstruction, viz. the pain, the vomiting, and the obstruction, and, indeed, the diarrhœa also.

I need not go into any proof of the power of *Opium* to produce constipation, we are all perfectly agreed on that ; but I may offer a little evidence of its power to produce vomiting, abdominal pain, tympanitis, tenderness, and diarrhœa.

In our collected list of the poisonous effects of *Opium*, as given in *Allen's Encyclopædia*, I find over sixty instances of very characteristic nausea and vomiting ; over seventy of abdominal pain ; over thirty of flatulent distension, generally painful ; and over thirty of diarrhœa.

This power of *Opium* to produce a condition similar to the onset of intestinal obstruction will account for the frequent cure of such attacks by the old-fashioned poppy-head fomentation, or a small dose of *Castor oil* with a few drops of *Laudanum*, and for the still more frequent cure of the apparently initial symptoms by *Opium*, in homœopathic practice ; and for some of the cures recorded by Mr. Thomas.

But suppose the supervening inflammation has been sufficient to glue together the surfaces and completely close the bowel ; what are the resources of art then ? As already shown, the resources of the old school are few ; the best of them being that advocated by Mr. Thomas, viz. to forcibly prevent peristaltic action by large doses of *Opium*, leaving Nature herself to do the cure. In the new school, on the contrary, there are quite a number of medicines capable of grappling with this disease in all its manifestations. The principal of these are *Aco.*, *Arn.*, *Bel.*, *Bry.*, *Col.*, *Ctn.*, *Cup.*, *K-bi.*, *Kre.*, *Lyc.*, *Merc.*, *Nx-v.*, *Opi.*, *Plb.*, *Rhs.*, *Sul.*, *Ver.* With these and hot fomentation, most, if not all, of the curable cases can be cured. With them, not only can we assist to rectify the invagination, but we can relieve the pain, check the inflammation, and remove its results, and control the peristaltic action, so as to render *Morphia* injection quite unnecessary.

Should there, however, occur a case in which these and all other homœopathically selected medicines did really

fail to control the disease, and the case appeared to have passed out of the region of medicine into that of surgery, I would not hesitate to resort to the *Morphia* injection, feeling sure, with Mr. Thomas, that peristaltic action must be controlled by some means, and perfect rest of the parts maintained for some time. I would much rather do this than resort to abdominal section in a case of intussusception. For, although I would resort to this operation at once in a well-diagnosed case of impaction, internal hernia, or stricture, I would be very loath to do so in a well-diagnosed case of intussusception; and certainly not after it had existed a few days, for then this would be much more likely to ensure a fatal termination than to prevent it, for the invaginated portion of the intestine could not then be withdrawn without rupture, even if real gangrene had not set in, which, however, it would have done in the great majority of cases. In cases incurable by medicine, I would much prefer to trust to the reparative powers of Nature herself, than resort to surgery; that is, I would much prefer to leave the invaginated portion of the bowel to slough and come away in its own time, and devote all my endeavours to moderate the inflammation, and the blood-poisoning, which would result from absorption of gangrenous matters; and to supporting the patient's strength. It is really wonderful what cures Nature can perform when wisely assisted, and even when left to herself; nay, even when obstructed, and depressed, and thwarted by rough treatment, or large doses of *Opium*. A few instances will be sufficient to indicate this, and to inspire confidence in the ultimate recovery, even in desperate cases. "By far the most interesting and important event," says Dr. Bristowe, "is the sloughing and separation of the included layers of bowel. It has been shown that almost immediately after the occurrence of invagination these become œdematous, intensely congested, and infiltrated with blood; and it might be supposed from the obstruction to which the vessels supplying them are exposed, that their death must necessarily speedily ensue. In many cases, however, the patients live for weeks, and even months, after the occurrence of invagination, with no further changes in the con-

tained tubes than those due to mere congestion and swelling, and die ultimately from the effects of invagination, the bowel never, even to the last showing signs of either ulceration or gangrene." *Reynolds's System of Medicine*, p. 91, vol. iii.

"As an instance of remarkable recovery," says Mr. Thomas, "from intussusception, there is recorded in volume 16 of the *Lancet*, p. 16, a case in which three feet of intestine, with a portion of its mesentery attached, came away. This case is reported by a professor of anatomy, a guarantee that it was intestine that was passed.

"In volume 11, p. 565, Mr. Abernethy reports a case where a portion of the intestine sloughed and came away. The treatment is not given in either of the above cases.

"In the *Transactions of the British Medical Provincial Association*, 7th volume, a case is reported of recovery after five inches of intestine had passed, though treated by the purgation method.

"My friend, Dr. Turnour, of Denbigh, informed me that he had a case where a large portion of intestine sloughed and came away, his treatment being the administration of opium, the use of which he strongly advocates in these lesions. Dr. Bristowe, in his recent volume, reports on the authority of Dr. Peacock, of London, a case in which the sufferer passed twelve feet of gut, and recovered. This extraordinary and unprecedented report induced in me some doubt of its correctness. I communicated with Dr. Peacock, who very readily favoured me with a reprint of his paper, 'A case of invagination of the intestines followed by the passage of a large piece of bowel by the rectum,' originally published in *Transactions of the Pathological Society*, vol. xv. From a perusal of his paper I find that instead of twelve feet the portion passed measured only thirty-five inches. The author gives a short history of twenty cases of invagination with sloughing of portion of intestine. Case 18 is reported, on the authority of Drs. Harley and Bristowe, as having passed the almost incredible length of four feet, with recovery, the period of separation varying from the sixth to the thirtieth day."

If, then, such recoveries can take place without specific treatment what may not be expected to follow judiciously managed treatment with specifics?

Now, in order to indicate the proper homœopathic treatment, let us review the *symptoms* of intussusception.

“The symptoms,” says Dr. Bristowe (p. 92, *Reynolds's System of Medicine*, vol. iii), which attend intussusception are made up partly of the symptoms of intestinal obstruction, partly of those of enteritis, but they present much variety, and are often so vague as to render, for a time at least, accurate diagnosis impossible. There are nevertheless certain characteristic symptoms, which, if present, point pretty certainly to the existence of the lesion in question.

“The commencement of intussusception is attended with sudden and more or less severe abdominal pain of a griping or twisting character, which is referred usually to the neighbourhood of the umbilicus. This generally ceases after a short time perhaps a few hours, and then after an interval of comparative or total ease returns temporarily, and thus perhaps continues to recur remittently. There is not necessarily any abdominal tenderness, and, indeed, the patient frequently finds relief, as in colic, by various contortions of the body and by pressure upon the abdominal parietes. Sympathetic vomiting may be an early symptom, but is often in the beginning absent. Constipation generally follows upon the sudden attack of pain, not, however, immediately, for the bowel below the seat of lesion may, and does generally, continue to act upon its contents until they are completely expelled; nor necessarily, because, as has been pointed out, the intussusception does not in all cases entirely prevent the passage of fæcal matters from above, and sometimes, indeed, instead of any tendency to constipation, there is actual diarrhœa. There is one peculiarity, however, in connection with the intestinal evacuations which is rarely absent; it is that, very soon after the occurrence of intussusception, the blood which escapes from the deeply congested mucous surface of the invaginated bowel mingles with the contents of the bowel below, and escapes with them by stool in greater or less abundance.

“The symptoms which mark the subsequent progress of the case depend partly on the situation of the intussusception, partly on the degree in which the bowel is strangulated. It has been shown that when the intussusception involves the large intestine actual strangulation occurs somewhat rarely, and the case tends

to become much protracted. In this event the symptoms are apt to be very ill-defined, the paroxysms of pain are often slight, and recur at distant intervals; constipation may exist at the beginning only, or may occur from time to time, and it may never be distinctly present; there is generally more or less vomiting. As the case, however, progresses the pain often increases in severity, the vomiting becomes more and more incessant, and possibly stercoraceous; the alvine evacuations either continue to pass or become re-established, blood and mucus are discharged in variable quantities, and even dysenteric diarrhœa comes on. And then, after a longer or shorter period, sometimes after two, three, or four months, the patient, who has been gradually getting more emaciated and feeble, dies of simple exhaustion. When the invagination occupies the small intestine strangulation is usually of rapid occurrence, and its occurrence adds to the symptoms of mere intussusception those of enteritis. The case, therefore, speedily assumes a very threatening aspect. Febrile symptoms manifest themselves, the abdomen becomes tender, incessant vomiting comes on, and the bowel becomes obstructed, or, at all events, discharges only those matters which the congested and gangrenous tissues pour out. Under such symptoms the patient, as in complicated enteritis or internal strangulation, may speedily succumb; but sometimes, at a moment when the disease appears to be still progressing unfavorably, the constipated bowel begins to act, offensive stools mixed with blood and mucus begin to be discharged with more or less tenesmus, vomiting diminishes or ceases, febrile symptoms abate, and after a longer or shorter period of dysenteric symptoms a sequestrum is passed per anum, in the form of a dark fœtid gangrenous mass.

“The most characteristic features amongst those which have been enumerated in the symptomatology of intussusception are, first, the sudden onset of the malady with pain, and more or less constipation and vomiting, and, secondly, the discharge of blood per anum which is generally present even from the beginning; but there is a third sign, to which no allusion has yet been made, which is perhaps of even greater importance, namely, the presence of a tumour. It can scarcely happen that any length of a threefold tube of intestine, especially when its layers, one or all, are congested and swollen, can be present without forming a

tumour capable of detection by careful palpation through the abdominal walls, provided at least these be not too fat or too rigid, or the bowels generally be not too much distended with gas, or the abdominal tenderness be not too great to admit of satisfactory examination. The presence of a tumour, indeed, especially in the case of ileo-cæcal or cæliac invagination, may often be recognised during life, and that the tumour is an intussusception may also often be recognised, partly by its cylindrical form, partly by its position, but especially by the fact that it may in some cases be detected changing somewhat from day to day in form and direction as the intussusception increases, and may sometimes also be felt to dilate and harden, and then subside, under the influence of its peristaltic movements. Further, in those cases in which the intussusception extends low into the rectum, its lower extremity may be detected with all its characteristic features by the finger inserted into the anus."

By these symptoms the homœopathic treatment of intussusception is pretty clearly pointed out.

According to Bristowe, then, the onset of intussusception is indicated by pain of a violent, griping, twisting, remittent character, generally in the umbilical region, relieved by pressure and by contortion of the body, and accompanied by vomiting and stoppage of the action of the bowels, but unaccompanied by fever or excitement of the heart.

Now, we have drugs that produce these symptoms in a very marked manner, the principal ones of which are *Cup.*, *Plb.*, *Nx-v.*, *Col.*, *Alm.*, *Bry.*, *K-bi.*, *Opi.* Most of the cases will, in all probability, be met by one of these; the proper one to be selected for any given case must of course be determined by the *kind* of the pain, the *condition* of the pain, the *locality* of the pain, and the *concomitants*, such as the vomiting and the obstruction of the bowels, and the mental condition of the patient.

Now, as a rule, the pain is griping, twisting, violent, remittent; its condition, that it is relieved by pressure and contortion; its locality, the umbilical region; and its concomitants, vomiting and obstruction of the bowels. Now, the medicines I have mentioned produce all these symptoms, and under these conditions, and with these concomi-

tants, and so they meet the onset of the disease at all points. But in some cases the *obstruction* will be more, and in others less, complete; in some the *pain* will be more violent, in some more persistent; and in others more remittent, and it will differ somewhat in character in different cases; and so also the mental condition will differ in different cases. In the case of *Cup.* and *Plb.* the PAIN is most violent, and the obstruction most complete, and apparently from paralysis of the bowel; in that of *Nux-v.* the pain is more crampy and remittent, and the obstruction that of constriction or contraction of the bowels; in that of *Col.* the pain is more sharp and neuralgic, and the obstruction apparently from dryness of the bowels; in that of *Alm.* the pain is more pinching, and the obstruction that of inability and dryness of the rectum; and in that of *K-bi.* the pain is more that of tissue irritation, and the obstruction that of enteritis. With *Cup.* and *Plb.* the VOMITING is a very prominent symptom, is very violent, continued, and convulsive, and to the extent of blood and fæces. With *K-bi.* it is also *very* prominent, in rapid successive throes, bilious mucus bloody, the blood bright and clotted; with *Col.* the vomiting is less, and without nausea, serous, yellow bilious; with *Nx-v.* even less, and is sour, mucus bloody; and with *Alm.* still less, and is dry or mucous. With *Plb.* the MENTAL CONDITION is depressed and restless; with *Col.* angry, irritable, and impatient; *K-bi.* listless, indifferent, languid; with *Alm.* low-spirited, weeping, and hopeless; and with *Nx-v.* irritable, passionate, morose, sullen, quarrelsome. One or more of these medicines, given in a small dose—say a drop or grain of the first attenuation—every quarter or half hour, with the assistance of hot fomentation, will generally put a stop to the whole affair within a few hours. There are several other well-indicated medicines that would meet special cases, such as *Chi.*, *Con.*, *Bel.*, *Aco.*, *Kre.*, *Rhs.*, *Sab.*, *Opi.*, some one of which might be indicated by the locality of the pain and obstruction, whether in the small or large intestine, or other peculiarity in the pain, the conditions, or the concomitants.

If the patient be seen during this, the first stage of the

attack, the disease may perhaps be arrested at once, and not allowed to proceed any further; but if this stage be neglected or improperly treated, some of the symptoms become aggravated, others changed, and new ones developed; for instance, the vomiting becomes more constant and painful, and perhaps bloody, even fæcal, congestion and inflammation supervenes, producing tenderness and fever, and causing the pain no longer to be relieved by pressure and contortion, but to be aggravated by these; some gaseous distension may supervene, and instead of stoppage of the action of the bowels there may be frequent bloody mucous evacuations, with straining; the pulse becomes rapid and strong, and there are thirst, foul tongue, disgust for food, and perhaps headache. These symptoms are produced in a very distinct manner by many drugs, the principal of which are *Aco.*, *Alm.*, *Arn.*, *Bel.*, *Bry.*, *Cch.*, *Col.*, *Cup.*, *K-bi.*, *Kre.*, *Lyc.*, *Mr-c.*, *Nx-v.*, *Opi.*, *Plb.*, *Rhs.*, *Sec.*, *Sab.*, *Ver.* The selection will have to be made according to the special manifestations or the turn that the disease has taken, and in consideration of what medicines have been already used. The additional symptoms of tenderness to pressure, fever, distension, and slimy bloody evacuations are also markedly produced by each of the medicines named for the onset, viz. *Plb.*, *Nx-v.*, *Col.*, *Alm.*, *K-bi.*, but if each one of these has been tried and failed, resort must be had to one of the following, viz. *Aco.*, *Arn.*, *Bel.*, *Bry.*, *Mr-c.*, *Rhs.*, and if these fail, to one of the remaining medicines, viz. *Cch.*, *Cup.*, *Kre.*, *Lyc.*, *Opi.*, *Sec.*, *Sab.*, *Ver.* One or more of these medicines will require to be given every quarter hour or so, and may be expected within a day or two to remove the whole disease, and render it unnecessary to resort to either *Morphia* injections or abdominal section.

Should, however, the disease still progress, and the inflammation spread more to the peritoneum and along the intestine, there will be still further increase of the tenderness and distension, and of the vomiting and the bloody mucous evacuations and straining; the vomiting will become fæcal and perhaps bloody or coffee ground, and the evacuations perhaps blackish and foetid from supervening gangrene.



Here one or other of the previously mentioned medicines must be selected, or, if already being given, must be persevered with if still indicated, especially the *Mr-c.*, *Rhs.*, *Bry.*, *Ver.*, *Sec.*, *Kre.*, *Lyc.*, *Ars.*, *Sul.* For fæcal vomiting *Cch.*, *Plb.*; for fœtid vomiting *Aco.*, *Cub.*, *Plb.*, *Ver.*; for bloody vomiting *Aco.*, *Arn.*, *Ars.*, *Cub.*, *K-bi.*, *Lyc.*, *Mr-c.*, *Nx-v.*, *Opi.*, *Plb.*, *Sab.*; and for black vomiting *Aco.*, *Ka-bi.*, *Mr-c.*, *Plb.*, *Sec.*, *Ver.*, and perhaps ure charcoal should be given in quantity, or pure carbolic acid in gr.  $\frac{1}{2}$  or gr. j—gr. ij doses, and perhaps alcohol should be administered.

I apologise, Mr. President, for having occupied so much time, but I wished to do what I could to show the unreasonableness of scepticism of the power of medicine to cope with acute intestinal obstruction, or, at any rate, that depending on intussusception. And I hope I have succeeded in encouraging our undertaking the treatment of such cases with some feeling of confidence that we are not mere "stand-bys," watching nature's struggles, but unable to render her any assistance.

It ought not to be thought chimerical to believe in the possibility of medicine assisting reduction of intussusception and internal hernia. That certain drugs will act on the bowels; that they can excite, increase, pervert, diminish, and even arrest, peristaltic action is admitted on all hands. If, then, drugs can derange *normal* peristaltic action where they have nature against them, why should it be thought chimerical that they should be able to assist in rectifying *abnormal* action where they have nature with them?

The action of *Cup.* and *Plb.* on the bowels is such as to produce symptoms very analogous to those of intussusception and internal hernia, and so is that of *Col.*, *Nx-v.*, *Alm.*, and *K-bi.* It may, therefore, reasonably be presumed that the pathological condition they produce is very analogous to that existing in intussusception and hernia. If, then, they can *produce* a kind of intussusception or hernia, why should they not be capable of *curing* a recent intussusception? That they can cure symptoms very analogous to those of intussusception is a matter of almost daily experi-

ence in homœopathic practice. And we do know that homœopathically selected medicines have considerable power over external hernia. Why, then, should they not have over internal hernia and intussusception?

What nature shows is possible, let us not say is impossible.

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## BRUNTON ON PHARMACOLOGY AND THERAPEUTICS.\*

By JOHN H. CLARKE, M.D.

UNDER the above title Dr. Brunton has recently published the lectures he delivered in 1877 as Gulstonian Lecturer for that year. The preface contains no note to the effect that any great advance has been made in the science during the last three years, and we may, therefore, fairly conclude that the book embodies the latest views on pharmacology of those who practise medicine on the most approved scientific methods. As such the book is of no small value. The author alike ignores any rule of *contraria contrariis*, or *similia similibus*, as being of comparatively small value, and strikes straight through all at what he conceives to be the root of the whole matter, a precise knowledge of physiology and pathology, and of the physiological and pathological action of drugs. I shall not stay now to examine the strength of the position he takes up, but will proceed to give a sketch of the work.

The author begins with a history of the progress of medical opinion from the earliest times, and a rough sketch of the various theories of disease and drug action that have in turn held sway. He was for a long time at a loss to understand how it came to pass that medical progress had

\* *Pharmacology and Therapeutics; or, Medicine Past and Present.* By T. Lauder Brunton, M.D., F.R.S., &c. Macmillan & Co., 1880.

been so slow, and it was only when a lucky remembrance of childhood came into his mature mind that it was all made plain to him. One day, when the author was a very small child we should imagine, he was playing with a box, which, for all that is stated, was in perfectly good order, but the future leader of therapeutic science "made believe" that there was something wrong with the lock. That such a child should have proved the "father of such a man" of science excites no small astonishment when we learn that he again "made believe"—the scientific mind is necessarily the opposite of *believing*—that he could remedy this imaginary disorder by driving into the lock a piece of ivory which he picked off the box for the purpose, with the result of ruining the lock and seriously injuring the box.

With the aid of this illustration Dr. Brunton explains how it was that medical science remained so long in a backward state. Medical men did not observe facts, but only invented theories.

At length some movement was made. Disease was no longer attributed to unseen powers, spirits, gods, demons, &c., but came to be attributed to some disturbance in the mechanism of the body. But even then the physician's ideas of the mechanism, and of the curative means, were erroneous, and it was only when experiment came in to correct these ideas that the career of progress really began (p. 22). The medical sciences were like ships tossed about rudderless, compassless, on a unfathomable sea, and when first they did begin to move they had only dead reckoning to go by. Now, at length, supplied with all the latest scientific gear, they have made real headway, and have come within sight of land if they are not already in port. Anatomy was the first to get under way, but minute anatomy waited for Morgagni to give it a start. The practice of physic started with Sydenham, physiology with Harvey, pathology with John Hunter, and as for pharmacology—whilst anatomy has been moving forward these forty-five centuries,—“it is little more than as many years since pharmacology, the youngest of the medical sciences, began to be systematically studied,” or—to continue the

metaphor—worked. That is to say, pharmacology as Dr. Brunton understands it.

Now, however, all is changed; piloted by the sister sciences, and with their assistance, pharmacology is fairly started on her course.

“Slow has been the advance of medicine because she went astray; now the path she follows is right, swift is her progress, and glorious will be her future” (p. 197).

These latter are the words with which our author concludes his lectures. What is it that gives him such high and sanguine hopes? It is this:—The proper methods of working at the subject has been discovered. Magendie laid the foundation stone, and has left a model behind him in his work.

“The plan he pursued was exceedingly simple. It consisted, first, in preventing the drug which he wished to examine from reaching the particular part of the body on which it was supposed to act, and observing whether its action was abolished by this procedure; secondly, in applying the drug to that part of the body only, and noting whether it still exerted the same action as when applied to the whole body. The first poison with which he experimented was the upas, which was afterwards discovered to owe its activity to the action of strychnia. The symptoms produced by this poison led him to think that it acted on the spinal cord. This supposition he tested by allowing the upas to act as far as possible on the rest of the body, but not on the cord. He then found that the symptoms were absent so long as the poison did not reach the cord, but that they appeared as soon as it did so. He next tested his supposition by applying the poison to the cord alone. When this was done the symptoms came on at once, although all other parts of the body were free from the poison. The demonstration was thus complete—that the symptoms produced by the upas were due to its action on the spinal cord, and on it alone” (pp. 74, 75).

It is unnecessary here to trace further the dying agonies of frogs and dogs in this investigation; it will be sufficient to state the results arrived at. They are four.

1. The symptoms produced are due to the action of upas on the spinal cord, and on that alone.

2. The poison is absorbed.
3. The poison acts through the circulation.
4. The convulsions are caused by action on the spinal cord, and not on the brain.

Following accurately Magendie's plan, Claude Bernard demonstrated the physiological action of woorara, or curara; and Dr. Brunton himself, with Dr. Pye, conducted a like investigation into the action of "cassa" or "casca," another ordeal poison of Western Africa.

The chief effects of the latter poison, when administered by the mouth, are vomiting, purging, and loss of muscular power or co-ordination. On injecting the poison under the skin of an animal it was found that vomiting took place just the same, but no purging, showing that the purging was due to local contact, the vomiting to action through the circulation. Division of the vagus nerve caused vomiting to be much less severe, proving the emetic action to be due, not to direct action on the stomach, but on its nervous centres.

Was the purging due to increased peristaltic action or to increased secretion? Introduced into an isolated loop of intestine, the poison caused no increase of secretion. Hence it was inferred that the purging action was due to increased peristalsis.

The loss of muscular power? Neither muscles nor nerves lost irritability by its application, therefore the cause could not be there. Attention is now turned to the spinal cord. A poisoned frog moves sluggishly. Reflex activity is impaired.

Is this due to direct action on the cord, or caused by imperfect circulation?

Two frogs must decide it. One is poisoned and watched until the heart stops. The circulation of a second, unpoisoned frog, is at that instant arrested by a ligature drawn round the large vessels close to the heart. In both animals reflex action (continuing after the circulation had stopped) ceased at almost exactly the same moment. The cause of the loss of muscular power was therefore concluded to be due to alteration in the heart's pulsations.

The action on the heart? The first thing noticed is that the heart beats more slowly. The ventricle contracts irregularly—dilating only in parts in diastole, and giving the heart's surface a pouched appearance—finally stopping in systole, the auricles continuing to pulsate for some time after.

A moderate dose of casca injected into the jugular vein, the pulse becomes slow; a further dose renders it quick; another larger dose again renders it slow.

Is the slowing due to action on the medulla, on the vagi, or on the intracardiac ganglia? In a poisoned animal division of the vagi is followed by immediate quickening of the pulse, showing that the chief slowing action was exerted on the medullary or central regulating apparatus. This renders it probable that the further dose, which produces quickening of the pulse after a first has produced slowing, acts by paralyzing the ends of the vagi in the heart. An electric current applied to the vagus after casca has thus quickened the pulse has none of its usual slowing effect on the heart, showing that the power of the nerve over the heart has been completely abolished.

The further slowing of the heart is inferred to be due to action on the intracardiac ganglia, or on the muscular structure of the heart itself.

These observations have been made with large doses; what will be the effect of small ones?

Before any change is noticed in the pulse there is a rise in the blood pressure, which continues after the pulse has become slow, and does not fall during the cardiac diastole. The arterioles must have become contracted. How has this been brought about? The chief vaso-motor centre is in the medulla. When this is destroyed arterioles dilate and blood pressure falls. On dividing the cord, and injecting casca, the blood pressure rises higher than ever. It now lies between the arterioles themselves, or vaso-motor ganglia not contained in the medulla.

Division of the sympathetic in the neck causes the vessels of the ear of that side to dilate. An injection of casca in an animal thus treated, causes both ears to turn

equally pale. Therefore, the rise of blood pressure is due to the action of the poison on the muscular fibres or nerves in the arterial wall.

As these experiments suggested many points of comparison with the action of *Digitalis*, it was next determined to compare the action on the kidneys of the drug under examination with that of the drug last named. A canula was placed in the ureter of an anæsthetised dog and the poison administered by subcutaneous injection. The general blood pressure increased, and the secretion of urine increased at the same time. An extra dose, however, as in the case of *Digitalis*, whilst it still further increased the general blood pressure, completely stopped the flow of urine, showing that the drug had caused such extreme contraction of the arteries of the organ as to cut off its supply of blood altogether.

Such is a sketch of the new method of advancing pharmacology. The author next proceeds to show how pathology comes in to link together semeiology and pharmacology. He sketches a case where there is palpitation on the least exertion, dyspnœa, inability to lie down, lividity, and œdema. These symptoms are traced to mitral insufficiency.

“How, then, is this to be remedied? First of all, it would be an advantage to make the heart beat more slowly, for when it pulsates rapidly there is no time for the pulmonary veins to become well emptied between each systole. By lengthening the interval between them, the ventricle has time to become better filled, and sends a fuller current into the wide aorta, and a proportionably small amount back into the pulmonary veins through the narrow chink in the mitral valves.

“But if this were all, why should not a drug like aconite serve our purpose, for it slows the heart? The reason is that it also weakens it, and in the conditions which we have just been considering, one of the most important factors is weakness of the right ventricle, for it is in the pulmonary circulation that the resistance lies, and one of our most important tasks is to strengthen the propulsive power of the right ventricle, as well as to remove obstruction in front.

“This end we gain by employing digitalis or casca, which

increase the strength at the same time that they diminish the rapidity of the cardiac contractions" (p. 112).

Next, the oedema is considered. Mere tying of a vein will not cause oedema of the part from which it receives its blood. Vaso-motor paralysis must be occasioned as well, or the contraction of the arterioles will prevent fluid being poured out at such a rate that the lymphatics cannot take it up as fast. The author suggests that it is in this way—by producing contraction of the arterioles—that *Digitalis* and *casca* act in removing cardiac dropsies or preventing them.

It is somewhat disappointing that Dr. Brunton does not supply his readers with some actual cases in which this elaborate study has borne the expected fruit.

The gain to therapeutics, we are told, through the present mode of pursuing pharmacology are fourfold. We have new remedies. We are taught how to use our old remedies. We learn what to do. We learn what to avoid.

Palpitation of the heart not due to organic lesion can be met by *Atropia*, which *completely paralyses the ends of the vagus in the heart*, and no amount of stimulation to the nerve, direct or reflex, can then stop the pulse. It also *paralyses the sensory nerves of the heart*, and is thus useful in cases where the organ is irritable or hyperæsthetic. Dr. Brunton has used the remedy in cases of the kind with success where the disorder was quite recent, but unsuccessfully where it was of older standing.

*Nitrite of amyl* is cited as an example of the fruits of scientific pharmacology. Dr. Brunton noticed in a case he had under observation night and day for some time, that in the attack the blood pressure rose, and the pulse *became quick*. The administration of *Nitrite of amyl* cut short the paroxysms, at once lessening the blood pressure and *slowing the pulse*. Ordinarily, *Nitrite of amyl*, like other agents that diminish blood pressure, causes *quickening of the pulse* at the same time. For this remarkable variation no explanation, scientific or otherwise, is advanced.

*Bromide of potassium* is another example of scientific medication. It lessens reflex action generally. This does



not explain its action in epilepsy, but has made it of service in diarrhœa and other affections caused by reflex influence from the uterus.

The ideas of the author on chorea are sufficiently remarkable to deserve quoting entire.

“Nor is it only on the nerve centres that we are able to act. As Bernard showed, we can influence peripheral nerves also by our drugs. It is impossible to look at the jerking limbs and irregular movements of chorea without wishing that we could load every muscle with lead, and still its useless and disturbing movements.”

(The writer of this article confesses that such a use of *Plumbum* never entered his unimaginary mind.)

“Sleep will do this, and opium will produce sleep, but we cannot keep the patient constantly in a state of insensibility; we wish to leave the activity to the mental powers, and only to quiet the muscles.

“This we might do by curare, but we have another remedy which seems still more suitable; for conia acts on the motor nerves in the same way as curare, and methyl conia lessens the functions of the spinal cord.

“Ordinary hemlock contains both, and thus the succus conii, by deadening the motor nerves and enfeebling the cord, should render movement more difficult and wearisome, the very result we desire to produce (!). We should thus be able to ameliorate the symptoms, even though we may not touch the real source of the disease” (p. 146).

In the respiratory sphere pharmacology has not much to boast of. It can tell us that *Carbonate of ammonia* is good in cough of old persons because it stimulates the respiratory centre and increases expulsive expiratory effort; that *Atropia* stimulates the respiratory centre, and at the same time lessens the irritability of the pulmonary sensitive nerves, and is therefore useful in the cough of debility; that *Hyoscyamus* acts almost in the same way as *Atropia*.

But here the question of dose comes in, and “we may not get the result we desire from drugs when we administer them in disease, either from *ignorance, timidity, or from the*

*action of the drug upon other organs of the body preventing its being pushed to a sufficient extent."* The italics are mine.

Of the action of drugs on the bronchial secretion experimental science knows nothing. "Experience shows that *Tartar emetic, Ipecacuanha, and Iodide of potassium* will diminish the tenacity of mucus and aid expectoration, while balsams will lessen the profuse secretion in bronchorrhœa. But how these drugs act we do not know, and it is a comfort to turn to the action of remedies in digestion."

We can see digestion going on under our eyes, both within the body and without. We can see the mucous membrane of the stomach exude its gastric juice when we irritate it with a glass rod, or when a dilute alkaline solution is swallowed.

What the cause of hunger is cannot be definitely stated. The stomach has little power to discriminate sensations. The bitterness of *Quassia* or *Quinine* in the mouth, and the heat of mustard or cayenne, are felt in the stomach as appetite; "and so," but this will not be received without a question, "and so is the slight irritation caused by small doses of *Tartar Emetic* or *Arsenic*, which on this account are said to act as gastric tonics." The places of *Quassia, Bismuth, and Strychnia* are defined on scientific grounds, and the use of *Pepsin* and other digestive substances discussed.

The last chapter of the books deals with ferments or enzymes. These are supposed to be the agents which build up as well as disintegrate the tissues. Certain alkaloids have the power of increasing or diminishing their action, e.g. *Morphia* or *Veratria*, according to dose. Heat increases the action of the ferments causing tissue change, cold diminishes it—hence the action of cold affusion in high temperature. *Salicylic Acid* and *Quinine* also have that power, reducing temperature, and lessening decomposition of albuminous tissues, as evidenced by excess of urea.

Whatever may have led to high temperature, it is itself a cause of mischief, and is to be removed. *Quinine, Eucalyptus, Salicylic Acid*, are given to lessen the inward

fire, and *Aconite* to slow the feverish pulse. When these fail, cold water will succeed.

"But collapse still sometimes occurs after a cold bath, and salicylic acid does not always prevent the temperature from rising.

"Will this always be so? I think we may confidently answer, No. We will yet discover remedies to prevent the collapse, and to keep the temperature within its proper limits. Every day is enriching medical science with some new discovery, diseases are being traced more precisely to their origin, the action of remedies is being more exactly defined and localised. Order is beginning to appear amongst the crowd of new acquisitions to our knowledge, and isolated facts begin to range themselves under general laws. Pharmacology is allying itself to chemistry, and the rigid laws of the latter are beginning to extend to the former" (p. 194).

Such is, I believe, a fair sketch of this picture of modern therapeutics from the standpoint of the foremost man in what is termed the "rational school of medicine." It cannot be called a very comprehensive view. It is probable that few will share Dr. Brunton's sanguine expectations, which are high in proportion to the narrowness of his vision.

At the same time, it is not to be denied that the medical world is much indebted to the patient labourers in this field. They are keen-sighted if not far-sighted. Perhaps if they had had any idea how much richer a harvest was to be reaped elsewhere this valuable little crop would never have been gathered. We cannot afford to despise the help that recent discoveries in pathology give us in clearing our ideas as to the processes that really go on within the body, and we accept with thankfulness a knowledge of the tissues on which the coarse actions of drugs are exerted. The difficulty of separating primary from secondary symptoms in disease and drug action is one of no little magnitude, and if we knew of all like-acting drugs as we know of *casca* whether the purgation and the vomiting are local actions or dynamic, and if dynamic, whether the influence is exerted on the tissues themselves, or on distant nerve-

centres, it would be an immense gain in clearing our ideas of the actions of the remedies we use.

But if these were the only means of advancing therapeutics, the results which seem to Dr. Brunton so cheering would, I think, cause the hearts of some of us to sink within us on contemplating the future of medicine. To my mind they are unsatisfactory in the extreme. What do they amount to? Simply to this, that the seat of action of some drugs has been ascertained with varying degrees of accuracy, that a name has been given to their action—‘exciting,’ ‘depressing,’ and the like—but what that action is in its essence we are as far from knowing as ever. In former days we understood that the world rested on the back of an elephant. Now, we have got a stage or two farther on, and have discovered that the elephant stands on the back of a tortoise, and the tortoise stands on a rock. But the rock?—what that stands on we have yet to learn. When Dr. Brunton informs us that *Bromide of Potassium* lessens reflex action generally, we understand perfectly well the *phenomena* to which he refers, but he must not delude himself with the idea that that is the same thing as exhibiting the *noumenon* at the root of them all. When he tells us that *Casca* strengthens the heart as well as slows it, (p. 110) we are inclined to ask him to explain. He has shown that the heart acts irregularly, does not dilate equally all over, and at last stops beating in a spasm; but if this is a true strengthening of the heart’s action, then it may be said that *Strychnia* is a great strengthener of the systemic muscles, as witness its power to cause tetanus. He fails to show any difference between the action of this drug and that of *Digitalis*, and in what cases the one would be preferred to the other. He professes to aim at a direct method of treatment, and yet in nearly every case his chief object seems to be to turn the flank. Is it a diarrhœa dependent on a uterine affection? Do not trouble about the uterus, but depress the reflex centres by *Bromide of Potassium*. Is the heart irritated by disorder of the stomach? We should have thought the stomach the first thing to be attended to; but no, make a flank movement,

*paralyse the sensory nerves of the heart.* In angina pectoris we find the blood-pressure increased, and he is content to give a drug that lessens blood-pressure. It never seems to strike him that it would be much better if we could discover on what the increase of the blood-pressure depends, and strike thereat with his remedy—at the cause rather than at an effect. When Dr. Brunton can give a local habitation and a name to a medicinal action, he seems to be completely happy, and wonders what any one can want to know more about it.

But even the advantages just named are not always to be depended on, as we have seen above, for ignorance may come in, or timidity, or inability to push a drug from effects it produces other than those you wish to obtain.

Dr. Brunton has three or four ruling ideas, three or four favourite theories, which blind his eyes to as many facts, as the theories of the ancients, he so serenely dismisses to limbo, prevented them from seeing. Forgetting that man is a theory-making, theory-using animal, who cannot make any progress without a theory—something to *see* by (*θεωρεῖν*)—be it true or be it false, his account of the past of medicine is necessarily inadequate. His child-and-box explanation, which seems to give him more pleasure now than even in his younger days, and to which he recurs again and again, seems to me as insufficient as it is childish. The patients that the physicians of old had to treat were, at any rate, diseased, and not sound like the box. That they formed wrong theories of disease there is no doubt, but, at any rate, these explained the facts they had to deal with better than any others they could find, and considering the difficulty of demonstrating the falseness of any theory in this region there is no wonder that false theories reigned so long. That they should have attributed properties to medicinal agents which really did not belong to them, is no marvel to those who note the fashions of physic in this nineteenth century, and see the various kinds of "drugging" that go on, and who know the difficulty that often exists in deciding what is *post* merely, and what is likewise *propter*.

Men must have theories. These men of science who

profess to disregard them, and care only for facts, are really deluding themselves. What science teaches us is not to throw away theories, but to keep them in their proper place. To adhere to them so long as they throw light on facts, but not to let them take the place of facts. To let them go when facts clearly point the other way. Fact and theory are distinct things, related to one another, but each having its own place, which the other cannot fill.

I have said that Dr. Brunton has three or four ruling ideas. One of them is an exceedingly materialistic conception of life and its functions. This has already been hinted at, and is apparent from quotations already made. To make my meaning plainer, I will extract a few more passages.

“Why should the law which governs the falling of a stone be better known to science than the laws which govern us in dealing with life and growth, sickness and health? It is in endeavouring to answer this question that we may hope to bring medical science into as advanced a position as other sciences. An ounce of sulphate of magnesia dissolved in half a pint of water will precipitate a solution of baryta, and will give us a definite quantity of the sulphate of baryta. This result we can count on with infallible certainty. Given as a purgative and we cannot be sure of its action, although its power should be as certain and definite in the human frame as in a test-tube. The reason that we cannot be sure of its action as a remedy is because of *differences in the conditions under which it is acting.*” [The italics are mine. It is generally supposed that the two actions are *different in kind.*] “It is our business to find out these conditions, so that, when we meet them again, we may know how to meet them. For there is an invariable relation between cause and effect, as invariable as the relation between an unchecked falling stone and the earth” (p. 53).

“Before therapeutics can become a science the physician must know the action of his drugs, just as the locksmith does that of his keys, and since pharmacology is still so young, it is little wonder that medicine is as yet only an art” (p. 66).

“Hope rises in our breasts when we compare the wild fancies of our predecessors with our own certain knowledge, and we look forward to a bright future for medicine” (p. 158).

"Pharmacology is allying itself to chemistry, and the rigid laws of the latter are beginning to extend to the former. We no longer attribute the power of drugs to an inherent energy, and say, with Molière, that opium causes sleep because it possesses a *vis dormitiva*. We are beginning to look upon sleep as only one link in a chain, the beginning of which is a chemical affinity between opium and certain molecules in the nervous system" (p. 194).

It never seems to strike Dr. Brunton that there is any reason why pharmacology should be a more difficult science than chemistry. Ordinary writers on medical subjects are accustomed to pay some attention to what, in their ignorance, is termed vital force. This is the force that constitutes the difference between a living jelly-fish, and one that is just dead. It is the force that renders it impossible for the gastric juice to digest a living stomach, and the absence of which renders that possible after death. It is that force, in short, that underlies all the phenomena of life. True, it has not been weighed and measured by science, and therefore Dr. Brunton seems to think himself entitled to ignore it altogether. Nevertheless, acknowledged or unacknowledged, there it is, an unmeasured, unknown fact in every case, raising up difficulties without number, and explaining why the sciences of life are in such a backward state compared with those into which this factor does not enter.

It would be really amusing (if one could dismiss from one's mind the sufferings of the unfortunate frogs for the time) to read the methods by which this new evangel of therapeutics is being advanced. They are as clear as syllogisms. The results come out as naturally as the "Q. E. D." of a problem in Euclid. If it were not for the fact that it is not pure but applied logic, and that the region of its application is not so well defined as that of geometry, we should be inclined to accept the results as final and all-sufficient. Dr. Brunton's apparent failure to see this; his conviction that when he has found out *where* drugs act, he *understands their action*; the serious way in which he even now proclaims the good news of the coming era; all appeal

to one's sense of humour—a sense in which he himself appear to be somewhat lacking.

What but a most materialistic conception of life could have suggested to the author such views as those on chorea quoted above? Will Dr. Brunton kindly discover for us where the seat of this disease is? He cannot say it is in the motor nerves, or in the spinal cord; probably he may find it in that undiscovered region of the body where the union between mind and matter takes place. His proposed remedy, “deadening the motor nerves and enfeebling cord,” is not likely to attract many sufferers to him.

It will be seen that his idea of life leaves out of count the question of idiosyncrasy—the different actions of the same medicines on different individuals—and a host of other questions complicating the sciences which treat of living things.

The second ruling idea to which I would direct attention is the notion that medicine is at last on the right track. After a protracted childhood, it has at length come to years of maturity, and, travelling on the path of experiment, it may speedily expect a glorious prime. This has probably been a ruling idea in the minds of the foremost thinkers on medical matters for the last two or three thousand years. Without it they would have lacked a most useful incentive to work. I should be sorry to deprive our author of this incentive. I will merely suggest the possibility of the existence of other and better tracks than that he affects, some known already, others to be discovered in the future, and pass on to the third ruling idea with which it is closely allied.

Dr. Brunton has a profound conviction that there is only one way of advancing therapeutics, and that is by advancing pathology and physiology.

“It is only by knowing as a truth, by patient study and investigation, the exact causes of disease, that we can avoid it. It is only by knowing these causes, the value of the remedies that will affect them, and the conditions of the human frame, under which these remedies can have their full influence, that we can effect a cure” (p. 57).



One is inclined to ask, Was the administration of a drug by Hippocrates or Dioscorides ever followed by the result he desired to obtain? If so, was it by this exact knowledge that is here spoken of? I think not. Physiology and pathology have done much to correct theories of drug action, but the remedies they have suggested may be counted on one's fingers. All we know of disease is the sum of the symptoms, signs, and morbid anatomy the morbid agent produces when it finds entrance into the human body. Just so much can we know of drug action. It is the glory of Hahnemann that he was the first to conceive the systematic studying of drugs in this way on his own body and on others; and to have discovered that there is a fairly constant relation between drug disease, and disease produced in other ways.

Dr. Brunton knows nothing of Hahnemann, but his "vagaries" (p. 31), which he couples with those of Mesmer, deriving the theories of both from Van Helmont. He also takes care to mention that Hahnemann was not the originator of the idea of "*similia similibus*," but Hippocrates, and I suppose imagines that to the father of medicine is due the credit of the working out of the idea as well. The ignorance herein displayed is not creditable to the editor of the leading journal of therapeutics of the old school in the kingdom, and the lecturer on *materia medica* in one of the principal schools. It would be just as creditable to a historian of science to know that Bacon took a bribe, and to be ignorant of the fact that he laid the foundation of modern science; or for a statesman to know that Oliver Cromwell had a wart on his nose, and not to know that he converted the Kingdom of England into a Commonwealth. That Hahnemann had his vagaries, and made mistakes, there is very little doubt, but that he founded the best method of studying pharmacology that is as yet known is a fact in magnitude far overshadowing every other fact about him. It may not be too venturesome to predict that in the course of the next five centuries the name of Hahnemann will have taken its rightful place in the Temple of Fame, equal to the greatest among the great names of medicine, and

that the name of Brunton will have assumed a very humble place therein, if by that time his vagaries and his deeds of worth are not alike forgotten.

A fourth idea that one gathers from the book to be a leading one in the mind of the author, is that drugs have the same action in diseased bodies that they have in healthy ones. After discovering the action of a remedy on the body of a healthy frog, he thinks he ought at once to be able to get the same action, if desired, on a diseased human body. That he does not always succeed is apparent. We have only to refer to the example of the action of *Nitrite of amyl* quickening the pulse in health and slowing it when it is quick in angina pectoris. But facts like these do not disturb his serenity. He is like the ancients. He has his theories, which carry him over them blindfold, merely remarking that the road is a little rough.

Dr Brunton is doing good work, but not so fruitful as he imagines. He is working better in his field than he otherwise would, because his horizon is a narrow one shut in by theories which prevent him from beholding facts that lie crowding around. We take what he gives us with thankfulness, and can well afford to pardon the vagaries into which his theories lead him at times. Dr. Brunton is eminently a man of science, but we cannot concede to him the rank of philosopher.

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## GALL-STONES.

By C. B. KER, M.D.

THE following case I describe as one of gall-stones, and yet the proof positive that biliary calculi caused the symptoms I cannot give. I mean that no such calculi were found in the stools, though often looked for. Perhaps "Hepatic Colic" would have been a better and more correct description of the disease, but that designation would

have indicated only that colic was one of the symptoms, and that the liver was considered to be the offending cause. If gall-stones did not cause the symptoms about to be described it is difficult to say what caused them. I shall, therefore, allow the present heading of this paper to stand.

On February 12th of this year I was sent for by C. M. E—, a man of about thirty-five years of age. He told me that he had been suffering from attacks of severe pain at frequent intervals for about eight months, those intervals being from twenty-four hours to three weeks. He told me, also, that he had suffered about a year ago, when in Canada, from an attack of inflammation of the liver. Since the attacks began he has lost about fifty pounds in weight. He is a spare, bilious-looking man, and depressed in his spirits and hopeless about himself.

The attack commences with a drawing-in sensation at the ensiform cartilage or a little below it. The chief pain is at that spot and three or four inches to the right. It is unbearable while it lasts, and he generally has recourse to narcotics for his relief, administered by the mouth or subcutaneously. He describes the pain as tearing and bursting, and coming on and going off gradually, and culminating in about four or five hours. The whole attack lasts from ten to twelve hours. There is absolute anorexia and much nausea, but rarely vomiting. The tongue is slightly furred only. The urine becomes like porter and the stools like putty during the attacks, but quickly resume their normal colour when they are over. The skin of the whole body becomes jaundiced also, but not for more than a day or two. Flatulence is a prominent and troublesome symptom. The pulse is slow, full, and soft at all times, and is scarcely at all influenced by the attacks. There is no great tenderness in the epigastric or hepatic regions during these attacks, and none at all during the intervals. Nor is there any swelling.

His general health was good till the attack of hepatitis in Canada, but he has never been quite well since, suffering at intervals from symptoms of dyspepsia. During the last six or eight months, while these attacks have been going on,

he has lost, as I have said, fifty pounds in weight. The bowels are habitually costive ; there is slight deafness ; the skin is dry and hard, and itches intolerably after his attacks.

The medicines which appeared to me, after a full examination of his case, to be suitable to the symptoms, were *Podophyllin*, *Terebinthina*, *Sulphur*, and *Nitric acid*, and I decided on commencing the treatment with the last named, *Nitric acid*. I prescribed the third decimal dilution, and asked him to take two drops in a table-spoonful of water three times a day. But, as may be supposed, I did not content myself with prescribing a medicine. In all cases of organic or functional disease of any part of the chylo-poietic system there is little prospect of relief, to say nothing of cure, unless close attention is paid to the diet of the patient ; and, in most cases, a complete revolution in the food regimen is necessary.

I found that he was in the habit of eating and drinking like other people, and that animal food, in the shape of butcher's meat, he partook of largely. I deprived him of butcher's meat absolutely, and of soups and broths, and of all animal food but milk. Cooked fruit was allowed to him, and some vegetables, spinach and onions, for instance, and any article of farinaceous diet, and plenty of oranges. Oranges and finely-strained barley-water were granted to him *ad libitum* to quench his thirst, of which he sometimes had more than enough. Barley-water, I take this opportunity of saying, and especially when flavoured with lemon juice or (when it can be borne) lemon peel, is one of the safest and most grateful drinks that can be taken by the sufferer from chronic disease either of the liver or kidney. It is food as well as drink. The sustenance it conveys may alone support a patient for many weeks ; and it is the most time-honoured of all invalid recipes, Hippocrates himself having frequently prescribed it and given elaborate formulas for its preparation.

I deprived my patient also of all stimulating beverages, even of coffee and tea ; and I asked him to sponge his whole body over daily with water as hot as he could bear. I pre-

scribed also for him the drinking of cold water between meals in such quantity as he could reconcile himself to without incommoding his stomach or exciting repugnance ; and, finally, I advised him to wear a cold-water compress over the pit of the stomach, so as to include a considerable portion of the hepatic region, and to renew it three times in the twenty-four hours.

He was directed to be a great deal in the open air, on horseback if possible, without, however, tiring himself ; to clothe himself warmly but not heavily ; to remove from a street and house where he lived, which he described to me as dark and overshadowed, damp and ill drained ; and to free himself for a time from the worries of business, by which he had been for some time greatly harassed.

The result of following out rigidly these instructions was most satisfactory. In five days my patient gained three pounds in weight ; there had been neither pain nor vomiting, the yellowness and dryness and itching of the skin had disappeared, and he had gained in strength as well as in flesh.

When he called again, nine days later, he had gained still more ground. He had added twelve pounds more to his weight, and his strength had increased in proportion. The appetite, as is so often the case in liver disorders, was rather too good, and the state of the bowels and urine was more normal. He was sleeping well, the stomach digestion was good, and there was no pain nor tenderness anywhere ; there had been no threatening of one of the old attacks. He called himself, indeed, perfectly well.

On April 9th, about two months from the commencement of his treatment, he called to tell me that he had remained wholly free from his attacks ; and, again, he reported himself on June 3rd as being still free from them. The conclusion, therefore, must be come to that the treatment he had been subjected to had succeeded in its object. Such conclusion appears to be obvious and natural. A certain treatment is prescribed and followed in a certain disease with the result that its attacks, which had been in the habit of showing themselves at frequent intervals, some-

times every day, ceased to exist or to recur. We cannot help saying that the treatment has succeeded.

But what was that treatment? It was not a simple but a compound one. There were many elements in it. Did all those elements work the cure or only one or two? Would one agent only have answered the purpose, or was it necessary that there should be several? Several there were, as I have indicated, *Nitric acid*, an exclusive diet, hot-water ablutions, and cold-water compresses, removal from an ill-drained house and locality to one higher and drier, and one besides, which I have neglected to mention in its proper place, the kneading and shampooing at frequent intervals of the hepatic region.

To say that *Nitric acid* was the chief agent of cure, would be saying more than I feel disposed to do. To say that the cure would have been accomplished without it would also, I believe, be too much to assert. Nevertheless, my experience in disorders of the chylo-poietic viscera leads me to say that had that medicine not been supported by the other agents mentioned the result would not have been so satisfactory. Of those other agents, diet must rank as the most important. Had I been reduced to the necessity of selecting one only of the means of treatment I made use of in this case, I should not have selected *Nitric acid* but the exclusive diet. Happily, I was not fettered by any such limitation, and I believe that not one of the agents I prescribed but contributed, in a greater or less degree, to the recovery.

A difference of opinion will probably be entertained by the readers of the facts of this case as I have given them. It will be said, I have no doubt, by many that there is no proof that the case was one of gall-stones. There is certainly no such proof. At the same time the argument of exclusion is sometimes allowed to be a strong one, and in this case it is so. If it was not a case of gall-stones what was it? All the symptoms of that disease were present except the calculi themselves—the pain and the cessation of the pain, the nausea and vomiting, the absence of tenderness, the jaundice, the slow pulse, the complete recovery.

A very careful examination of the stools is necessary to be made before it can be said that no calculi are present in them. This examination I should have made myself, whereas I entrusted it to others who were satisfied that none were passed. But calculi formed of inspissated bile and mucus are probably broken up and dissolved in their passage through the intestines. And those formed of cholesterine and pigment-matter, the composition of the great majority, are sometimes very small—as small as mustard-seeds. When so small, however, they are passed generally in large numbers and cause as much pain as solitary and large ones, but their presence is not very readily detected in the stools, their colour not being very different from that of the stools themselves.

I can find nothing in our literature which throws much light on the pathology or treatment of gall-stones. In a paper contributed to the *Brit. Journ. of Homœopathy*, in 1867, by Dr. O. Buchmann, of Alvensleben, there are reported some cases cured by *Chelidonium majus*. Dr. Drury has recommended *Calcarea carb.* as a remedy for the attack. Dr. Hartmann suggests *Chamomilla* and *Colocynth* as the two best remedies, and, failing these, *Digitalis*. In Baehr's *Science of Therapeutics* the medicines recommended are *Arsenic*, *Veratrum*, *Cocculus*, and *Belladonna*, but especially *Arsenic*. As preventive medicines he gives *Nux vomica* and *Sulphur*, and mineral waters, especially those of Karlsbad, Marienbad, and Kissingen.

The Greek and Roman and Arabian writers knew little, if anything, of this disease. In the Books of Paulus Ægineta there are only two allusions to it. One is to be met with in the first volume (*Translation of the Sydenham Society*), at p. 566, and is to this effect:—"In cases of obstruction of the liver," says Alexander, "when deobstruents are given before the swelling is softened, the juices being over-heated become like stones, and cannot be discussed." The other is not so certain a reference to gall-stones. It is to be found at p. 586 of the same volume. Jaundice is being described, and "Avenzoar says that the ducts are obstructed *aut verruca aut pustula*." But on the

same page Haly Abbas is made to say:—"Some relate that calculi are formed in the liver, cæcum, and colon." These allusions may or may not prove that the disease in question was known to the ancients. If known there is nothing to prove it beyond the passages I have just quoted.

But in 1565 Johann Kentman, of Dresden, was the first to describe gall-stones; and since that date medical literature has a good deal to show upon it. Whether Sydenham knew the disease it is not easy to say. In his chapter on the bilious colic of the years 1670, 1671, and 1672, there is much to lead us to believe that the symptoms described are those of gall-stones, but no mention is made of them.

There is more consensus of opinion on the question of the treatment than on that of the pathology of gall-stones. As to treatment, it is immediate and prophylactic. The indications for the immediate treatment, that for the attack, are the relief of pain and the facilitating the passage of the calculus or calculi along the ducts and into the duodenum.

It is not probable that the pain caused by the passage of a calculus along the ductus communis choledocus can be relieved by any drug that is not a narcotic one. At the same time it is not wise to have recourse to such a drug as soon as the pain becomes severe. Many measures should be first adopted, and many there are that have been recommended. Drinking hot water is one of them. This remedy is especially useful when there are nausea and vomiting as well as pain. It generally stops the vomiting in a short time and, if it does not stop the pain, it lessens it. And the probability of its lessening the pain is all the greater if heat is applied outside as well as inside. This may be done in the shape of hot stupes or hot poultices, frequently renewed. The relaxing effect of this moist external and internal heat may cause the distension of the duct through which the stone is making its way, and its quicker and easier discharge into the intestine. However we may explain it, the fact is that this measure often relieves the attack greatly.

A hot bath sometimes gives great relief, especially if the



patient can remain in it a long time, till he is obliged to leave it, indeed, by faintness. Frequent changes of position are also of service, as are massage and shampooing. Iced water inside and an ice poultice outside have occasionally done more good than the opposite measure just recommended. I am afraid that we have no absolute guide to our choice as to which of these measures is most suitable to the case in hand. We must, therefore, try first one and then the other if the first fails. Warm-water injections are amongst the means had recourse to which are often successful. Venesection and emetics are now scarcely ever made use of. In the Sydenham Society's *Year Book* for 1862, at page 150, we are told that a M. Abeille "found the continuous current of use in one case in promoting the discharge of a gall-stone as large as a pigeon's egg, which had got impacted in the duct, and had occasioned several attacks of hepatic colic."

Some one or other or many of the means to relieve pain just enumerated having been applied, and the pain, nevertheless, becoming more and more unbearable, not an unfrequent occurrence, it becomes a question whether we must not now have recourse to a narcotic. That question ought generally to be answered in the affirmative. If a whiff or two of *Chloroform* suffices to relieve the pain, perhaps that drug is the best for our purpose. The eighth or sixth of a grain of the *Acetate of morphia* will sometimes arrest pain in less than an hour, as will twenty drops of *Laudanum*. A few drops of the mother-tincture of *Belladonna* have been given in the height of a paroxysm, and with equally good effect. But, as I have said, as in a large proportion of cases relief is gained during an attack by safer means than narcotics, those means should be tried in the first place, and not till they have failed to do good should narcotics be prescribed.

But prevention is better than cure. What means have we to dissolve calculi already formed or to prevent their formation? Many means have been recommended for both those purposes with greater or less confidence. The mineral waters of *Karlsbad*, *Vichy*, *Ems*, *Marienbad*, *Eger*,

and Purton, are said to be capable, not only of dissolving calculi, but of preventing their formation. It is certainly the case that sufferers resorting to those waters derive frequently great benefit from them. But, independently of the good they gain by the change of air and scene, and occupation and habit, the explanation of that benefit is probably the flow of bile in larger quantities which drinking the waters causes, a flow, by the way, which drinking largely of cold water is said by many to bring about quite as copiously as any mineral water. The increased flow of bile corrects the disposition to its sluggish flow or stagnation, and so one cause of the formation of calculi is removed. No satisfactory proof has been given of calculi formed having been dissolved by such waters.

*Mercury, alkalies, Chloroform, Turpentine, and Sulphuric ether* are among the remedies for which it is claimed that they dissolve calculi. The last two are the ingredients of Durandé's celebrated nostrum, which for a long time was considered to be almost an infallible remedy, in France especially, where it is still much employed. But it is denied that *Turpentine* is a solvent, and that it has any specific influence upon the disease or its effects, and *Phosphate of soda* is declared to be, by Dr. Thudichum, a more serviceable medicine in every way. It is not claimed, however, for it that it is a solvent. Indeed, the opinion gains ground that no solvent for calculi has yet been found.

But though we cannot dissolve calculi it is not so clear that we may not prevent their formation. The case given above proves that something may be done by treatment to relieve if not to cure. It is not claimed for it that it is a cure. Too short a time has elapsed for that question to be determined. But it is claimed for it that much good was derived by the means employed, and that the good done is still maintained. Whether attacks will return remains to be seen, but in the meantime the nearly constant suffering of eight months has ceased. Something may, therefore, be done by following a strict regimen. This has always been granted, and writers accordingly have, nearly all of them,

laid down strict rules for the observance of sufferers from gall-stones. Some, however, have only insisted on the importance of attention to diet, but said nothing as to what that careful diet should be.

There is a very general agreement on the subject of fats and oils and butter. They are forbidden by nearly all authorities. But butcher's meat, as a rule, is not excluded from the dietary, nor other descriptions of animal food, though some say that the lighter forms only should be taken. Trousseau, for instance, recommends a vegetable diet, but not to the exclusion altogether of animal food. As to alcohol, curiously enough it is not thought necessary to mention it, unless the recommendation of a "cooling diet" refers to its exclusion. Sydenham puts in a claim on behalf of small beer as an allowable article in this disease, if I may be allowed to construe his "bilious colic" as meaning gall-stones. And he gives the following singular prescription:—Let the stomach be "washed out" with milk and beer if indigestion is the cause of the colic! Few in these days would have the courage to prescribe that mixture for a patient suffering from a paroxysm of hepatic colic except for the purpose of emptying an overloaded stomach, but even in such case he would probably come to the conclusion that a safer and more effectual emetic could be used. But Sydenham rarely lets slip an opportunity of prescribing his pet, London small beer, which he says, neither sinks to the weakness of water nor rises to the generosity of wine.

There is a general agreement also with regard to other elements of the prophylaxis as far as food is concerned. Very digestible articles only are recommended, and each authority has his own idea of what digestible food means. But the food chiefly prescribed is fruit, cooked or uncooked, "laxative herbs," well-boiled vegetables, milk, whey, fish, boiled rather than fried, farinaceous articles, poultry, gruel, plenty of liquids, such as cold water, barley-water, rice-water, lemonade, and soda- or other alkaline waters.

It has been suggested that, as gall-stones affect stall-fed cattle in winter, and the disease is got rid of as soon as they

are turned out into the field, grass would be a good remedy for human cattle! There is certainly no reason why this remedy should not be tried; it is in the experience of us all that there are worse things to eat than grass.

It is scarcely necessary to say that all agree as to the importance of exercise on foot and on horseback, and on the following out strictly what are generally recognised to be the rules of hygiene. A course of water treatment is also often recommended, with or without the Turkish bath, or bathing in the sea if it can be borne. Change of locality also, if, as is often the case, the residence of the patient is surrounded by unsanitary conditions. But such general rules are equally to be impressed upon all sufferers from chronic disorders.

There is not very much to be said that is positive or absolute on the pathology of gall-stones, and the opinions expressed upon it are sufficiently conflicting. For instance, some say, and Fletcher is of them, that inflammation is invariably the moving agent in the production of the calculi. The majority of writers, however, assert that inflammation has nothing whatever to do with their production. Their opinion is that from local or constitutional conditions a chemical change takes place in the bile, which, accordingly, coagulates and forms itself into calculi. The change involves the transformation to an acid fluid of what had formerly been an alkaline one. A putrid fermentation takes place, it is said by some, Dr. Goodeve and others, which causes the decomposition of the bile and the formation of gall-stones.

It is maintained by the late Dr. Budd that their formation is owing to mechanical causes, and in something like the way scybala are formed in the colon. That is to say, the bile, obstructed in its onward flow by some cause, stagnates in its ducts or in the gall-bladder; the watery part of the bile is absorbed, and the treacly residuum condenses into small masses which harden into calculi. But even Budd is not satisfied with this mechanical explanation, for in another place he says that the presence of calculi always argues an unnatural state of the bile; not, however, a structural disease of the liver. He mentions its

frequent connection with organic disease elsewhere, however, especially cancer, and this connection Frerichs also notices. The latter authority gives more than one case in which cancer of the head of the pancreas was the evident cause of gall-stones and jaundice. It is a question whether the cancer virus or the mechanical pressure caused by the tumour produced the jaundice and the gall-stones. It is most probable that vital as well as mechanical causes were at work. Fatty degeneration of the liver is sometimes found in connection with this disease, but whether as a cause or a consequence has not been determined. Thudichum's opinion is that the cause of biliary calculi is an acid state of the blood resulting from a process of putrefaction, but the primary link in the chain of causes is, he thinks, a ferment absorbed from the intestinal canal. He believes, too, that obstructed ducts lead to changes in the chemical character of the secretions of those ducts, to vitiated bile, therefore, and to a diseased condition of their epithelial lining, which is thrown off in the shape of casts which serve as nuclei of gall-stones.

Biliary calculi have often been analysed, and their composition is proved to be a very complex one. The chief ingredient is cholesterine, a fatty substance of a pearl-like appearance, and next comes bile pigment. These two are found in nearly all calculi. Frerichs gives a list of other substances that go to their formation—cholepyrrhin, cholechlorin, cholate of lime, biliary acids, calcareous salts, mucus, epithelium, uric acid, metallic oxides, earths, alkaline salts, and fatty acids and soaps.

They are rarely found single. Most frequently they are found in large, sometimes in very large numbers, as many as 3000 having been found in one person. Their size varies greatly, being found as small as a mustard seed and as large as a walnut, or even a hen's egg. Their shape also varies, dependent on the surroundings, but they are generally globular, and their colour is brownish or greenish-yellow. Their specific gravity is nearly that of water. They sink when moist, and float when dry. They have generally a nucleus, the composition and character of which is not

always the same. It is of lime or mucus or cholepyrrhin (the chief colouring matter of bile), or it is sometimes a foreign body, a small gall-stone, for instance, or a globule of mercury or a worm. They are generally saponaceous to the touch, white and shining, lamellar in structure, easily fusible and inflammable, and soluble in hot alcohol, ether, and turpentine ; and they are found wherever bile is found, even deep in the parenchyma of the liver.

It may appear at first sight strange that such small, soft, and soapy masses should, in their passage through the ducts, cause such intolerable pain, pain that often reduces the sufferer to a state bordering on collapse. But it is probable that that pain is as much indirect as direct. An angular, rather hard calculus (for some are harder than others) may cause great mechanical irritation in passing through a narrow duct, the diameter of which is less than its own, and great pain may be caused in consequence. But the involuntary efforts to expel the foreign body may be a source of as much pain as that due to the mechanical cause. But, however the pain may be explained, it is one of the greatest the human body is subject to. It sometimes comes suddenly and sometimes goes off as suddenly. When it continues for a day or two we are forced to suspect that there is impaction of the calculus. This state of things may continue for many months or even longer, and end in the expulsion of the stone. A lady-friend of mine passed one that had resisted every attempt to get rid of it for nearly two years. Her case was considered hopeless. The liver enlarged to such a degree that it filled more than half of the abdomen, and she was reduced to a state of extreme emaciation. It was recommended to her to try a remedy given in an American publication, small, frequently repeated doses of chloroform. On the third day after taking the medicine she passed from the bowel a calculus of about the size of a walnut. That was about three months ago. She is now free from pain and jaundice, gaining flesh and strength, and the liver has shrunk into almost its natural dimensions.

But the termination of such cases is not usually so happy.

After some time, longer or shorter, according to circumstances, the impacted stone excites inflammation and ulceration, and sloughing, and perforation. The result is death or recovery. Death, if the stone is thrown into the cavity of the abdomen, and peritonitis consequently excited. Recovery, if adhesions of adjoining parts allow the stone to pass into the intestines, or out from the abdominal walls.

The rule in the ordinary cases is, after much pain, continuing from two or three to twelve or fourteen hours, passage of the calculus into the duodenum with rapid cessation of the pain, and of the nausea and vomiting which so frequently accompany the attacks. The jaundice too, when it is present, which is not always, yields in a short time, the urine becomes normal in colour again and the stools show bile. The patient continues well till the next attack, for it is rarely the case that he gets off on the terms of one only.

As many cases which must be designated as gall-stones do not show them in the stools, and as the only proof positive of the existence of that disease is a gall-stone, it will naturally be asked what the symptoms are which, in the absence of a calculus, give us a right, in Trousseau's opinion, to diagnose the disease to be one of gall-stones. They may be said to be these: acute pain, frequently accompanied by rigors, coming suddenly on in the epigastrium and in the region of the gall-bladder, and radiating sometimes to all parts of the trunk; no tenderness on pressure, on the contrary, relief from pressure; no fever, nausea, vomiting, generally of glairy acid matter, slow pulse, and, after an interval of varying duration, rapid cessation of the pain. The case is all the more clear if, besides these symptoms, there are jaundiced skin, bile in the urine and none in the stools.

There are several reasons why gall-stones are not more frequently seen in the stools in cases of this disease. In the first place, when they are looked for, which is not always, it is not very elaborately. Few can get over the natural repugnance to undertake such an examination. A very thorough sifting of the fæces by means of water and a

sieve is necessary if we wish to make sure of the presence or absence of a calculus. But calculi of inspissated bile and those of very soft consistence may be dissolved by the intestinal secretions, as many writers allow, and accordingly never reach the anus at all. And again, biliary gravel may escape detection if of the same colour as the fæces, the size of each particle being scarcely, in some cases, larger than those of sand.

The prognosis, when the patient is not old nor affected with organic disease of the liver, or stomach, or pancreas, may be said, in the majority of cases, to be favourable. But it is necessary to make a thorough examination of a case before pronouncing that nothing but a favourable issue need be anticipated.



## REVIEWS.

*Una deliberazione del Consiglio Superiore della Pubblica Istruzione del Regno d'Italia della Medicina Omeopatica nelle Università dello Stato al Tribunale della Pubblica Opinione.* Memoria Del Dott. Comm. G. E. MENGOZZI, Professore onorario nella Reale Università de Roma. Roma : Astero e Comp. 1879.

THE author being convinced of the advantages of homœopathy and of the futility of allopathy, addressed a petition to the Minister of Public Instruction, praying that he might be allowed to give free instruction in homœopathy in the Royal University of Rome.

The minister, to Dr. Mengozzi's great disgust, referred his petition to the Superior Council of Public Instruction, whose members, as our author observes, knowing nothing about homœopathy, were an incompetent tribunal. The Council refused the request of the petition on the ground that "homœopathy is the negation of all the positive sciences."

This insolent rejection of his prayer by an "incompetent tribunal" was naturally displeasing to Dr. Mengozzi, whose estimation of homœopathy was very decidedly different from that of the Council. Dr. Mengozzi, who, as he tells us, had "deserted the standard of allopathy, after long meditations and great love for suffering humanity, in order to fight under the banner of homœopathy," being concerned at the deplorable ignorance of Minister and Council with respect to Hahnemann's doctrines, sent them one of his works, published in 1873, in order to enlighten them on the superexcellence of homœopathy and the irrationality of allopathy.

Having done this he tranquilly awaited the result, which he imagined could not fail to be advantageous to humanity and science, in America, where he was engaged in studying yellow fever in order to discover a prophylactic for it.

Of course, the result did not answer his expectations, and he was forced to put up with the verdict of the Superior Council, viz., that "homœopathy is the negation of the positive sciences."

On this he resolved to appeal from the judgment of the Superior Council to that of the public, hence this book.

He begins by claiming for Italian philosophy and science a character as high as, if not higher than, that of those of other countries, and he rates his countrymen for preferring the science and philosophy of France or of Germany to their own, and for adopting eagerly the bad points of these and rejecting the good ones.

Dr. Mengozzi gives a sketch of the history of homœopathy in Italy—at least, he gives a number of facts associated with homœopathy in his own country, some of which may be new to our readers. Ferdinand I, of Naples, he tells us, was a patron of homœopathy. The Allopathic Royal Academy of Medicine of Naples hastened to offer to scientists "an exposition of the *Materia Medica* and *Organon* of Hahnemann," whatever that may mean, "which greatly contributed to the spread of homœopathy." Francis I did still more for homœopathy in 1828 and 1829. He ordered it to be introduced into the Military Hospital of the Trinity. Ferdinand II did more for homœopathy than his two predecessors. On the occasion of cholera in Sicily he caused instruction in relation to its homœopathic treatment to be circulated. He likewise gave permission for the foundation of a dispensary and academy of homœopathy in Palermo. The Duke of Lucca called to his court the homœopathic physicians, Drs. Necker and Schmidt. King Charles Albert, in 1839, issued a decree for the foundation of a homœopathic dispensary at Turin. "The great soldier of our country's battles, Victor Emanuel II, King of Italy, laid the undisplaceable corner stone of the Royal Homœopathic Establishment or Institute in Naples." An im-

posing ceremony, with music and firing of cannons, silver gilt trowels, and attendant freemasons with their embroidered aprons and mystic sigus and wonders; addresses from civic dignitaries and gracious royal answers, with probably a gala representation at the opera and a general illumination, flitted through our mind when we read the words, but, alas! like much of Dr. Mengozzi's writing, it is, we fear, only to be taken in a figurative sense, for we find that the "Establishment or Institute"—it is curious that Dr. Mengozzi should not be quite sure of the name, though he says he was the president—had its corner stone laid by a decree issued from Turin, and that since then the edifice with an uncertain name and an undisplaceable corner stone has been removed from Naples to Rome. A copy of the decree is added, whereby it appears that the "laying of the undisplaceable corner stone" means that the royal permission was given to the National Homœopathic Society to adorn the sign-board (*insegna*) of its own homœopathic establishment (*del proprio stabilimento omeopatico*) with the royal arms. When Humbert succeeded his father he graciously continued the royal protection to the institute.

Nor was homœopathy in Italy without the protection of infallibility. Popes Leo XII and Pius VIII were always favourable to homœopathy. Gregory XVI permitted Dr. Wahle to settle in Rome, and decorated Dr. Centamori for his services in curing intermittents with *Nux vomica*. Pius IX, by his Council of Ministers, reproved the Medical College of Rome for their refusal to tax the accounts of practitioners using homœopathic medicines. Of course we don't know what advantages there are in having our accounts taxed (in this country when applied to lawyers' bills we know that it generally means cutting them down often to a very small figure), but Dr. Mengozzi seems to think that it was something grand for homœopathy, for he says: "Pius IX thus broke the arms with which the allopaths imagined they were going to destroy the greatest of scientific discoveries," viz. the therapeutic law *sim. sim. cur.*

The Academy and Dispensary at Palermo were pushed on by the enthusiastic and erratic Dr. Mure; indeed, in his

book Mure says they were established by himself. After Mure's departure to convert a misbelieving world, Morello took his place. One of his dicta was, "without homœopathy there is no salvation." We don't know so much about Morello as we do about Mure, who was really an extraordinary person, but Dr. Mengozzi tells us he was "illustrious," "of sovereign intelligence," "the most worthy commentator of Hahnemann," "a lofty reasserter of the discoveries of Italian philosophy," and so on. But we cannot help observing that throughout his book Dr. Mengozzi never mentions the name of any one who was favourable to homœopathy without coupling it with epithets indicative of the most sublime qualities of mind and heart, whereas the opponents of homœopathy are just exactly the opposite.

"The magnanimous and sapient Duke of Lucca" wished Dr. Altomy (is this our old friend Attomyr translated into Italian?), who was persecuted by the Faculty of Medicine of Vienna, to enter his service, although he had already Necker and Schmidt at his court. Homœopathy prospered in Tuscany under the intelligent protection of the Duke thereof.

In 1847 "the illustrious Morello," indignant at the refusal of the Medical Congress at Milan to allow a discussion about homœopathy and allopathy, and still more at their offer of a prize for the best memoir on the merits and objects of homœopathy, watched his opportunity, and when a certain Dr. Lanciano, who seems to have been the only candidate for the prize, published a *Critical Examination of the Homœopathic System*, Morello was down on him, and demonstrated that the author was ignorant, not only of homœopathy, but of allopathy too. This withering criticism of their champion caused the members of the Congress to blush with shame at having chosen Lanciano as the recipient of their prize. Morello also wrote a great work, *The Philosophical History of Medicine in Italy*, which Dr. Mengozzi says was pronounced by "Puccinotti the glory of allopathy," himself the author of a history of medicine, to be unique, and as filling up a lacuna in medical literature, but the only quotation of the glorious Puccinotti he gives

hardly amounts to that. It runs: "Nature does not limit herself solely to the law of contraries in the cure of diseases, but sometimes she follows the law of similars."

Another hero of the Palermo Academy is Dr. Tripi, who published a *Course of Homœopathic Studies*, which is much praised by Dr. Mengozzi. Dr. Cataldo Cavallaro, another of the Palermo school, is known to us by his *Corso teorico pratico*, reviewed by us last autumn; our estimate of its value differs considerably from that of Dr. Mengozzi.

A work was published against homœopathy by a Milanese doctor, whom Mengozzi, in his ever superlative style, calls "il miserabilissimo Raiberti," but his mode of treating the subject was sternly rebuked by "il grandissimo medico Rocco Ruco" in a work entitled *L'Esprit de la Médecine ancienne et nouvelle, comparées*, which was saluted by all Europe as "dottissima."

In Romagna a homœopathic journal was established, of which Dr. Placci was the "distintissimo" editor. We are not told the name of this journal, but those of the *Rivista Omiopatica* (why do some Italians write *omeopatica* and others *omiopatica*?), published at Rome by Dr. Pompili, and the *Clinica Omiopatica* at Padua by Dr. Cogo, which are known to us, are given, and another not known to us, entitled *Annale di Medecina Omeopatica per la Sicilia*; the Neapolitan homœopathic journal, *Il Dinamico*, is not mentioned by him. In the Sicilian periodical Dr. Morello discourses theoretically in such a way that allopathy is not only killed but buried—"trova la sua tomba"—and his practical essays keep the flame of Hahnemann's doctrine burning "vivissimo."

In Piedmont (what part not stated) homœopathy found an asylum in the Hospital of Providence (it is to be hoped not as a patient), and in Nice it obtained great renown by the happy cures it made. Genoa has an institute (of what kind not stated) directed by the "esimio medico," Dr. P. Gatti. In Turin a hospital, founded by Father Cottolengo, was placed under the homœopathic system, and another was opened at the expense of the Marchesa di Barolo, for the purpose of curing cases pronounced incurable by allopathy.

In Rome Ladenci published a work on pathology and therapeutics, and Salaghi one entitled *Patologia Nuova*. Dr. Mengozzi himself published a book entitled *Philosophical Introduction to the Study of Medicine*, for which the University of Naples sent him a decree of "benemerito delle scienze mediche."

This is nearly all the information respecting the history of homœopathy in Italy we can elicit from Dr. Mengozzi's work. He gives a brief account of the state of homœopathy in Europe, from which we learn the following respecting our own country. "Two public courses of Homœopathy in the London Homœopathic Hospital, Professors Dr. Dudgeon and Dr. Hughes." "Directing Committee of the Faculty of Homœopathic Medicine of London." "Society of Homœopathic Publications of London." "London Homœopathic Hospital." "Homœopathic Veterinary Clinic of the British Cavalry." "Hahnemann Convalescent Hospital, London." "Public Homœopathic Dispensary at Liverpool." "Homœopathic Hospital at Edinburgh." "Hahnemannian Society of Worcester." Of homœopathic publications he mentions the *Monthly Homœopathic Review*, directed by Drs. Pope, Dyce, Brocén, and the *Homœopathic World*, directed by Dr. Shuldham; but, alas! makes no allusion to our venerable selves. It is to be hoped that Dr. Mengozzi's information respecting homœopathy in Italy and other countries is somewhat more correct than his knowledge of homœopathy in Britain.

The second chapter contains extracts from the writings of celebrated old-school doctors unfavourable to allopathy and favourable to homœopathy, many of which have been often quoted, but some of which are new to us.

The third chapter is "On positive Sciences in General," in which he tries to show that homœopathy is a positive science, and not, as the Superior Council of Education declared, the negation of all the positive sciences, and, moreover, that it is in accord with them all.

The fourth chapter is "Logic in relation to Homœopathy," in which he endeavours to prove the law of similars to be a fundamental law of nature and of all the sciences,

and that the law of contraries is error baptized by law—that it is, in fact, the negation of logic. The next chapters, on speculative philosophy in relation to homœopathy, physiology in relation to homœopathy, the physio-chemical sciences in relation to homœopathy, mathematics in relation to homœopathy, contain a great many quotations from writers on all the subjects which the author's ingenuity enables him to turn to the support of his view, that the homœopathic principle pervades all the sciences. We have seen this sort of thing attempted more or less successfully before, and, indeed, the first impulse was given to searching after more or less far-fetched analogies in other departments of science by Hahnemann himself; but we think it is rather remarkable for its ingenuity than its utility, though doubtless other minds might be more impressed with it than we are.

In the ninth chapter he tells us that the University of Naples, having been applied to to establish a Chair of Homœopathy, gave this answer:—"The University of Naples is not a fit place for giving instruction in homœopathy, because rational medicine, which is taught there on the basis of the natural sciences, excludes allopathy and homœopathy and every other absolute system." This was not unlike the answer given by Dr. Sharpey to the question if the University of London would recognise lectures on homœopathy. "Certainly not," was the answer, "neither would it recognise lectures on allopathy or any other exclusive system."

We now come to the occasion—the exciting cause, as it were—of Dr. Mengozzi's work. We find it, we think, in a note at the end, which tells us that the medical section of the National Academy, the Italian School (of which Dr. Mengozzi is President and Founder), in view of the declaration of the Superior Council of Education, that *Homœopathy is the negation of all the positive sciences*, propose to award a gold medal to the author of the best treatise on the following subject:

"To determine which of the dominant medical doctrines constitutes the science of medicine relatively to its object; which of them reveals the relation betwixt the disease and medicine in order that we may effect a cure by human

means; which possesses the fundamental law of medicine, and consequently, which has followed the straight road to a logical reconstruction of medicine; in other words, which possesses the type of science? which has discovered the reasons and the fundamental laws of *Materia Medica* and Therapeutics? allopathy or homœopathy—which of the two is true?”

The prize to be awarded to the most meritorious work by the Allopathic Medical Faculty of Berlin, and the Homœopathic Medical Faculty of London.

The work before us is the competing essay for the prize of the gold medal offered by Dr. Mengozzi's Italian School, the competitor being the President and Founder of the school, and the judges being the Medical Faculty of Berlin, which would certainly turn up its allopathic nose at the whole affair, and the phantom Homœopathic Medical Faculty of London. Would it not have been more in conformity with the usual practice of rational beings and men of the world if Dr. Mengozzi had first of all ascertained whether it was the right thing for the president and founder of a so-called school to compete for a prize offered by his school, and, that settled, to have inquired if the Medical Faculty of Berlin would accept the position of judge offered it, and, that arranged, to have asked some English friend if there was such a thing as a Homœopathic Medical Faculty in London?

The matter of Dr. Mengozzi's book is not all bad—many parts of it are really good and interesting, but the manner of it, with respect both to its apparent *raison d'être* and the very “high falutin” style in which it is mostly written, appears to us altogether objectionable.

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*Pathogenetic Outlines of Homœopathic Drugs.* By Dr. CARL HEINIGKE, of Leipzig. Translated by Dr. EMIL TIETZE, of Philadelphia. Boericke and Tafel. 1880.

WE have already seen the German work of which this is a translation, but intend to delay our review of it



until it is completed by the promised Repertory that is to be compiled by Dr. Pahlmann. We think that Dr. Tietze might have waited to incorporate the Repertory with his translation, which is imperfect without it. The translation is very well done.

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*Hay Fever : its causes, treatment, and effective prevention.*

By CHARLES HARRISON BLACKLEY, M.D., 2nd Edit.  
London : Baillière, Tindall, and Cox, 1880.

DR. BLACKLEY'S book is acknowledged by the general consensus of the profession to be the standard work on Hay Fever. The value of this new edition has been much increased by two additional chapters, one on the quantity of pollen necessary to produce hay fever, an exceedingly interesting inquiry, conducted with admirable patience and skill. The conclusion from it is that  $\frac{1}{40000}$ th of a grain of pollen, inhaled each twenty-four hours, suffices to bring on a mild attack, and a severe attack may be caused by  $\frac{1}{4000}$ th of a grain.

The chapter on the prophylaxis and treatment of hay fever will be the most interesting to sufferers. The main idea in the prophylaxis is to prevent the entrance of pollen particles into the nostrils or eyes, and Dr. Blackley has constructed some instruments that seem to perform this very effectually. In addition to this he mentions several precautions those liable to hay fever should adopt, which he, a sufferer himself, has found of value. He also mentions several remedies for the hay fever and asthma when they are present. We must refer our readers to the work itself for very valuable information on this point.

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*Licensed Feticide.* By N. F. COOKE, M.D., LL.D., of  
Chicago. Detroit, 1880.

THIS is a vigorous protest against the production of abortion, which would seem to be called for if, as the

author alleges, "one half of the annual increase of humanity in our glorious republic" is destroyed artificially before its birth. The author pronounces foeticide to be murder. The laws of the United States make it criminal, but if it be true that it is impossible to get a jury in America to convict for the offence, there seems but little prospect of putting a stop to the practice. Probably the awful consequences of abortion to the fair sex the author describes may act as a more powerful deterrent than the fear of a criminal prosecution or the denunciations of moralists. If ladies are well assured that it will make them "wan, weird, weazen, and scrawny," they will hesitate about having recourse to getting rid prematurely of their offspring, unless they should think that there are evils attending gestation and getting *viable* children greater than their own *wanness, weirdness, weazenness, and scrawniness*. It is curious, if true, that foeticide should be so much more common in America, where there is plenty of room for almost any increase of the population, than in this over-populated country.

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*Boston University Year Book, 1879.*

WE have received from Professor Talbot, Dean of the Medical Department of this University (which, as our readers know, is officered by homœopathists), a copy of its Year Book for 1879. It is introduced by an essay from the pen of the President, William J. Warren, S.T.D., LL.D., entitled "Hopeful Symptoms in Medical Education," which has our warm concurrence; and which will, we hope, be widely circulated throughout the States. All the existing schools and colleges of the University seem to be in active and successful working; but our chief interest is of course in the School of Medicine, whose progress we have noted from time to time in this Journal. We find it counting a list of 127 students, male and female, in attendance on the classes of the last *Annus Medicus*, and a

large and strong faculty of teachers. The homœopathic proclivities of the latter are not disguised, but they are not obtruded. We should only know of them, were we otherwise ignorant, by the list of text-books recommended to the students (among which, by the way, we note with some surprise "Hahnemann's Acute and Chronic Diseases"—we suppose Hartmann's books are meant); and by the programme of the lectures on materia medica delivered by Dr. Heber Smith. These comprise, we are told, "the toxicological, pathogenetic, and therapeutic relationship of drugs; the application of homœopathic provings; the past and present uses of drugs by other than homœopathic practitioners." The last clause bears, it is evident, upon one of the questions raised with reference to our own School.

The Boston University, and especially its School of Medicine, has our best wishes; and long may the latter retain the services of Professor Talbot as its guiding head and inspiring soul.

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## OUR FOREIGN CONTEMPORARIES.

AMERICA.—In our January number we commenced the task of bringing down our survey of the homœopathic journals of America to the end of 1879. We were only able at that time to deal with the *North American*: the remainder now await our notice.

*Hahnemannian Monthly.* Jan.—Dec., 1879.—When we last dealt with this journal (April, 1879) we mentioned that, after a suspension of its existence for the six months ranging from July to December, 1878, it had begun with 1879 a new life under the editorship of Dr. W. H. Winslow, of Pittsburg. This physician, though a comparatively new convert to homœopathy, has conducted his journal like a veteran; and in his hands it has been even a better expositor of our system than it was before. From the

twelve numbers before us we gather a few gleanings for our readers.

Jan.—Dr. J. P. Dake gives here (p. 3) the following valuable definition of the sphere of the law of similars:—“Human affections similar to those producible by medicines and other agencies, existing in organisms having the integrity of tissue and reactive power necessary for recovery, the efficient causes of the affections having ceased to operate.” Dr. Farrington relates (p. 8) a case of suppressed lochia accompanied by agonising headache, with a sense as though the face was being drawn towards the root of the nose, and then *backwards towards the occiput as if by a string*. The italicised symptom being found\* in the pathogenesis of *Paris quadrifolia*, this remedy was administered in the 30th dilution. After the first dose the discharge returned, and after the third (four hours later) the headache ceased. The reporter of the proceedings of the Paris Congress of 1878 gives the following curious rendering of “the four words of our eminent co-labourer and friend, Imbert Goubeyre: ‘*similiter, elective, omni dosæ.*’” The preliminary examination of medical students in America is verily needed. A case of bee-stinging is quoted from the *Wiener Medicinische Presse* which is worth reproducing:—

“A servant girl, æt. 25, suddenly fell ill without any known cause, with the following symptoms: face puffed up, cyanotic; respiration slow, heavy; œdema of the lungs developing; general sensation diminished; pulse small, frequent; extremities cool. The whole right arm was swollen; axillary and cervical glands were enlarged. The offer of water, which was much desired, caused convulsions, with an expression of fear in the face, as in hydrophobia. In the same way convulsions set in as the physician accidentally touched the index finger of the patient's right hand. In this finger a bee-sting was found embedded, and surrounded by a reddish circle. Upon its removal the convulsions ceased, and the dread of water disappeared. The patient fully recovered, and was able to work the next day, though still quite

\* So Dr. Farrington says; but we read it thus, “it seemed as though a thread were tightly drawn through the eye to the middle of the head.”

feeble. She stated that immediately after feeling the sting, and crushing the bee between her fingers, the symptoms came on."

March.—Dr. W. J. Martin relates a case in which that obscure and ominous symptom, pain in the stomach following diphtheria, disappeared rapidly under *Bryonia* 30. Dr. Seip recommends very highly the use of powdered bicarbonate of soda in frost-bite. He sprinkles it directly upon the part, and covers with cotton or a bandage. The pain is immediately relieved, and improvement follows rapidly. Similar treatment has lately been advocated as specific in burns and scalds.\*

May.—Dr. Fletcher relates another case in which *Pulsatilla* has seemed to induce spontaneous version in false presentation. Here it is:—

"On February 12th, 1879, I was called to an obstetrical case. Patient was of a sanguine temperament, æt. 35, and this was the seventh time she had become a mother. On my arrival, I found the patient in the first stage of labour. She had been partaking freely of black-pepper tea, and she was bordering on the convulsive state; two doses of *Ver. vir.* 1x relieved her, and on examination I found the child lying transversely in the uterus (first position, shoulder presentation). There had been no movements of the child (fœtus) perceptible to the mother. As soon as possible I administered a dose of *Pulsatilla* 12x, and in fifteen minutes the fœtus commenced to change position, and in thirty minutes from time of first dose of *Puls.*, it was presenting in first position of the vertex. Did *Puls.* 12x, two doses, effect this, or was it a coincidence?"

August.—A paper by Dr. Campbell, of St. Louis, entitled "Hints to Provers regarding the Eye and Ear," is one of the many signs which make us hopeful of having a scientific *Materia Medica* one day. His strictures on the superficial and confused character of most of the ocular and aural symptomatology we possess are very just, and his suggestions for better observations are full of wisdom. Will he not make some himself? Dr. Mohr recalls atten-

\* See *United States Med. Investigator*, Feb. 15th, 1879, p. 150.

tion to the old doctrine of the incompatibility of certain medicines, not of course in combination, but in succession. He relates some cases which he thinks illustrative of such antagonisms, but to our mind they only present the oscillations common to all chronic affections.

September.—*Iodide of sulphur* is a remedy about which we know very little; and we are, therefore, grateful for a communication of some experience with it made by Dr. Bradford, of Philadelphia, to this number. He finds it very useful in chronic catarrh of the bladder, with prostatic involvement. "The symptoms calling for its use," he writes, "are pains in the prostate gland, constant insufficient urination, feeling of weakness in bladder, incontinence, mucous deposit in urine. I have used it for a year, and have yet to see a case having the above symptoms that it has not relieved." "I think," he also says, "*Sulph. iod.* to be adapted to impending stricture after gonorrhœa, especially when chordee is present. My first use of it was in such a case, with chordee, very painful urination, twisted stream, yellow discharge. I had tried all the remedies I knew of without success, and was led to give the *Iodide of sulphur*, which promptly cured the whole trouble, stricture and all." He gives the 3x trituration.

There is in this number a short proving of the *Hypophosphite of lime*, and in that for November a similar one of the *Arsenate of soda*.

Besides these gleanings, we find in the *Hahnemannian* a number of papers on the two subjects which have lately been exercising the homœopathic world in America,—the examination of triturations under the microscope, and the testing of high potencies. Both these subjects, however, demand a paper to themselves; and this we hope shortly to give them.

*New England Medical Gazette.* Nov., 1878—Dec., 1879.—The last two numbers of this journal for 1878 present nothing calling for notice; but in January, 1879, we find it beginning a new series, under a new editorship—that of Dr. Herbert C. Clapp, whose excellent *Handbook of Auscultation and Percussion* we lately noticed in these

pages. It is somewhat reduced in size, but has certainly not deteriorated in quality, as a glance through its twelve numbers for last year will show. We will go through them as we have done with the *Hahnemannian*.

Feb.—Dr. Cate, of Salem, states that he has found a gargle made of one drachm of *Cubeba* tincture to two thirds of a tumbler of cold water an excellent dissolvent of the diphtheritic membrane.

March.—Dr. M. V. B. Morse reports several cases in which threatened miscarriage has been arrested by *Viburnum prunifolium*, in the 1x dilution. Dr. L. A. Phillips gives an account of an epidemic of diphtheria occurring in a children's home. Ten of the forty-seven cases were croupous. The first three died, under the ordinary remedies, including *Kali bichromicum* 3x. When, however, the latter drug was used in as strong a solution as could be taken without causing vomiting, it proved so effectual that the remaining seven cases all recovered.

April.—Dr. Irving S. Hall relates some cases which show that *Morphia*, in the homœopathic attenuations, has great power in checking vomiting, as we know it has in causing it.

June.—In our number of April, 1876, we quoted from a report of Dr. Heber Smith's what seemed to be a case of poisoning from the bite of the tarantula. This gentleman now comes forward to state that the view he took of the case was erroneous; that the spider had come by mail, and decomposition had undoubtedly commenced in it at the time the virus was introduced into the system; so that the symptoms were such as might come from dissecting wound or similar animal poisoning, and cannot be relied upon as effects of the tarantula.

September.—This number has a communication from Dr. Claude, of Paris, relating a rapid cure of a trigeminal neuralgia by an unusual remedy, *Cantharis* (3rd dil.). The symptoms were, sudden access and subsidence of the attacks of pain, which lasted about half an hour at a time, contraction and twitchings of the muscles on the affected side (the right), and great dilatation of the pupils during

the paroxysms. The pain was compared to that of a red-hot iron being thrust in.

The October issue contains a letter from another distant quarter, viz. Adapazar, in Asia Minor, where a Dr. Kavalgian is upholding the good cause of homœopathy.

The December number gives us, from the pen of Dr. A. H. Tompkins, two more cases of membranous dysmenorrhœa cured by *Borax*. Five-grain doses of the crude drug were given in one, and the same proportions of the 2nd decimal trituration in the other.

The *New England Gazette* continues, as is fit, to report fully the doings of the Boston University and of the Massachusetts Homœopathic Society, both of which institutions seem to be active and flourishing.

*American Observer*. Jan.—Dec., 1879.—Since the beginning of last year this journal has reached us much more regularly than heretofore, and the number for July is the only missing one. We should prefer, however, to have even its place filled.

February.—Dr. Hiller, of San Francisco, whom we were pleased to see over here last spring, reports in this number a case of ozæna (so he calls it, but it seems to have been nothing but chronic nasal catarrh) of eighteen months' standing, cured in nine days by *Glanderine* 6. He had previously given *Merc. biniod.* and *Aurum* without much effect.

March.—A case of paralysis of the oculo-motorius of syphilitic origin, apparently cured by *Mercurius iodatus* 30, after the failure of substantial doses of *Iodide of potassium*, is reported here by Dr. George Norton.

April.—Dr. E. C. Price strongly recommends a glycerole of *Arnica*, one part to eight, as an application to sore nipples. It should be used as soon as the nipples begin to feel tender.

August.—Dr. Norton again appears in this number with a case of hæmorrhage between the retina and choroid, in which *Lachesis* 30 seemed to hasten the absorption of the blood, and *Gelsemium* 30 to favour the reattachment of the retina.



December.—Affections of the diaphragm are so rarely diagnosed and treated that we are glad to extract the following, especially as it confirms the remarkable experience of Dr. Madden in his own case reported in vol. xxv of our own journal.

*Cimicifuga in Myalgia of the Diaphragm.*

By CLARK DE MUTH, M.D., Plymouth, Mich.

CASE 1.—Mr. B. S. W., æt. 26, student. Has for years been troubled with a pain which is most severe just back of the ensiform cartilage. From this point it extends to either side and sometimes to back. Pain is always in the same places—which I found to be the attachments of the diaphragm. The pain, usually dull and continuous, when aggravated by deep inspirations or violent exercise, would be severe, aching, and when he did not get his meals at the accustomed hour it would be very severe, making him extremely irritable; eating always relieved him.

He had been treated by an allopath for "neuralgia of the stomach," and by an homœopath for "dyspepsia." The only relief he got was temporary palliation.

I diagnosed myalgia of the diaphragm, and, relying on the testimony of Profs. Hughes and Jones of the efficacy of *Cimicifuga* in such cases, gave *Cimicifuga*  $\theta$  3 gtt. four times per diem.

He took it for a week and was free from all pains. In two weeks he felt some symptoms of it which were quickly dispelled by a few doses. When I last saw him there had been no return of the complaint.

CASE 2.—Miss. R. S., æt. about 23, seamstress. Had a headache for several weeks, usually commencing in morning and lasting all day; would sometimes wake with it. Usually commenced in back of head or neck, passing over head to forehead; throbbing in vertex; very weak and easily prostrated by exertion; in the afternoon she would have some fever, when the languor and prostration would be more marked. Gave her *Gels.* 3x, 2 gtt. three times per diem. In ten days she returned no better, but for the first two or three days after commencing to take the medicine she had felt somewhat relieved, and thought if I would give her larger doses the medicine would help her.

Concluding I had overlooked something in my former examination, a more minute investigation was instituted, when the fact

was disclosed that she had been under allopathic treatment for more than a year, but, unlike most persons who have been under treatment for any length of time, she was so reticent in regard to her troubles that it was only by the most persistent questioning that I learned the history of her case. "Scientific" diagnosis had located the trouble in liver and spleen, for which she had received "regular" treatment at the hands of four allopaths without receiving any benefit. Having learned by experience that a "scientific diagnosis" was as likely to be wrong as any other I insisted on a thorough examination, which resulted in locating the trouble almost exclusively in the diaphragm. The pain was present almost all the time, usually dull aching; at times sharp, shooting, or cramp-like pains, aggravated by deep inspiration, coughing and when lying down. Her sleep was disturbed by horrible dreams of burglars, &c. The feverish condition was attributed to a possible slight diaphragmitis. Remembering my former good result from the use of *Cim.*, and the headache somewhat resembling the effect of that drug, I prescribed

R. *Cimicifuga*, ʒj;  
 Alcohol, ʒj;  
 M. Three gtt. every four hours.

In a week she returned free from all her troubles and consequently very happy. There has been no return of the disease.

CASE 3.—Miss A. B., æt. about 20, had been under allopathic treatment for "a stomach difficulty of a nervous character" for more than a month. Being advised by Case 2 she came to me. On getting the exact location of the pain I found it plainly outlined the diaphragm. She described the pain as "a terrible dull aching." On deep inspiration, sharp stitches, and sometimes the sharp pains would occur from no apparent aggravating cause. She was restless at night, starting up in her sleep. For several days previous to calling on me she had almost continuous palpitation of the heart and headache, with throbbing in the vertex. Prescribed *Cim.*, same as in Case 2. In a week she reported that "the medicine relieved her immediately, and after the third day she had been free from every symptom of the difficulty." She has remained free from it ever since, now more than three months.

In two of these cases the dull pain was most marked in the

muscular attachments of the central leaflet of the diaphragm, and the trouble was supposed to be in the stomach. In the second case it was most marked in the attachments of the lateral leaflets, when the mistake was made of locating the difficulty in liver and spleen. In some cases the pain is most severe in the fleshy bellies of the crura, when it is likely to be mistaken for kidney trouble.

The sharp pains generally follow the direction of the muscular fibres toward the central tendon, while the cramp-like pains appear to be in the vicinity of the central tendon, the dull pain being confined mostly to the attachments of the diaphragm. Whether the treatment of these cases would be termed "*homœopathic treatment, pure and simple,*" by "the mighty men of the east," or not, I do not know. But I do know that it was decidedly efficacious.

In the same number Dr. E. C. Price reports a case of uterine fibroid, "apparently more than an inch in diameter," which disappeared under the use of *Bufo* 33x.

We would also call attention to the three cases of excision of the rectum related by Dr. Helmuth in the numbers for March, May, and June; to the lectures on *Cantharis*, by Dr. S. A. Jones, in those for June, September, and October; and to the excellent reports of the progress of surgery, from Dr. Bushrod James, which adorn every number. Dr. Hart's treatise on the Practice of Medicine is continued throughout, but as we suppose we shall have the opportunity of noticing it in a separate form, we pass it by for the present.

*Homœopathic Times.* Dec., 1878—Dec., 1879.—This journal continues to be as instructive in matter and as unpleasing in form as ever, or rather it has even excelled itself in the latter respect by adopting a smaller type. Its "Annual Retrospect of Homœopathic Literature," which appears as an appendix to each number, is, with its copious index, a positive boon, and should make all homœopaths subscribers to the *Times*. May we, as among those who value it, mention that the numbers for May, 1879, and for February, 1880, have failed to reach us?

January.—The following bit of practical experience

seems worth extracting. It is from the pen of Dr. H. C. Guernsey. "In a practice of thirty-five years, during which I have treated fully 4000 cases of childbed sickness, I have, *truthfully and honestly*, never lost a case by uterine hæmorrhage, and I have *never* used an adjuvant of any sort or kind. I have been repeatedly called in consultation with other physicians in these cases, and have always seen a happy issue. Also, I have succeeded allopathic physicians when, by their manner, if not by their words, they have shown the interested parties that they had no hope of saving life—and *these* cases I have *invariably* saved. I have found women almost insensible, pulseless, and bathed in a cold clammy perspiration; "she is flooding to death," the attendants would say. Calling at once for a tumbler of water and a teaspoon, I drop a few little pellets of *China* between the lips of the dying patient, and a few more into the tumbler of water, and I give her a teaspoonful of the solution every half minute or minute, and so continue to do till I can distinguish a return of the pulse, then I give it at longer intervals, and a perfect recovery is the final result. *China* is worth infinitely more than tens of thousands of transfusions or any quantity of brandy-and-water, or *any other* possible means of saving life, in these exceedingly dangerous cases."

In the same number, Dr. Piersons adds another differential indication between *Lachesis* and *Lycopodium* in throat cases to commencement on the left and right sides respectively; it is that in all *Lachesis* cases hot drinks aggravate and cold relieve, while in those calling for *Lycopodium* exactly the opposite effect is produced.

March.—The following important communication from Dr. Navarro, of Cuba, we quote entire:—

*Tarantula Cubensis* (Araña peluda, Hairy spider.)

By JOSE J. NAVARRO, M.D., Santiago de Cuba.

The *Tarantula Cubensis* (Araña peluda, hairy spider) belongs to the same family, genus, and species, as the *Tarantula Hispana*. As this one is already so well known to the profession, I omit the description of the one under consideration. Besides, in 1876,

I sent a specimen of the hairy spider to our loved and lamented Carroll Dunham ; and those who feel interested sufficiently in the matter, may probably gratify their scientific curiosity through the kindness of Dr. Dunham's family.

Although apparently alike, these spiders differ widely in their pathogenetical and therapeutical effects. The *Tarantula Hispana*, native of South America, and introduced in our *Materia Medica* by the well known Dr. Nunez of Madrid, (Spain) is a nervous remedy, acting deeply and powerfully on the cerebro-spinal system ; and many cases of chorea, hysteria, &c., have been cured by this precious agent.

The *Tarantula Cubensis*, on the other hand, seems to be a toxæmic remedy acting directly on the blood and being in this way an analogue of *Crotalus*, *Apis*, *Arsenicum*, &c.

The bite of this spider, if instantly attended to, is easily deprived of its malignant effects by the local application of a lotion made with water and the tincture of *Ledum palustre*. But if the virus is already absorbed and carried into the circulation, it develops the following symptoms :—The bite itself is painless, so much so that persons bitten in the night are not sensible of it until the next day, when they discover an inflamed pimple surrounded by a scarlet areola ; from the pimple towards some other point in the body, a red erysipelatous line is seen, marking the course followed by the spider over the skin after biting—so corrosive is the nature of this virus. The pimple swells, gradually increasing in size, the erysipelatous inflamed areola spreads wider and wider, chills, followed by intense burning fever, generally supervene on the second or third day, accompanied by great thirst, anxiety, restlessness, headache, delirium, copious perspiration and retention of urine. The pimple in the mean time grows larger and becomes a hard, large and exceedingly painful abscess, ending by mortification of the integuments over it, and having several small openings discharging a thick sanious matter containing pieces of mortified cellular tissue, fasciæ and tendons ; the openings, by growing, run into each other, forming large cavities. At this period, the fever takes the intermittent type, with evening paroxysms, accompanied by diarrhœa and great prostration.

This does not take place in every case of the spider's bite, for much depends on the constitution of the patient and the treat-

ment adopted; but still, I have known of two cases in delicate children where the bite proved fatal. The majority of cases recover after a period of from three to six weeks. I once attended a black man of about thirty years of age bitten by this spider; I was called during the second stage; he then had diarrhœa, intermittent fever, and prostration; the opening left by the emptying of the abscess in the left gluteal region was large enough to admit my fist. He recovered in two weeks under *Arsenicum*.

With these facts before me, or rather, in view of these *proving*s, I decided to try the remedy in my practice. By introducing into a glass jar full of pure alcohol one of these spiders alive, I prepared the mother tincture according to Dr. Hering's method. As by the effects of anger the spider threw off the poison, the alcohol changed from a colourless liquid to light yellow. From this tincture I prepared the 6th decimal dilution, and this is the preparation I have used where indicated. From the cases in my experience I will cite the following in proof of the never failing law, *Similia similibus curantur*.

Don M. B—, æt. 72, good constitution, called me to treat him for an abscess in the back of his neck, whose burning, excruciating pain had completely banished sleep for the last six or seven nights.

There was fever with great thirst and prostration; on examination I found it to be a regular *anthrax*, with all the accompanying train of symptoms. Rpe. *Tarantula cub.*, one dose every two hours; after the second dose the pain was greatly relieved, and that very night the patient was able to sleep through the whole night. Under the use of this remedy the patient recovered without using any other, except *Silicea* to aid cicatrization.

Donna A. B—, æt. 51, past the climacteric, thin spare body, delicate constitution, had an anthrax in the interscapular region, with severe burning pain; unable to sleep from the excessive pain, *Tarant. cub.* in a few days made a complete cure.

I. L—, coloured man, æt. 26, had a large hard abscess in the right thigh, exceedingly painful and inflamed, no fever, the glands in the groin swollen, indurated and painful. ℞ *Tarant. cub.* every three hours. After the second dose the pain was completely relieved, and six days after the abscess and swollen glands had disappeared by resolution.

M. C—, a little girl of nine years, was taken ill with tonsillitis. Besides several local applications and domestic remedies, had taken *Mercur. bin.*, *Bell.*, *Acon.*, and other homœopathic remedies prescribed by an amateur. When called to see her, I found high fever, delirium, red face, and both tonsils so swollen that suffocation was feared. A few doses of *Tarant. cub.* dispersed the swelling and accompanying symptoms in a few hours.

Donna F. L. de B—, æt. 84, delicate constitution, had a large anthrax in the back of the neck; had been treated for two weeks by three physicians of the old school, with local applications, first emollient and then caustic. At last the knife was resorted to, with stimulants internally, and *Hydrate of chloral* and *Morphine* to relieve the burning agonising pain—all to no effect, for the patient grew worse daily. Upon examination, I discovered that the whole of the muscular and cellular tissues were destroyed from the neck to the waist and from shoulder to shoulder, leaving a cavity about six inches long and four wide, at the bottom of which several of the dorsal vertebræ were plainly visible; there was also infiltration of the surrounding tissues, and the patient had quotidian fever and diarrhœa. After the fourth dose of *Tarant. cub.* the pain was completely relieved. On the third day the line of demarcation was formed, and two days afterwards the surrounding mortified tissues came off. With the continuance of this remedy and an occasional dose of *Silicea*, the patient was entirely cured in seven weeks from my first call.

These are only a few of the many cases in which *Tarant. cub.* has given complete satisfaction in my practice. I have used it with success in syphilitic buboes, painful boils, and all kinds of abscesses where pain or inflammation predominates. Its power to relieve pain in these cases is wonderful, acting we might say as an anodyne. The observations of one man, however, cannot establish the reputation of a remedy; and for this reason I bring these facts and confirmatory clinical cases before the profession for investigation. Perhaps by instituting regular provings with this substance, new symptoms might be developed, and the real value of the remedy definitely ascertained. With this object in view, I send, together with this communication, some of the mother-tincture of *Tarantula cubensis*, which I place at your disposal. And I shall be happy to afford any further information if desired, and to supply with the tincture any member of the

profession who is desirous to investigate the virtue of this remedy. (Dr. Alfred K. Hills will furnish the tincture to those who desire it.)

(Read before the Hom. Med. Soc. of N. Y. County.)

We must do the same with the paper which commences the April number, as it contains some of the long-looked-for results of the homœopathic treatment of the insane as carried out at the New York State Asylum.

*On the Treatment of Mental and Nervous Diseases.*

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This paper is designed to embody, in brief, the clinical experiences gained at the asylum under our charge during the year 1878. In it we shall seek to "mirror the vitality of our thought," not alone by recording a series of successful experiments in medicating the insane, but also by presenting negative or non-curative results of treatment in certain varieties of cases.

The knowledge that there are forms of mental disease unlikely to recover under the most favourable circumstances, and in which all known methods of treatment have been faithfully tried, with only failures for results, is next in importance, to the honest physician, to those facts which demonstrate our ability to cope successfully with some, at least, of the formidable phases of insanity.

We shall proceed at first with the more pleasant part of our work, that of presenting the favourable effects of medication, and leave the dregs of disappointment and defeat for the closing draught.

In a general way it may be stated that the treatment of the insane with remedies applied according to the homœopathic law of cure has been, thus far, a most interesting and fruitful experiment. It has been demonstrated, beyond a doubt, by results gained in the asylum, that the most violent cases of maniacal excitement may be safely cared for, treated, and restored to health, without resorting to massive doses of somniferous drugs. Indeed, the pathological conditions induced by the latter often form complications, or combinations, with the original disease against



which the recuperative forces of nature are powerless. Homœopathic treatment conserves the life forces of the patient, and seeks to avoid the aggravation of primary symptoms. Thus, in a long-continued and tedious affection like insanity the curative methods of the homœopath tend, we believe, to the piloting of a patient through the imminent perils of his disease with the greatest possible safety and certainty. Brief and imperfect as our experiments have been they have yet been followed by some very interesting developments, and from these a few deductions may now be drawn.

The remedies most used at the asylum are those whose effects upon the healthy were "proved" many years ago, and the "verification" of whose symptoms, in a curative sphere, has been demonstrated at the bedside of the sick repeatedly and satisfactorily. In other words "old remedies," like "old friends," have been our main reliances. A few of the new remedies have been used, and in occasional instances with gratifying results. Drugs whose primary effects are largely manifested by their action upon the circulatory apparatus, the heart and its conduits, have most frequently proven themselves effectual in modifying the symptoms and promoting the recovery of those suffering with mania. Hence we find *Aconite* and *Veratrum viride* playing an important part in the early stages of this disease, which are marked by such an unnatural and exalted excitement.

The distinguishing differences between *Aconite* and *Verat. vir.* are these:—In *Aconite* there is great mental anxiety; in *Verat. vir.* excessive physical unrest. The *Aconite* patient is fearful of the future, and terribly apprehensive of approaching death; the *Verat. vir.* patient is depressed, but comparatively careless of the future. The *Aconite* face is flushed bright red, or is pale, with moderate congestion; *Verat. vir.* has intense cerebral congestion, with a face flushed to a purple hue and hot, or it is cold, with a pale bluish cast. The *Aconite* case has great thirst, and gulps water eagerly; the *Verat.* case has a dry, hot mouth, which feels scalded, but the thirst is moderate. The muscles of the *Aconite* patient are tense, and the whole mental and physical conditions are like those of an instrument strung to the highest pitch; the *Verat.* patient is relaxed and restless, has nausea, retches and vomits profusely, has muscular twitchings, and constantly changes his position. In short, the *Aconite* patient has mental anxiety

with physical tension ; while the *Verat. vir.* patient has a lower grade of mental unrest with physical relaxation.

Treading closely upon the heels of *Aconite* and *Verat. vir.*, and, in fact, contesting strongly for the palm of supremacy, are *Belladonna* and *Hyoscyamus*. Probably no remedy in the *Materia Medica* possesses a wider range of action, or greater powers for removing abnormal conditions of the brain, than *Bell.* Its symptoms are clear, well-defined, unmistakable ; its action sharp, vigorous, and profound. It is the powerful supplementary ally of *Aconite* in removing the last vestiges of cerebral congestion, and beyond this it subdues, like magic, the subtle processes of inflammation. Its symptoms are so familiar to every student of *Materia Medica* that it would be unprofitable to repeat them here ; so we will only state that a marked and happy effect follows the use of *Bell.* in cases where, in addition to the flushed face, dilated pupils and throbbing arteries, we have a mental condition which manifests itself by the most positive ebullitions of rage and fury ; and where the patient tosses in vague, spasmodic restlessness ; attempts to bite, strike, tear clothes, strip herself naked, and make outrageous exhibitions of her person. While in this state *Bell.* patients are exceedingly fickle and constantly changing ; now dancing, singing, laughing, and now violent with intolerable rage. The speedy disappearance of such a grave and serious train of symptoms after *Bell.* is administered proclaims its unmistakable power in a manner that needs no eulogy. The magic workings of this protean drug are also manifest in the relief of symptoms directly antipodal to those mentioned above. When you have a patient whose face is flushed to an intense reddish purple hue, pupils widely dilated, eyes having a fixed stony glare and utterly insensible to light ; heavy, almost stertorous breathing ; stupid, dazed condition of the mind, so that he cannot be roused to speak ; inclined to remain quiet, but with occasional muttering, incoherent delirium, marked rigidity or steady tension of all the muscles—then you may give *Bell.* in the confident expectation of reaping an early harvest of good results.

The excitable *Bell.* patient requires a minimum dose of the drug, while the stupid one is affected most readily and favourably by oft-repeated doses of the 1st centesimal or even the 1st decimal dilution.

The *Hyoscyamus* patient is very excitable, but less frenzied than

the *Bell.* patient; is very talkative, mostly good-natured and jolly, but occasionally has savage outbursts; is inclined to be destructive of clothing, obscene, with a tendency to expose the person. *Hyoscyamus* is, perhaps, more often indicated as a remedy for female patients than *Bell.*, the latter being frequently called for among the male insane.

Following the remedies already mentioned in the treatment of mania come *Cantharis*, *Lachesis*, *Nux vomica*, *Rhus tox.*, *Sulphur*, *Thuja*, and *Veratrum album*. *Cantharis* very notably fills a niche apparently unoccupied by either *Bell.*, *Hyos.*, or *Verat. alb.* The *Cantharis* patient has mental exhibitions somewhat similar to *Bell.* and *Hyos.*, i.e. frenzied paroxysms of an exalted type; bites, screams, tears, and howls like a dog. As an invariable accompaniment there is always great excitement of the sexual organs. In the latter respect *Cantharis* resembles *Hyos.* and *Verat. alb.*, but these latter drugs combine the psychical with the physical—the *Hyos.* patient displaying lively fancies in connection with erotic desires, and the *Veratrum* patient uniting religious sentiment with lustful tendencies; but the *Cantharis* case is strictly and solely the victim of lechery for its own sake, a result of intense erethism of the sexual organs, impelling him to seek immediate physical gratification. Such patients are inordinate masturbators of an acute type. Proper restraint and the administration of *Canth.* often afford prompt and happy relief, both from the sexual excitement and from the paroxysm of mania. Very scanty urine, and frequent micturition are characteristic of the *Cantharis* patient.

For loquacity *Lach.* has been repeatedly verified as a valuable remedy; *Nux vom.* is useful in cases that are irritable, cross, ugly, obstinate: *Rhus tox.* and *Hyos.* relieve suspicions of having been poisoned, the former remedy being particularly adapted to low, typhoid conditions. *Sulphur* is useful as an intercurrent; and also for *fantastic mania*, where the patient is inclined to deck himself with gaudy colours, or puts on old rags of bright hues and fancies them the most elegant decorations. *Sulphur* seldom achieves a cure by itself, but sometimes seconds with vigour the efforts of other drugs.

*Veratrum album* is a remedy whose sphere of usefulness comprehends both profound prostration of the physical forces and a most shattered condition of the intellectual faculties. The fame

of this drug extends over a period of more than three thousand years. It is related that, "about the year 1500 before our era, a certain Melampus, son of Amithaon, a most celebrated augur and physician, first at Pylos, then among the Argives, is said to have cured the daughters of Proetus, king of the Argives, who, in consequence of remaining unmarried, were seized with an amorous furor, and affected by a wandering mania. They were cured chiefly by means of *Veratrum album*, given in milk of goats fed upon *Veratrum*, which Melampus had observed to produce purgative effects upon these animals." In the State Homœopathic Asylum for the Insane, in this nineteenth century, A. D. we have verified the homœopathicity of *Veratrum* in "amorous furor" and "wandering mania," particularly where these symptoms of peculiar excitement are followed by great mental depression and tendency to physical collapse. In ancient days the drug was given until cathartic effects were produced. In these later times we have found a more acceptable method of use, and, with small doses, secure favourable results without aggravating purgation. The *Veratrum* patient combines the wildest vagaries of the religious enthusiast, the amorous frenzies of the nymphomaniac, and the execrative passions of the infuriated demon, each of these manifestations struggling for the ascendancy, and causing the unfortunate victim to writhe and struggle with his mental and physical agonies, like the dying Laocoön wrestling with the serpents of Minerva. This anguish is short-lived. The patient soon passes from this exalted and frenzied condition into one of deepest melancholia, abject despair of salvation, imbecile taciturnity, and complete prostration both of body and mind. The extremities become cold and blue, the heart's action weak and irregular, the respiration hurried, and all the objective symptoms are those of utter collapse. At the same time the mind passes into a Stygian gloom, from which it very slowly emerges.

With such a picture before us we can scarcely hesitate in the choice of a remedy, and *Veratrum* is the one selected. To be sure some of these cases are past the grace of medicine, yet the earnest use of this long-tried drug has frequently repaid us by marked improvement following its administration, and in several cases complete recovery has resulted.

We have written somewhat hurriedly of a few remedies most frequently used in recovering cases from mania. We come now

to speak of those successfully applied in the treatment of melancholia. Mania and melancholia, alternating as they frequently do in some patients, often require the same or similar remedies. It is not the name of the disease, but the array of symptoms that indicates the choice of a drug. Still, for purposes of convenience we sometimes group, under the name of a disease, certain drugs most often applicable in the cure of that disease.

*Digitalis* rises to prominence in this connection, not so much by reason of the fame it has acquired in "the books," but on account of the excellent effects following its use where homœopathically indicated, and thus administered to the patients in our wards. We use it mostly when the patient is in a dull and lethargic condition; the pupils are dilated to their widest, yet all sensibility to light or touch seems lost; the pulse is full, regular, or but slightly intermittent, and *very slow*. The slow pulse is the grand characteristic, and upon this indication *Digitalis* may be given with much assurance that relief will follow speedily, if relief be possible. We notice that the *Digitalis* patient, when rallying from his melancholic stupor, often moans a good deal, and his eyes are all afloat in tears. Relief, however, speedily follows this bursting of the lachrymal fountains.

It has long been supposed and advocated that *Aurum* was the princely remedy for suicidal melancholia. Our experience at the asylum has not sustained this theory. *Aurum* has often been prescribed in such cases, but usually without good results. Another remedy, which we have tried repeatedly, has generally "hit the case" most happily; and that remedy is *Arsenicum*. My mind has been exercised in solving the mystery of *Arsenicum's* happy effect in cases of suicidal tendencies, while the much-vaunted *Aurum* has repeatedly failed to sustain its whilom reputation. Our conclusion is this. The patients which *Arsenicum* has relieved have been those whose physical condition would warrant the administration of that drug. They have been much emaciated; with wretched appetites; a dry, red tongue, shrivelled skin; haggard and anxious in appearance; and evidently great bodily sufferers. It would seem as if the mental unrest of these patients were due, in the main, to physical disease and consequent exhaustion, and their desire to commit suicide is evidently for the purpose of putting an end to their temporal distresses. On the other hand, the *Aurum* suicidal patients (that is, the few

patients *Aurum* has seemed to benefit), are usually in fair physical health, but have experienced some unfortunate disaster of the affections, have had trouble with friends, fancy they have been slighted, persecuted, or wronged, and out of revenge or disgust for the irksome trials of life seek an untimely end by their own hands. Such cases are, with us, more rare than the bodily sufferers whose ills are relieved by *Arsenicum*. Hence, perhaps, the repeated triumphs of the latter drug, and the failure of *Aurum*. Each drug has its own individual sphere of action, beyond which it becomes a comparatively inert and useless agent.

When we have a patient suffering with melancholia, who is constantly moaning and muttering to herself, walks all the time, looking down, is disinclined to talk and angry if any one speaks to her, tries to get away from her friends if they seek to comfort her, sleepless at night and uneasy during the day, then we have given *Chamomilla* with most decided and salutary effect. *Natrum muriaticum* also affords relief to patients given to much crying, their continual weeping being of the open-and-above-board variety; while the grief of the *Ignatia* patient is more passive and concealed. The *Pulsatilla* case weeps easily, but smiles through her tears, and is readily pacified for the time being, but quickly relapses into the depths of sorrow when the words of comfort cease. The *Cactus* patient is sad and hypochondriacal, and has frequent palpitations of the heart, with a corresponding palpitation, so to speak, in the top of the head. We have found *Thuja* to benefit patients who have tenacious fixedness of ideas, are always harping on one string, and indulge in the strangest and most unnatural fancies. Such cases are quarrelsome and talkative, or very reticent, won't speak to or look at a person, and manifest great disgust if spoken to by others.

*Lilium tigrinum* and *Sepia* find important place in the treatment of depressed and irritable females. The troubles of such cases originate largely in the mal-performance of duty on the part of the generative organs. Both *Lilium* and *Sepia* cases are full of apprehensions, and manifest much anxiety for their own welfare. In the *Sepia* case, however, there is likely to be found more striking and serious organic changes of the uterine organs; while the *Lilium* case presents either functional disturbance or very recent and comparatively superficial organic lesions. *Lilium* is more applicable to acute cases of melancholia, where the

uterus or ovaries are involved in moderate or subacute inflammation, and where the patient apprehends the presence of a fatal disease which does not in reality exist. The *Lilium* patient is sensitive, hyperæsthetical, tending often to hysteria. She quite readily and speedily recovers, much to her own surprise, as well as that of her friends, who have been made to feel by the patient that her case was hopeless. The *Sepia* patient is sad, despairing, sometimes suicidal, and greatly averse to work or exercise. There is, however, oftentimes a good reason for such a patient's depression, for too frequently she is the victim of profound organic lesions which can, at best, be cured only by long, patient, and persistent endeavour.

We have spoken thus far of remedies which are applicable to those forms of insanity which are in a measure curable. We now approach the more discouraging portion of our essay, that of recording the vanity of our attempts in treating cases of epileptic and masturbatic insanity, of dementia and general paresis.

It has often been our good fortune to relieve the immediate and distressing symptoms of the epileptic with sensible doses of the *Actea racemosa*. Under its action the fits have been lessened in frequency, and sometimes removed altogether for several months. But we are impelled to state that neither this, nor in fact any remedy we have yet tried (and we have tried many), has so far removed the symptoms as to enable us to claim a positive, perfect, and permanent cure. The *Actea rac.* develops the best results among those patients who have remarkable heat in the back of the head, and extending down the back, during the convulsions, and who complain of great soreness in the muscles of the neck and shoulders after the convulsions have subsided. Time and experience may yet solve the problem how to cure the epileptic insane; but thus far it remains a riddle deep as the unfathomed mysteries of nature. For masturbation we have given *Agnus castus*, *Damiana*, *Picric acid*, *Phos.*, *Phos. acid*, *Nux vomica*, but in scarcely an instance could the relief obtained be considered fully curative. The *Biniodide of mercury* is a remedy said to be efficacious in such cases, and we are now using it in some apparently suitable cases.

There is this to be considered in our treatment of masturbatic insanity, that cases of this sort which reach an asylum are usually so far gone in their terrible ways as to be non-amenable

to any treatment. If others, with more recent cases to deal with, have had happier experiences we shall be glad to learn of them their methods and the remedies used.

Our dementia cases have been treated with *Calcareo carb.*, *Phosphorus*, *Anacardium*, and a few other drugs. An improvement in their general condition has often followed the use of the above remedies; and we look upon such cases as affording a somewhat hopeful field for future experiment and research. Still we are unable to record complete recovery from dementia through medication, except in a very few instances.

In general paresis we have observed relief from immediate and threatening symptoms through the administration of alcohol. *Veratrum viride*, *Bell.*, *Nux vom.*, and *Phos.*, have also, temporarily, held the disease in check, but in this grave and singular disease we have wrought no cures, earnest though our endeavours have been.

In thus recording our failures we have this for consolation that the forms of disease in which homœopathic drugs have thus far proved unsuccessful, are those already declared incurable by physicians of long and vast experience. We shall never rest, however, nor pause in our labours, until the fountain that holds healing waters for these unfortunates is discovered. Those who live in the darkness of incurability to-day, may bask in the brilliant sunlight of health a single decade hence. A brief defeat does not discourage us; but we engage in the work of exploring and excavating, and in the application of new discoveries, dug out from the yet but partially explored mine of medicine, with undaunted hearts, and with unwavering expectations. The fruits of medical enterprise, like the fruits of the orange tree, do not all ripen at once. The flavour of those already matured is both pleasing and grateful. We believe that more will ripen on the very branches whence blasted ones have fallen. In conclusion, we feel impelled to state that the more earnestly we study its tenets, and the more fully we are brought to understand the delicate intricacies of the homœopathic law of cure, and the more fully we apply the precepts of that law in our treatment of the sick, the more firmly are we convinced of its comprehensive and far-reaching efficacy.

In the same number Dr. Morgan, of Ithaca, relates a case of cardiac dropsy, with mitral regurgitation, in which



*Cactus* 20 (after  $\phi$  and 3x had been given without effect) caused complete disappearance of the effusion, as well as great relief of the heart symptoms.

September.—Dr. Talcott here gives us another excerpt from his Middletown experience.

*Natrum muriaticum in Melancholia—a Case.*

Mrs. P— was admitted to the asylum April 3rd, 1879. She had been gradually failing in health and spirits for nearly a year. When received she had the appearance of an old woman, although but about thirty-five. Her features were pale, thin, drawn, sallow, and haggard. The patient was very restless, anæmic, and feeble, having had a poor appetite and slept but little for several weeks. She complained of headache, mostly in the occiput; was incoherent in speech, constantly repeating short expressions, such as: "tell me the story;" "give me the papers;" "they know;" and other disconnected remarks. Her breathing was laboured, inspiration lengthened, expiration very brief. She was much given to frequent and profuse ebullitions of tears. Was quite thirsty and chilly at intervals. Patient had taken *Chloral hydrate* for sleeplessness, with indifferent results. *Natrum muriaticum* was at once prescribed and steadily continued. The first night, under this and no other remedy, she slept one and a half hours; the second night she slept four hours, and within five days she slept sufficiently, and continued to do so until discharged.

The improvement in this case was steady and continuous. The symptoms and conditions successfully combated with *Natrum mur.* were:—a general and persistent anæmia; a previously long-continued headache; an appearance of premature old age; and profuse, uncontrollable weeping. It may also be proper to remark that the patient had a history of intermittent fever quenched with quinine.

In less than two months the patient had rallied from profound physical prostration, and equally profound mental depression; and in less than three months from date of admission she was discharged, a fat, rosy, healthy and happy young woman. Who can say that the fountain of eternal youth is not a *salt spring*?

October.—The valuable communication regarding *Berberis aquifolium*, made by Dr. Winterburn to this number, we have already extracted in our April issue.

December.—A case of repeated passage of gall-stones, going on for six years, is here given by Dr. Buckingham Smith. Dr. Thayer's treatment with *China* (3rd dil.) was adopted, with immediate relief and gradual postponement of the attacks, so that after six months they ceased, and had not returned for two years when the report was made. Dr. Freeman criticises, in this number, Dr. Allen's translations of Hahnemann's German in his *Encyclopædia*, and shows that some rather grave inaccuracies have crept in. We are informed by Dr. Allen that the haste with which his work was prepared, amid the pressure of other duties, undoubtedly led to a failure at times of the careful supervision he would have wished to give it, but that he is going over all his translations with a German professor, and will publish a complete list of emendations.

*United States Medical Investigator.* Nov., 1878—Dec., 1879.—The *Investigator* continues its fortnightly appearance, and is as practical as ever, though its orthography continues to make us sigh. We must run rapidly through the twenty-eight numbers which lie before us.

Nov. 1.—Dr. Vose, of Portland, reports a case of empyema, in which—after paracentesis—*Calcarea sulphurica* (13x) was given instead of the usual *Hepar sulphuris*, as recommended by Schüssler. Complete recovery ensued, with restoration of the normal shape of the chest. Dr. Fahnestock relates two cases of convulsions and coma in pregnancy, with anasarca and scanty urine loaded with albumen, in which the subcutaneous injection of a strong extract of *Apocynum cannabinum* caused free diuresis, with disappearance, first of the nervous symptoms and then of the dropsy.

Nov. 15.—Dr. Mitchell, of Chicago, communicates a case of acute Bright's disease, following pneumonia, in which, after *Belladonna*, *Apis* and *Arsenicum* had done but little, *Asclepias syriaca* proved rapidly and completely curative.

Dec. 15.—Dr. Woodward, of the same city, gives here an interesting study of *Borax*, in which—among other things—he mentions a case in which the 1x trituration, given freely for catarrhal fever, seemed to cause "an

engorgement of the uterus, with bearing-down pains and prolapsus; this condition was attended by increased heat in the vagina, and was finally relieved spontaneously by a profuse discharge of albuminous leucorrhœa that appeared clear and glutinous." His colleague at the Chicago Homœopathic College, Dr. Foster, lays down from experience the following rules as to the pulse in childbed:

"A pulse rising much above 100 right after delivery warns us of impending hæmorrhage; place now the hand upon the uterus, and it is already distended big with coagula. It has other meanings also, but it never means that all is well.

"A pulse of 60 or less at the same period means shock or injury, and it will be followed sooner or later by a proportionately high pulse, and a slow recovery.

"A pulse of 96, scarcely varying from day to day, means that the pelvic organs are wounded, and must struggle hard to accomplish their metamorphosis.

"A pulse of 75 when your patient lies down, which rises to 85 or more when she rises up, and flutters between 80 and 100 four times a minute while she is up, means that said patient will get better every day if we keep her down, and worse every day if we let her up.

"But a pulse of from 75 to 78, which is the same whether the patient lies down, or walks about, or sits up, is a pulse that I never yet detected in any but a thoroughly recovered patient."

Jan. 1.—A case of traumatic tetanus is reported, signed "A. R. Hicks," in which five drops of *Nux vomica*  $\phi$  were given every fifteen minutes till a drachm had been taken, when the spasmodic condition relaxed, and the patient fell into a quiet sleep; after which he made a rapid recovery.

Jan. 15.—We have often mentioned the excellent clinical lectures given by Dr. Hawkes. Here is a good case from one of them:

CASE 2891.—This patient came first to this clinic a little over a year ago, Nov. 8th, 1876. He was forty years of age. He had had rheumatism for about six years. The cause of the rheu-

matism was his getting very wet in a snow-storm, the immediate result of which was pain and stiffness of the neck, which condition passed down into the right shoulder and arm. He was confined to bed three weeks. The arm had been powerless up to the time of his first appearance here. At that time the arm from the shoulder to elbow was atrophied and shrivelled to such an extent that it was not one fourth as large as the other arm. It could not be raised except by the help of the other hand, and was continually becoming smaller and weaker. His whole body was more or less affected by the disease; but the severest effects were felt in this arm. The pain was excruciating at night; especially before a storm, which he could foretell twenty-four or thirty-six hours. He was always most miserable in damp cloudy weather, especially before a storm; the severity of the pains being in a measure ameliorated after the storm had fairly set in.

He was usually worse at night, especially between 12 and 2 o'clock, when he would be compelled to get up and walk around his room for relief, which moderate motion in a measure brought. From suffering, loss of sleep, &c., he had been reduced almost to a skeleton, his weight being only about one hundred pounds, although of large frame and tall. He had, as is the case with the majority of patients presenting here, been everywhere and tried everything within his power, with the painfully monotonous results of a steady loss of strength on his part, and a no less steady increase of the disease.

The case, I assure you, looked very unpromising. Was it possible to restore form, strength, and ease to that shrivelled, powerless, and aching member? The report from week to week, and from month to month, gives the answer.

The remedy prescribed was *Bhus tox.* 200. The characteristic symptoms indicating the remedy were: first, the cause—getting wet in a storm—the cause of a given case of disease may often be an indication for the remedy. Second, the pains were always worse before a rain storm, from rest, and after midnight, better after the storm had broken, in dry weather, and from gentle motion.

I had forgotten to mention that the patient was not strictly temperate, and was in the habit of taking *Morphine* to allay the pain. These facts added greatly to the gravity of the case.

November 17th, one week later, he reported general improvement. This report was repeated from week to week for a few months, and later he would report every month, but gradually improving all the while. For instance, December 20th he reports, "Much better, arm getting stronger, sleep pretty well first three or four hours of the night."

January 10th. Gaining slowly; can cut kindling-wood with right arm now; right arm is warm, and feels quite natural (it had been cold and clammy at first); very little pain.

24th. Wheeled in a ton of coal to day. Getting on nicely.

Feb. 28th. Improving steadily.

April 4th. Still improving, walked ten miles; Friday and so on up to the present time (Dec. 15th). You all hear what he now has to say for himself. His right arm is large and strong and *well*. He tells us that he now weighs one hundred and fifty-five pounds—a gain of fifty-five pounds in little over a year. Those of you who saw him then will hardly recognise him now.

He has had no remedy but *Rhus tox.* in potencies varying from 3rd to the 2000 during the whole time, excepting one week of *Nitric acid*. Oftentimes, as the record shows, he received only placebo for months at a time, with a steady improvement through all.

This case will illustrate two points of value; viz.: the power of homœopathic medicine in chronic cases commonly regarded as hopeless; and the advantages of adhering to the indicated remedy, instead of flying from one to another at every new symptom which may arise during the progress of the case under treatment.

† In one year this patient has been changed from a useless, suffering wreck to a comparatively comfortable, useful member of society, able to support himself and family. You have seen it done, and how it was done; and it should encourage you to hold out hope to the no matter how badly afflicted.

Feb. 1.—The following communication, from the same Dr. Foster as we have quoted above, is worth extracting from this number.

*Nitric acid for Chronic Enlargement of the liver.*

In reply to V. Hayes' inquiry on this subject in The *United States Medical Investigator* of Jan. 15th, I would like to suggest the trial of *Nitric acid* low. I use the second decimal dilution,

and order about six drops of the same to be taken in an ounce of water immediately after each meal—the medicine to be continued for a month if necessary ; that is to say, unless the symptoms disappear in less time. To illustrate I herewith report a case.

Willie L—, aged twelve, was brought to my office by his mother two months ago. The lady informed me that the boy had had ague when living in New York State three years ago, and that since then his abdomen had been very large, and was becoming more so from month to month, until now she was ashamed to see him on the street. The boy was weak, his muscles flabby, his appetite abnormally voracious, and his colour sickly. I prescribed *Nitric acid* as above, and asked to see him again in about a month. At the end of that period he was wonderfully improved. His mother affirmed that his abdomen was already reduced almost to its proper size, and a glance was sufficient to confirm her statement. At the same time the morbid appetite and the entire train of associated morbid symptoms had disappeared proportionally. Ordered a continuance of the medicine twice daily for a fortnight, at the end of which period I expect to find him cured. I may add that the boy had been under Old School treatment when in the east, and that his physician there, a gentleman of undoubted skill, had diagnosticated his case as one of enlarged liver—the result of malarial fever.

This case may serve to illustrate the specific relation of *Nitric acid* to the liver in other forms of hepatic disturbance. Thus, strong smelling urine, for which we prescribe this drug, orange-coloured urine, and urine containing a small amount of bile, are products probably of hepatic disorder, and are concomitants of a generally morbid condition, which *Nitric acid* will most frequently relieve. Hence, its importance in mild but continuous “biliousness,” in “dumb ague,” or latent malarial poisoning.

It will also promptly modify the offensive coffee-ground discharge that sometimes takes place from the uterus several days after labour, and which is often found taking the place of the normal flow at the climacteric. Of course, the mere fact that *Nitric acid* will thus modify certain excretions is of little moment, were it not that it does so by more profound modifications wrought in the organism. These excreta are but prominent signs of a morbid state of the blood, and thus of the blood-making organs, and this morbid state *Nitric acid* cures.

In gleet and tertiary syphilis it is not to be lightly esteemed. Syphilitic ulcers and syphilitic disease of the bones, indicated by "bone-pain," often yield readily to *Nitric acid*. So likewise do ozæna and suppurative otitis. In the pathogenesis of *Nitric acid* all of these points will be found succinctly and clearly set forth—except that relating to enlarged liver, which I do not find. But this as well as the others named I have seen abundantly verified in a few years' practice. In tertiary syphilis I have obtained the best results from the higher attenuations.

Feb. 15.—Dr. J. D. Johnston relates three cases of cure of constipation with *Silica* 30, given upon Dr. Guernsey's indication of the stool, after having been partially expelled with much effort and straining, receding into the rectum. Dr. Bernreuter mentions two cases of night terrors, referred to stoppage and dryness of the nose, removed by *Gelseminum*. "J. W. M." relates two cases of dysuria, of some standing, rapidly cured by *Apis* 3 and 6.

March 15.—Dr. Stout communicates some favourable experiences with *Melilotus officinalis* in prosopalgia and gastralgia. Dr. R. F. C. Browne finds *Kali permanganium*, hypodermically injected and sprayed into the throat in a 1x solution, almost specific in diphtheria. The value of *Equisetum hyemale* in enuresis is growing so manifest that we think it well to extract this latest report illustrating it.

(To be continued in our next.)

## CLINICAL RECORD.

*Albuminuria.* By T. ENGALL, M.R.C.S.

IN the year 1864 Theodore F—, aged 3 years, came under my care for porrigo of the scalp, pustules in the nose, gummy eyelids, and excoriations behind the ears. Under the action of *Biodide of mercury*, of *Hepar sulph.*, and of *Sulphur*, he got well.

In March, 1866, he was brought to me suffering from a swelling of the face. As he now dwelt some considerable distance from me, and there was a homœopathic physician residing within a few miles of his home, I advised his parents to avail themselves of his services. This they did, and I heard no more of the case until August, when, the medical attendant having declined the further treatment of it, the parents applied again to me to undertake it, which, at considerable inconvenience, I undertook to do. On August 6th, 1866, I paid him my first visit.

The account I received from his friends was that Theodore, now five years of age, had been under treatment four months. At the commencement of his illness he had vomited green-yellow frothy fluid, and this had persisted for six weeks; he now vomits on and off it he takes any liquid food. He has had great pain in various parts of his body; has it about the navel now. Sometimes the bowels act three or four times a day, with green slimy motions, other days they are quite right. Sometimes passes undigested food. If he takes milk diarrhœa ensues. Urine is sometimes profuse, at others scanty; until three years old was profuse, and he used to wet about. Sleep restless at night at times, at others sleeps better; can lie to do so.

Has a red eruption on the skin, which is dry, and which itches very much after taking a bath. Has general anasarca. The



body measures 35 inches round; the thighs and legs are proportionally swollen.

Albumen was shown to exist in the urine, both by boiling, and by nitric acid. *Arsenicum* 3rd.

August 8th, reported to me; more urine has been passed, which is clearer. Motions healthy; the legs enormously swollen. *Arsen.*

10th. (Visit.) Urine acid; no deposit with nitric acid and very little by heat. Microscope showed mucous corpuscles and a small quantity of urate of soda. *Arsenic* 3rd.

17th. Vomits at times a yellow fluid, yet eats directly after. Slimy mucus, with which he passed a worm-like piece of mucus. Urine more profuse. *Arsen* 3rd.

August (Visit). The abdomen is less; is now twenty-five inches. The left leg is also less. Sleeps better. Ate eggs for breakfast and roast mutton for dinner to-day. Pain at the navel. Itching of the skin. Gets a cough when the wind is easterly. Perspires in the upper part of the body at night. Urine is clear; it soon became ammoniacal and fetid, and showed crystals of triple phosphates. *Merc. viv.* and *Arsenicum*.

25th. (Report.) Morning urine acid; highly albuminous by boiling and by nitric acid; it soon became alkaline and showed crystals of triple phosphates. Urine scanty, a few drops of blood had passed with it. Size of belly the same, twenty-five inches, but the leg, which was smaller, is now much swollen again. Picks his nose.

31st. (Visit.) Pulse 84. Legs and body much less. Does not perspire. Tongue clean. Rode out in his perambulator for two hours. *Arsenic* 1st trit.

September 7th. (Visit.) Both legs are less and body much less. Is very restless, and gets faint in his sleep and grinds his teeth. Urine profuse. *Arsen.* 1st trituration.

14th. (Visit.) Mucus in the urine. Albumen less. Body and legs less. *Arsen.*

31st. Body and feet smaller; right leg swells more than the left. Scrotum gets sore. Several times a day he has symptoms of coryza, which cannot be accounted for. (Is this the effect of the *Arsenic*? Probably not, as the symptom is not mentioned again, although the medicine was continued.) Feels sinking in the morning. No diarrhoea. Had formerly on his legs an erysipelatous redness; now a covering of thick dandruff. *Arsen.*

28th. (Report.) Lips and eyelids are swollen in the night. Body and feet are less swollen. *Arsen.*

October 6th. (Visit.) The skin is not so rough. He, in his sleep, constantly moves his legs up and down and starts. He has been walking about to-day. The urine is very thick. Eyes, face, and upper lip are swollen. Pulse small, 96. Perspires in the head and face. Is very thirsty. Bowels not acted for two days. *Arsen. 3.*

12th. (Visit.) He has swollen more the past week, especially at night; can walk a little. Urine sp. gr. 10·18; it was passed after tea, and is probably mixed with much water; is flocculent when treated with nitric acid and heat. *Arsen. 1st., 3 grains daily.*

15th. (Report.) Diarrhœa of undigested food, preceded by green motions. *Phosp. acid.*

19th. Diarrhœa with evacuations of undigested food. Has vomited a little greenish fluid. *Merc. sulph.*

26th. (Visit.) Every day since last report he has passed greenish undigested motions; vomited last night a greenish fluid.

27th. The urine I brought away last night had not much deposit; that passed yesterday morning had none (Was this owing to the greenish vomit and greenish diarrhœa?) Albumen much less. *Merc. sulph.*

November 3rd. (Visit.)—Urate of ammonia in the urine, as shown by inspection. Face is swollen at times; now the peculiar feeling of hardness in the legs is less. Bowels are relaxed; has not been sick. When he was out he got out of his perambulator and ran away from his nurse. *Mer. sulph.*

5th. A good quantity of albumen, earthy phosphates, and urate of ammonia, in the urine. Go back to *Arsen. 1st trit.*

15th. Bowels are regular. Passes great quantity of clear urine; it is clear after standing all night. Much less of urates and of albumen. Acid reaction. *Arsen. 1st, in solution.*

27th. Temper very violent. Sleeps well. Bowels not relaxed, but copiously relieved. Runs about all day. The eyelids and upper lip swell very much. Nose is red, and when cold is blue. The skin round the neck has a bluish and coppery colour. The veins of the left groin are very large, and look very blue. Feet are puffy at times, but are less so since they have been rubbed.

Bowels twenty-five inches round. In the urine voided in the evening a great quantity of urates and of albumen; probably these are derived from the food. *Mer. viv.* 1 grain daily.

December 5th. (Visit.) He cannot sleep the early part of the night. Temper is very violent. Less albumen; that in the morning urine greatest. *Bell.* 2x, 3 drops daily.

10th. Urine no worse. The scrotum itches a great deal. The swelling is entirely gone. No urates. *Arsen.* 1st trit.

20th. Better; no urates, and less albumen, in both morning and evening urine. *Arsen.* 1st. trit.

28th. The other children have had the mumps, and he has them now. *Mer. viv.*

1867, January 7th. With the mumps he had a profuse perspiration, which reduced the swelling considerably. The eyelids are very puffy and white in the morning; the skin of the legs at the ankle bag a good deal; he can walk a mile. Urine is better in colour, and has less deposit. *Arsen* 2x.

21st. He is, on the whole, better, but the legs and hands swell if the urine is not profuse; on one occasion the abdominal swelling was followed by two quarts of urine being passed, and now, if the urine is not plentiful, the swelling comes. *Arsen.* 2, 1 grain daily.

February 12th. Urine albuminous, with great deposit of urates. *Mer. viv* 1st trit.

25th. (Visit.) When the feet perspire the swelling of the lower extremities is less, or does not take place. The neck and the eyelids swell at times. The superficial inguinal veins are much enlarged; that side of the abdomen is larger than the opposite. The swelling is too diffused to be caused by the colon. By boiling no deposit in either morning or evening urine. *Mer. viv.* 1st trit., every morning.

March 9th. Morning urine loaded with urates; that of the evening, free; no albumen by Nitric acid. *Mer. viv.* 1,  $\frac{1}{2}$  grain daily.

20th. The swelling has returned; some nights not any, and then it reappears. Bowels were confined, but now are better; no sweats, but cold clammy feeling on the body. The feet are now dry; formerly perspired a good deal. Has had a bath once a week. Urine varies; on and off clear and thick; urates in it;

no albumen when treated with Nitric acid and heat. The liver is probably the cause. *Mer. viv.*

April 5th. No dropsy since last visit. Skin becomes yellowish at times. Deposit less in quantity, consisting of mucus with crystals of uric acid; no albumen or urates.

May 2nd. Superficial inguinal veins look enlarged and blue. Is very sleepy in the morning. Bowels act once in two days. Motions very dark. Restless and fretful some days. Upper lip swells always in the morning. Urine clear; no albumen; no deposit. Breath smelt badly. *Mer. viv.*, 1 grain three times a week.

21st. Has had some premonitory symptoms of the former attack. The eyes were swollen. No sickness, nor nausea. The blue inguinal and abdominal veins, which had nearly disappeared, have again appeared. Perspires little except in the head. Urine is thick and less in quantity. Complexion becomes white and unhealthy-looking at times. *Mer. viv.*, 1 grain daily.

June. The swelling of the body is less. Complains of pain at the extremity of the penis on lying down and on moving about; not worse after passing urine. No albumen. *Arsen.* 1, 3 grains daily.

July 10th. (Report.) Last year, in an east wind, the face, lips, and eyelids swelled, and they did so yesterday; have decreased to day. No swelling in the legs now. Pain at the glans or prepuce. Whilst under the care of the physician, when better he would get worse if the wind changed to the east. No albumen, but earthy phosphates. *Arsen.*

August 9th. Very little swelling. The eyelids are a little swollen. The inguinal and hypogastric veins are not so large; they increase at night. No albumen. *Arsen.*, 1 drop of 3rd daily.

All subsequent accounts reported the boy as quite well, in which state he has continued until the present time (1880).

*Observations.*—What was the case here narrated? That it was one of albuminuria there can be no question, as far as tests will establish that point; but was it a case of desquamative nephritis? At an early stage of the disease I thought that once I saw some uriniferous casts, but the result of the treatment leads me to the belief that they were probably only urates which assumed that shape. It is probable, therefore, that it was a case of severe

inflammation of the kidney, although the extensive dropsy accompanying it (according to some pathological views) would indicate that it was a clear case of Bright's disease. Whether it were so or not, happy shall I be if the treatment adopted will aid any one in the management of this terrible malady.

The increase of symptoms when the wind was in the east seems also to indicate that it was a case of renal congestion, from the effect which this wind produces upon the skin, which view gets further confirmation from the dry condition of the skin of the invalid and the presence of urates in the urine, both of which improved before the albumen disappeared.

Had the eruption on the scalp any influence in producing the disease? This began two years, and was well for fifteen months, before the general dropsy appeared, yet in this interval the boy had attacks of sickness, with occasional swelling of the face, which precludes the idea that it was a case of suppressed scarlatina.

As regards the dose, little *permanent* benefit was produced with the medicine attenuated to the third degree, but permanent benefit resulted from the use of the same medicine in a more material form, and the cure appeared to be due more to the lowness of the dilution employed than to the quantity administered.

## MISCELLANEOUS.

*Alcock's Porous Plasters.* By C. B. KEE, M.D.

It is as well to know that these plasters are capable of doing a great deal of harm as well as good. That they may act like irritant poisons on the system the following case proves.

A patient of mine, between fifty and sixty years of age, about six weeks ago put a porous plaster on his right arm, just below the elbow, having been recommended to do so for rheumatism which had harassed him for three or four months. He kept it on only twenty-four hours, being forced, at the end of that time, to tear it off, in consequence of the itching and burning it occasioned. The surface which had been covered by the plaster already showed a bright red surface and a crop of vesicles so crowded together that a pin's head could scarcely have found a place between them. There was a good deal of swelling also. In less than twelve hours afterwards discharge from the vesicles began, and continued for three days. This discharge, which was of a serous, gummy character, was very profuse, and saturated the dressings placed upon the arm, and the shirt and coat as well. The swelling extended to the whole arm, from shoulder to fingers, till it became nearly twice its normal size. The axillary glands became enlarged and painful, and the use of the hand also was fettered and painful. This swelling and glandular induration and tenderness lasted about a fortnight.

But the poison of the plaster did not expend itself locally only. At all the orifices of the body symptoms showed themselves which were sufficiently distressing. Both eyelids became baggy and œdematous. Considerable swelling of the upper lip showed itself. The ears also got red and swollen. The anus swelled as if infiltrated largely with serum, and itched unbearably. The prepuce also swelled so as to threaten phimosis and, when the

glans was exposed, paraphimosis. The scrotum became hard and corrugated and shrunk in size to half its natural dimensions, and thrust both testicles up into the abdomen. The itching on the scrotum was described as being simply intolerable. For about three weeks sleep could be had only in short snatches, and my patient was reduced to a most lamentable state of exhaustion and depression. He told me that he never before had experienced so great a prostration of physical and mental energies. There was one singular exception to injury done to the whole system by the plaster. The appetite never failed, nor did the digestive power. Indeed, the latter, which is generally bad, rather improved than otherwise. The urine, however, was scanty and high-coloured for three weeks. The bowels continued in their usual condition of costiveness.

The present is the state of things six weeks after the application of the plaster. There is an urticarious-like eruption on the wrists and backs of the hands, the itching of which, at different periods of the day, nearly drives him crazy. He tells me that he never before understood the expression "voluptuous itching." Now he perfectly realises it. If he begins to scratch, a feeling of not only relief but of bliss almost overcomes him and makes him dread the taking his fingers off the skin. He feels like the drunkard in the presence of a glass of brandy. He knows he will do himself harm, but harm he prefers to do himself rather than refrain from that which gives him such exquisite gratification. I say harm advisedly, for he allows that the intervals of ease from the itching are longer when he does not scratch. The skin is harsh and dry over the whole body, his sleep is still bad, his energies are still at a low ebb, and he still feels poisoned.

That Alcock's plasters are useful agents in many cases there can be no doubt. But such an experience of its action as I have given, and I have no reason to believe that it is a solitary one, should make us think twice before recommending them. They should be placed in the same category as *Arnica*, an agent which is now universally recognised as a most valuable and yet dangerous one. In the case of both it will be as well to make some inquiry as to the constitution of the patient before prescribing them.

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*Temperature of the Breath.* By Dr. DUDGEON.

IN the *Louisville Medical Herald* for May last there is a letter from Dr. E. S. Clark, describing how he accidentally found that on breathing on a clinical thermometer through his coat-sleeve for about five minutes, the thermometer registered a temperature of  $108^{\circ}$ . On other occasions he could not make the mercury rise higher than  $103^{\circ}$ ,  $105^{\circ}$ , or  $106^{\circ}$ . A friend, by wrapping the bulb in woollen cloth and breathing on it for the same length of time, brought the mercury up to  $109\frac{1}{2}^{\circ}$ . Dr. Clark is quite unable to account for the high temperature thus produced, and does not even suggest any explanation of it.

I have made a number of experiments on myself and others suggested by Dr. Clark's letter. I find that by rolling up a thermometer, not very tightly, in several folds, from ten to twenty, of a silk handkerchief, and breathing out through the silk, just over the bulb—inspiration being performed by the nose—the thermometer, after about five minutes, will always exhibit a considerable rise of temperature. Sometimes it will not rise higher than  $100^{\circ}$ , more often to  $102^{\circ}$  or  $103^{\circ}$ , but occasionally much higher temperatures are obtained,  $104^{\circ}$ ,  $105^{\circ}$ ,  $106^{\circ}$ ,  $107^{\circ}$ ; and even  $108^{\circ}$  having been occasionally indicated. I have never sent the mercury up above  $108^{\circ}$ , but this temperature has been observed on several occasions. I cannot state what are the precise conditions under which higher or lower temperatures are produced, but I can mention a few circumstances apparently influencing their development.

It makes but little difference what the material is in which the thermometer is wrapped. Similar rises of temperature may be obtained whether the enveloping substance be a silk, cotton, linen, or woollen fabric. A higher temperature is developed if the enveloping fabric is closely, than if it is loosely, wrapped round the thermometer. The highest temperature,  $108^{\circ}$ , occurred on the 26th May, when the weather was warm, after pretty hard exercise, and when sitting quietly after dinner. Under apparently precisely similar conditions, the temperature at other times did not rise higher than  $104\frac{1}{2}^{\circ}$  or  $105^{\circ}$ . In the cooling room of a Turkish bath after having been subjected to a temperature of  $170^{\circ}$  my breath raised the temperature to  $104\frac{1}{2}^{\circ}$ .



I met two friends in the bath, one raised the thermometer to  $103^{\circ}$ , the other not beyond  $102^{\circ}$ . The lowest temperatures obtained by breathing seem to occur when the weather is cold, causing the body to feel chilly. I should observe that the temperature taken under the arm was always normal in these experiments, *i. e.* it ranged between  $98^{\circ}$  and  $99^{\circ}$ .

The cause of the high temperatures obtained in this way is not quite clear. Either the temperature produced is the actual temperature of the breath, which varies in the way above described at different times and under different, as yet unascertained, conditions, or the heat indicated in the thermometer is produced by the passage of the breath through the fabric, the heat being caused either by the friction of the air on the fibres of the material or by the condensation of the moisture of the breath, it being a well-known physical fact that a vapour passing into the liquid form evolves heat.

To the assumption of the latter as the source of the heat observed there is this objection: that supposing the breath which keeps the moisture suspended as vapour, on issuing from the lungs has the temperature of the interior of the body, *viz.*  $98.5^{\circ}$  (in the physiological works it is stated to be  $95^{\circ}$  or  $97^{\circ}$ ) it can only be for a very short time that the silk fabric will condense this moisture; only as long, namely, as its temperature is below that of the breath, but in a very few seconds the temperature of the enveloping medium becomes higher than the supposed temperature of the breath, so in place of condensing the moisture of the latter it would tend to dissipate it still more.

Whether the friction of the breath upon the fibres of the material through which it passes be the cause of the rise of temperature is difficult to ascertain. I am not aware of any experiments to show that air passing through such a material raises the temperature of the latter. In my experiments I find that it does not make much if any difference whether the exposed air be propelled strongly through the material or whether the breathing be performed gently and without effort. If the friction theory be correct the harder we blow the higher the temperature should be, that is to say, within certain limits, for if the air was much compressed its expansion would tend to lower the temperature. I tried to settle this point by isolating the bulb of the thermometer from any enveloping material and ex-

posing it only to the breath. To do this I placed the thermometer in a glass tube open at both ends, packing it round with cotton wool in such a way that the bulb stood out free in a space about half an inch in height at the top of the tube. I wrapped round the tube a silk handkerchief, and applying my lips to the top of the tube where the thermometer bulb was, breathed in it for five minutes. The temperature did not rise above 95°. On breathing into the end of the tube where the bulb was through a good many folds of silk, not in contact with the bulb, the temperature rose in five minutes to 102°. But this proves little one way or another. In the first experiment, where the lips were applied immediately to the tube, a higher temperature, that might have been communicated to the bulb by the breath, would be lost by radiation to the cooler lips, and in the second experiment, the folds of silk on the mouth of the tube might merely have served to retain the heat in the tube, and consequently on the bulb, which was before lost by radiation to the lips.

Is it, then, possible that the high temperatures observed really do correctly show the heat of the breath at the time? Several circumstances seem to point to this as the real solution of the enigma. The great differences that are observed in the temperature at different times would seem to show that the temperature of the breath varies according to some unascertained conditions. This, I think, I have made out, viz. that, *cæteris paribus*, higher temperatures are obtained when the surrounding atmosphere is warm than when it is cold.

Now, if the breath has these high temperatures on leaving the lungs—which we presume are themselves of the average temperature of the interior of the body, *i.e.* not above 99° or 100°—whence comes all this heat, and what does it imply? We know that the process of respiration is attended by an interchange of oxygen (from the air) and carbonic acid (from the blood)—the volume of carbonic acid evolved being rather less than that of the oxygen absorbed. In addition a considerable quantity of moisture is exhaled from the blood. Now, the conversion of the oxygen gas into a liquid in the blood is attended by an evolution of heat, and the conversion of carbonic acid from the fluid to the gaseous state is attended by an evolution of cold—so to speak—so that these two will about neutralise one another, but the conversion of the fluid water in the blood to the gaseous state must be attended by a

still further loss of caloric, so that it is difficult to see how the process of respiration could be attended by an increase, it ought rather to be attended by a diminution of caloric; hence some physiologists have regarded respiration as a means of cooling the body. If then the breath issuing from the lungs have really the high temperature shown in the above experiments, how is this great elevation of temperature produced? In physiological works we find it stated that the expired air has a temperature of only 95° or 97°, but breathing on the thermometer in the manner described raises its temperature as high as 108° occasionally, so if this is not merely an effect of the friction of the expired air among the fibres of the material enveloping the thermometer, the production of such a great amount of heat remains a mystery.

My experiments seem to show that the temperature of the breath is greater when the loss of heat by the skin is less, as when the surrounding air is warm, and less when the surface of the body parts with more heat, in consequence of a diminished temperature of the air; in other words, the breath is hotter when the heat of the body cannot escape by other ways.

That the act of respiration does not heat the blood is shown by the experiments of various physiologists, which prove that the arterialised blood in the left ventricle is actually cooler than the venous blood in the right ventricle, though this is denied by other observers.

The above experiments would seem to show that by the act of respiration a quantity of caloric is got rid of, and further, that the quantity thrown off by respiration is greater the less the heat exhaled or radiated by the skin. That the facts are as I have stated, any one may easily convince himself by repeating the experiments. What their explanation is, is a problem, the solution of which will no doubt be easy to professional physiologists.

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*Prize for an Essay on Hygiene.*

WE are requested to announce that the Société Française d'Hygiène offers prizes for essays on the following subjects:

1. Hygiene of the second period of infancy to the age of education (*age scolaire*), that is to say, from two to six years,

including everything relating to hygiene properly so-called, comprising the normal development of the organs of the senses, but without touching on infantile pedagogy.

2. Hygiene and pedagogy of model *salles d'asile*. The hygienic part will refer exclusively to the special locality of the *salles d'asile*. The pedagogic part will have for its exclusive object the harmonious development of the body and the intelligence.

For each of these subjects are offered a gold medal (the gift of a member of the British Homœopathic Society), a silver medal, and three bronze medals.

The essays in French, English, Italian, or German, should be sent to the Society, Rue du Dragon, 30, Paris, before the 1st of January, 1881. The author's name to be contained in a sealed envelope with a motto corresponding to that on the essay. The essays not to exceed thirty pages of 12mo. The prize essays to be the property of the Society, which will publish them with the authors' names.

#### *The Arnica Eruption.*

DR. PIFFARD, of New York, believes that the erysipelatoid eruption often following the application of the *Tincture of arnica* is owing to the flowers from which the tincture was made containing the larvæ of the *Atherix maculatus*, an insect of acrid and irritating properties.\* He says that a tincture prepared from the flowers free from the insect will not cause the erysipelatoid rash, nor yet a tincture prepared from the root. If this is correct, the moral would be to prepare our tincture as Hahnemann directs, from the whole plant before its flowering time, or alternatively from the root of the plant, or, as the *British Pharmacopœia* directs, from the root of the plant only, but not as the *Homœopathic Pharmacopœia* directs, from the entire fresh plant (period of growth not stated), or alternatively from the dried flowers only. But is it true that the *Tincture of arnica* uncontaminated by the insect alluded to is incapable of producing the arnica rash? In Hahnemann's proving, which was probably

\* Mercier in 1811 called attention to this fact. It was mentioned by Dr. C. Hering at the World's Convention in 1876.

made with a tincture prepared according to his own directions, we find that one of the symptoms is, "After touching the skin with the tincture there arises an itching miliary rash." Some years ago the writer was called to see a lady for whom an allopathic practitioner had prescribed a lotion containing *Arnica tincture*, which was made up at an ordinary chemist's (and so presumably of the tincture made from the root). This lady had a severe outbreak of the characteristic arnica erysipelas, and she sent for the writer, because, as she said, she knew that *Arnica* was a homœopathic remedy, and so she thought he would best be able to cure it. While it remains a doubtful point whether the *Arnica tincture* owes its frequently observed acridity to an insect in the flowers, it would be well to act on Hahnemann's directions, and not prepare our tincture from the flowers, but from the green plant before flowering time, or from the root only.

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*Genoveva Water.*

THIS is another candidate for popularity as a dinner water. Like Selters (commonly called Seltzer), Apollinaris, and Wilhelm's Quelle, it contains a very small amount of inorganic constituents, and a very large amount of free carbonic acid. The chief salt is magnesia, which communicates a hardly perceptible bitterness to the water, and doubtless imparts to it some medicinal virtues. It is a very pleasant dinner water, and mixes well with wine or spirits. We have no doubt it will become a general favourite when it comes to be known.

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*A New Sphygmograph.* By DR. DUDGEON.

THE application of the finger to the pulse is far from being able to reveal to us all the pulse has to teach us. With the finger we can tell little more than the number of beats per minute, the strength, and the regularity or irregularity of their beats. But the sphygmograph tells us a great deal more about the pulse. It shows us the various elements of which each pulse beat consists, and the relative proportion these different elements

bear to one another, and whether one or other of them is deficient or in excess. It shows us every irregularity in duration and in strength in a considerable number of beats, and it preserves for us the exact condition of the pulse at the time of taking it for comparison with its state at another time. In short, the value of the sphygmograph has been testified to by all who have used it. Why, then, is it not more generally employed?

The answer to this question is, I believe, because the sphygmographs, hitherto offered to the profession are so cumbrous and so difficult to use, besides being so expensive, that their use in ordinary general practice is impossible. The objections to its constant employment would be removed by the invention of an instrument which should have none of the disadvantages, while it offered all the excellences of the instruments hitherto known to the profession, the use of which has almost been confined to hospital practice.

The instrument I have the pleasure of introducing to my colleagues fulfils, as I think, all the requirements of a sphygmograph for daily and constant use. It is small, and therefore portable, light, simple in construction, not liable to get out of order, easily repaired, if broken, by the nearest watchmaker, easily applied to the wrist, it requires no wrist rest, and can be used with equal facility whether the patient is standing, sitting, or lying. With it the pulse may be taken almost as quickly as it can be felt with the finger. In sensitiveness it is certainly not inferior to any of those hitherto used, and the markings it produces on the smoked paper are as distinct as could be desired. There is a simple contrivance for regulating the pressure of the spring, so that it can be increased or diminished with the greatest facility, and the force of the arterial beat seen at a glance.

To the ingenuity and skill of Mr. John Ganter, of 19, Crawford Street, Montagu Square, I am indebted for carrying out all the details of this instrument, and I cannot speak too highly of his inventive powers and the thorough manner in which he interested himself in perfecting an instrument apparently so foreign to his own special art. But in reality it his complete knowledge of all the details of watch-making that has enabled him to suggest and carry out modes of overcoming all the difficulties in the construction of a sphygmograph adapted to the

daily use of the busy practitioner. Mr. Ganter will be prepared to supply the profession with this instrument in a few days.

Smoked papers are required for taking the drawings of the pulse. A good stout glazed note paper, cut into appropriate lengths, which any stationer or bookbinder will do, is smoked by being held over burning camphor. The tracing made by the needle is permanently preserved by pouring over it some quickly-drying varnish. I have found the best to be that which photographers call "crystal varnish," which may be obtained at any shop where photographic requisites are sold.

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*International Homœopathic Convention, 1881.*

The committee appointed at the Liverpool Congress in 1877, have drawn up the following circular for transmission to representative homœopaths in various parts of the world.

"DEAR COLLEAGUE,—At the close of the 'World's Homœopathic Convention' which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be in London.

"On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a Convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A Committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the Committee re-appointed, with instructions to obtain adhesions and contributions.

"The latter, viz. reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practising homœopathically throughout the world. But we now request your good offices towards interesting the  
in our proposed gathering, by bringing the subject before  
, and also towards making it known to the Homœopaths of your  
in such way as you may think best.

"The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in Sep-

tember, 1880; and information thereof will be duly forwarded to you, and published in all British Homœopathic Journals.

"Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain very faithfully yours, B. E. DUDGEON (*Chairman*), W. BAYES, A. CLIFTON, A. C. POPE, R. HUGHES (*Secretary*).

"All Communications to be addressed to the Secretary, Dr. Hughes, Brighton, England."

*Report of the Committee (referred to in letter) appointed to make arrangements for holding a "World's Homœopathic Convention" in London, in 1881, presented to and adopted by the British Homœopathic Congress Meeting in Liverpool, September, 1877.*

Your Committee beg to report that they have had several meetings; and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress:

"SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

"1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at liberty to elect honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

"3. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain; the approximate amount to be expected from each to be named as the time draws near.

"4. That the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

"5. That the Convention shall be open to all medical men qualified to practise in their own country.

"6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential



from some Homœopathic Society, or other recognised representative of the system.

“(a) That members of the Convention, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

“7. That the Committee be authorised to enter into communication with physicians at home and abroad to obtain—

“(a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last reports were drawn up.

“(b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the Transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

“8. That all essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

“9. That the approved essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

“10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

“11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

“12. That the order of the essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

“13. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

“14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

"15. That, as at the first Convention, the subjects of the essays and discussions shall be—

"(a.) The Institutes of Homœopathy.

"(b.) Materia Medica.

"(c.) Practical Medicine.

"(d.) Surgical Therapeutics, including diseases of the Eye and Ear.

"(e.) Gynæcology."

At a subsequent meeting of the Committee, it was determined that the gathering shall be known as the "*International Homœopathic Convention*."

### BOOKS RECEIVED.

*Hay Fever, its Causes, Treatment, and Effective Prevention.* By CHAS. HARRISON BLACKLEY, M.D. 2nd edit. London: Baillière, Tindall, and Cox. 1880.

*Transactions of the Homœopathic Medical Society of the State of Pennsylvania.* Sessions 1874-78. Vol. ii. Philadelphia. 1880.

*Licensed Fœticide.* By Dr. N. F. COOKE. Detroit. 1880.

*Sea-sickness; its Symptoms, Nature, and Treatment.* By G. M. BEARD, A.M., M.D. Trent, New York. 1880.

*Il Dinamico, Giornale medico-omiopatico.* Napoli.

*The Homœopathic Expositor,* January, 1880.

*The Medical Counsellor.*

*The Homœopathic News.*

*St. Louis Clinical Record.*

*The American Homœopath.*

*Revue Homœopathique Belge.*

*The Monthly Homœopathic Review.*

*The Hahnemannian Monthly.*

*The American Homœopathic Observer.*

*The United States Medical Investigator.*

*The North American Journal of Homœopathy.*

*The New England Medical Gazette.*

*El Criterio Medico.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*Allgemeine homöopathische Zeitung*

*The Homœopathic World.*

*The Homœopathic Times.*

*L'Homœopathie Militante.*

*The Organon.*

*The Medical Herald.*

*Medical Record.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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HOMŒOPATHY IN RUSSIA.

THE publication in German of the Essay sent by Dr. Bojanus, of Moscow, to the World's Convention at Philadelphia—when it will be published by our American colleagues this deponent saith not—enables us to lay before our readers a short history of the introduction and propagation of homœopathy in Russia, which may prove of interest to those not afflicted with Russophobia.

Homœopathy was introduced into Russia by non-medical converts in the year 1823. Dr. Adam, who had made the acquaintance of Hahnemann, and whose name is familiar to us in connexion with the proving of *Carbo animalis*, about that time settled in St. Petersburg, where homœopathy was quite unknown. Adam was, however, more devoted to agricultural than to medical pursuits, and contributed little or nothing to the spread of the new doctrine. It appears, from a letter of Dr. Stegemann's, dated 2nd February, 1825, and published in the *Archiv*, that he was then practising homœopathy with zeal and success in Dorpat (Livonia). Stegemann, who seems to have been the pioneer of homœopathy in the Baltic provinces, was a Prussian, studied under Vogt, Hehn and Trechart in Jena, was summoned to St. Petersburg to attend to some Grand Duke, was created State Councillor, married and settled down in Dorpat, was sent for to Riga in 1823, where he cured a lady of epilepsy who had been subjected to all

kinds of treatment without effect, whereby he converted her husband, Mr. C. Kaule, who there and then set himself to study medicine, and became a successful practitioner of homœopathy, but was persecuted by the old-school authorities in 1831.

Stegemann, who had left Riga, returned to that town in 1833, then transferred himself to Dorpat, where he practised homœopathy for some time. Not long, however, for he died in Switzerland in 1835.

Professor Lahmen, of Dorpat, published, in 1825, a very temperate pamphlet on the position of homœopathy in relation to traditional medicine.

In 1827 an equally temperate article on homœopathy was published by Dr. Marcus, of Moscow, in a medical periodical published in the Russian language. Inconsistently enough, though Marcus wrote so moderately about homœopathy, even admitting that medicine was under considerable obligations to it, he afterwards took a decided part against the system.

In 1824 Dr. Bigel, of Strasburg, was appointed physician to the Grand Duke Constantine Paulovitch, and accompanying him to Dresden he there became acquainted with homœopathy and published a work on its dogmas the following year. In 1829 he was entrusted by the Grand Duke Constantine with the care of a hospital for the children of soldiers in Warsaw, and he treated them homœopathically. In 1836 he published a domestic homœopathic guide.

In the summer of 1825 Dr. Seidlitz, the superior physician of the St. Petersburg Marine Hospital, became acquainted with Dr. Adam, and was so struck by some cases he witnessed, that he took up the new system with much zeal. But finding that his syphilitic patients did not escape secondary symptoms when homœopathically treated, he gave up homœopathy.

The success of Dr. Schering in the homœopathic treatment of Egyptian ophthalmia, that broke out in the Cadet School of St. Petersburg in 1825, was so striking in comparison with the results obtained by allopathy, that the

Czar Nicholas resolved to introduce the homœopathic treatment into the army. But previous to doing so he resolved to have more extensive trials made with it.

Dr. Herrmann, of Dresden, came with the Countess Ostermann Polstog, in 1827, to St. Petersburg. Here he had very brilliant success in an epidemic of dysentery, and, at the request of the Grand Duke Michael, he went to Tultschin in order to treat in the hospital of the Imperial Guards patients suffering from fevers of various sorts, dysentery, and other acute disorders. For this he received a salary of 12,000 roubles. The salary apparently excited the envy and jealousy of the other military doctors, who received but 700 roubles for their services. So they contrived that a number of cases of incurable diseases should be sent into the homœopathic department, though this was contrary to the intention of the Grand Duke. During the three months of Dr. Herrmann's service, he treated 164 patients, of these 123 were cured, 18 convalescent at the end of the trial, 18 remained ill, and 6 died. Of these 6 deaths, 2 were from phthisis, 1 from typhus, 1 from diarrhœa, 1 from gangrene, and 1 from hypertrophy of spleen and liver. Under these untoward circumstances the trial of homœopathy was unfair, and the experiment was considered to have shown that homœopathy possessed no superiority over the old system.

When Herrmann returned to St. Petersburg, by command of the Emperor, he made another trial of homœopathy in the military hospital,—Dr. Giegler conducting at the same time experiments on expectant treatment in a similar number of beds. The experiment was carried on for a year, but long before the expiry of that time, Giegler was converted to homœopathy, and another doctor had to be appointed to carry on the expectant treatment. The official report of the result of this trial is given by Dr. Seidlitz, already mentioned as having coquetted with homœopathy, but now its bitterest opponent, in a work written by him, in which he employs the strongest language he can think of to show his abhorrence of the system that once nearly seduced him from his allegiance to orthodox physic.

This report shows that in five months 395 patients were treated, of whom 341 recovered, and 23 died, showing a mortality of 1 in 15. At the same time in the other departments of the general hospital, 8188 patients were treated, of whom 4203 recovered, and 435 died, showing a mortality of 1 in 10. The comparison is not quite just, as phthisical and dropsical patients were excluded from the homœopathic wards, among whom the mortality is very great. But, on the other hand, from these wards venereal diseases, eye affections, and many external maladies were also excluded, among whom the mortality is little or none. In short the medical authorities reported unfavourably of the homœopathic trial, which a judicious cooking or annotating of the figures made it easy for them to do, and nothing came of this trial, which was intended to be of a comparative character, but in which the conditions necessary for a fair comparison could not be maintained. The report sums up with a recommendation that the practice of homœopathy should be forbidden in all land-, sea-, and civil-hospitals.

What else could we expect when a body of avowed opponents to homœopathy was set to report on the comparative merits of the allopathic and homœopathic treatment? He must be a bungler who would not be able to make the worse appear the better cause, if that worse was his own. As Dr. Bojanus says, "The only judgment in our power upon this report is to express our wonder at the irony of fate that men who had no idea of what homœopathy is, and who refused to inquire into it, should sit in judgment on it with the predetermination to condemn it, and thus become the catchpoles of one who is, and ever will be, a benefactor of humanity."

Falsified by this condemnatory report, an attempt was made by the allopaths to pursue their victory and inflict a fresh blow on homœopathy. For this purpose a proposal was made in the Council of State to suppress the dispensing of medicines by practitioners; but this was counteracted by a decree of the Minister of Culture, Prince L. N. Galitzin, who appointed a committee of three homœopathic practi-

tioners to report on the proposal, which, of course, they advised should be rejected, and the issue was that the central homœopathic laboratory was founded in St. Petersburg.

This saved homœopathy from the destruction with which it was threatened, but the recommendation of the medical authorities not to allow the practice of homœopathy in any public hospital was carried out, and is still the law in Russia.

In 1831, Dr. Tschervinzky treated in Schitomir four hundred cases of cholera, of whom only twelve died—at least, so he says.

Notwithstanding the success of homœopathy, not only in cholera, but in other severe diseases, the medical authorities of the old school prevailed upon the Czar Nicholas to issue a ukase in which all medical boards were required in case of a death under homœopathic treatment to make a chemical analysis of the medicine given. In order that they might be able to do this, each practitioner of homœopathy was required to give his remedies in double, that the analysis might be performed. The stupidity of the whole thing seems not to have struck any one, and so this wonderful ukase became part of the civil code.

Dr. Bojanus gives us whole pages of the regulations and articles adopted into the civil code referring to the practice of homœopathy. It is a wonder the system was not regulated out of existence in Russia. With so many pains and penalties threatened to those who committed the slightest infraction of these laws, physicians and patients must have felt, when giving or taking homœopathic remedies, possibilities of Siberia, or at least the knout looming at them in the future. But doubtless the laws were but seldom acted on, and gradually fell into contempt. They reveal the benevolent intentions of the dominant sect towards the new candidates for patients' favours.

One effect, however, the machinations of the enemy had, that for thirty years it was impossible to have a homœopathic society, or to establish a homœopathic periodical, and the greatest difficulty was encountered in publishing any work on homœopathy in the Russian language. The will of an autocrat like Nicholas, who wished homœopathy to

be introduced into the army, and to establish a Chair of Homœopathy in the medical school, was powerless against the dogged opposition of the partizans of old physic.

When the cholera invaded Russia in 1830, there was already a considerable number of practitioners of homœopathy in the Empire; St. Petersburg, Moscow, Kaluga, Kursk, Tver, Nischni Novgorod, Orenburg, Kasan, Saratow, Tambov, Riga, Tiflis, Warsaw, and many other towns, had their homœopathic practitioners. Dr. Bojanus gives us the names of these practitioners, but, with the exception of Brutzer of Riga, and Bigel of Warsaw, we confess we never heard of any of them. A better known name in connection with homœopathy is that of a layman, Count Ssemen Nikolojewitsch Korsakoff, to whose perverted ingenuity we owe the introduction into homœopathic practice of the *high-potencies*, which have taken such a surprising development of late, and which have done so much to render our system ridiculous in the eyes of adversaries. He was not the only Russian layman who took an active part in the spread of homœopathy. Admiral Count Mordwinoff showed his homœopathic zeal and knowledge by contributing in 1831 an article on homœopathy to the *Archiv*. It is in French, and bears on the subject of small doses.

Korsakoff we know stood very high in Hahnemann's esteem. The following letter from Hahnemann, found among his papers, seems to show that besides being the actual author of the high-potency mania, he gave Hahnemann the hint for administering remedies by olfaction, which at one time was in great favour with the master.

"I admire the zeal with which you devote yourself to the beneficent homœopathic art, not only in order to give your aid to your own family and to your neighbours, but also in order to penetrate into the secrets of nature, which your valuable notes show you are doing. I am pleased with the happy idea, contained in one of those given to my nephew, to fix on the suitable medicine by olfaction. I have seen a corroboration of this. With all my powers I seek to discover above all what will benefit my neighbour and do good to mankind. I consider this to be the best thing for



a mortal to do in this short life, and believe that you think so too. Continue the activity that is gratifying to the sensitive heart, and I beg you to think well of yours truly, S. Hahnemann."

The number of Korsakoff's contributions to homœopathic literature is considerable. The *Archiv* contains a good many.

Alexander Peterson was another unqualified person (he was an apothecary, which corresponds to our chemist and druggist, not to a L.S.A.), who did a good deal in the way of propagating homœopathy in Russia. He treated many patients and contributed several papers to Stapf's *Archiv*.

A good deal of desultory homœopathic treatment seems to have prevailed in Russia at the period of the invasion of cholera in 1830-1; some of it a little queer, such as that of Dr. Seuber, of Wischni Wolotschok, who says that he treated 209 cholera cases, 93 of these would not have homœopathic treatment, so he had to treat them allopathically, of these 69 died, whereas of the 116 whom he treated homœopathically, he only lost 23.

Admiral Mordwinoff collected all the statistics he was enabled to procure of the homœopathic treatment of cholera in Russia, and gives them in a table. The grand total is 1273 cases, 1162 recoveries, and 111 deaths, a mortality of under 8 per cent. Of course these statistics make no pretension to exactitude, and most likely included many slight cases that the practitioner imagined might have become severe had he not interfered promptly with his remedies.

About 1831, M. Wratzky, a nobleman, completed a translation of the *Organon* into Russian.

The results of the homœopathic treatment of cholera being widely published, gave a fresh impulse to the spread of the new system in Russia.

From 1841 to 1844, Dr. Goldenberg was accorded a division of the Catherine Hospital in Moscow, during which period he treated homœopathically 1274 patients, with an average mortality of 6 per cent.

In Babai (Charkow), General Schtscherbinin founded a homœopathic hospital, of which Dr. Gurtfocund was the

physician in 1842-3, during which time he treated 1048 patients with a mortality of less than 6 per cent. The further history of this hospital is not known.

Prince Leonidas Galitzin instituted a hospital for homœopathic treatment, which remained till 1860 under the care of Dr. Schweikert, and was then shut up owing to the death of its patron. No information has been published respecting the results of the treatment beyond a notice in the *Hygea* from Dr. Johannsen that both allopathic and homœopathic treatment was pursued in it, which was denied by Dr. Schweikert.

A homœopathic hospital for the labouring classes was founded in St. Petersburg in 1848, but nothing is known about it.

Dr. Dahl, an army surgeon, was converted to homœopathy by witnessing the good effects of homœopathic treatment in the cure of a relative. He became a zealous convert. When he retired from the army, being appointed chief of the Chancellery of the Home Minister, he persuaded the minister to devote a portion of the large hospital for working women to a comparative trial of the old and new systems. One hundred beds were accordingly put under the care of the homœopathic practitioner, Dr. Steuder, and an equal number under that of an allopathic practitioner, patients being sent to one or other division alternately without selection. The trial lasted eight years, from 1847 to 1855, and the following were the grand results obtained :

*Homœopathic Division.*

Patients admitted, 5900.  
 „ recovered, 5144.  
 „ died, 756.  
 Mortality = 12·81%.  
 Average period in hospital, 24½ days.  
 Cost of medicines for the 8 years, 960 roubles. The shorter duration of the treatment makes a saving of 18,225 meals, or 1298 roubles at the prices of the period.

*Allopathic Division.*

Patients admitted, 2782.  
 „ recovered, 2386.  
 „ died, 413.  
 Mortality = 14·80%.  
 Average period in hospital, 27½ days.  
 Cost of medicines for 8 years, 5600 roubles.

Though the number of beds was alike, it will be observed that more than twice the number of patients were treated in the homœopathic than in the allopathic wards. After Dahl's resignation of his office on the death of his chief, the homœopathic department was cold-shouldered out of existence, things being made so disagreeable for Dr. Steuder that he resigned, the beds that had given such good results were quietly relegated to the old treatment. It would seem that the most brilliant contrast offered to the view of all by the homœopathic treatment is powerless to move the tradition-trammelled mind to regard the new system with aught but loathing.

A sort of excrescence or degeneration of homœopathy created in Russia a certain amount of interest about this period. This was the so-called atomistic method of treatment invented by Dr. Mandt. Mandt was not exactly a quack, though his proceedings cannot be altogether approved of. He was physician to the Emperor Nicholas, and filled that post from 1836 until the death of the Czar in 1853. He was also a professor of clinical medicine, a diagnostician of reputation, and a man of considerable intellectual powers and scientific attainments. He contended that the mucous membranes were the chief source of all diseases, and he classified all medicines according to their action on these membranes, without, of course, indicating the source whence he derived his knowledge of their action—for he dared not, of course, mention the word homœopathy without imminent risk of losing his exalted position.

I. Drugs that act on the vegetative life. To these belong :

a. Those that act peculiarly on the mucous membranes : *Nux vom.*, *Carduus mariæ*, *Natr. nitr.*, *Bell.*

b. Those that have a destructive action on the processes of assimilation : *Ars.*, *Iod.*, *Sulph.*, *Calc. mur.*, *Carbo*, *Ferr.*

c. Those corresponding to the circulation : *Camph.*, *Mosch.*, *Acon.*, *China*, *Dig.*, *Arn.*

II. Drugs that act on the animal life.

a. Those corresponding to a state of exaltation of the nervous system : *Cupr.*, *Zinc.*, *Rhus.*

b. Those corresponding to a state of depression of the nervous system : *Hyos.*, *Opium*.

III. Specific remedies : on the mucous membrane of the duodenum, *Phos.*; on that of the colon, *Bry.*; on the ulcerative process of the bowels, *Arg. nit.*; on the degenerative process, *Merc. corr.* He gives a list of the several medicines with their indications, and describes his mode of prescribing. He generally gives two medicines in combination, and one of them is always *Nux vomica*, which seems to be his panacea. Thus, he gives *Nux vom.* in combination with *Acon.*, *Bell.*, *Bry.*, *Dig.*, *Cup.*, *Con.*, or some other drug. In some cases he advises the application of one or two leeches, and does not exclude ointments, especially zinc ointment.

Of course the source of Mandt's so-called atomistic method is easily recognised, and so enamoured was the Czar of it that he caused Mandt's book—written in German—to be translated into Russian, and a copy sent to all medical officers of hospitals with a recommendation to employ Mandt's method; which shows how much this powerful Czar miscalculated his own power.

With the death of Nicholas Mandt's star set. He was even accused of having killed his golden goose without the pretence of justification which Æsop's goose-slayer would allege. He had to make tracks out of St. Petersburg as fast as he could. He went to Berlin, and there published a vindication of his treatment of the Czar.

An incident, rich in the elements of comedy, occurred in connexion with homœopathy in Russia in 1836. In the German *St. Petersburger Zeitung*, No. 32, there appeared an article signed by our old friend Seidlitz and a Dr. Weisse, announcing that the St. Petersburg Society of Corresponding Physicians—whose secretary Seidlitz was—proposed to give a prize of fifty Dutch ducats for an essay. The announcement was as follows :

“ The St. Petersburg Society of Corresponding Physicians, starting from the conviction that all cases of disease treated homœopathically are only examples of the natural course of morbid conditions in the organism, such as rational physi-

cians can rarely see, and that only when they purposely abstain from treatment, wishes :

“That the histories of cases of disease contained in the whole homœopathic literature should be reviewed, critically elucidated, and arranged, so that the course of development of whole classes and genera of diseases, as also of particular diseases, should be exhibited in the clearest possible way ; the result of these researches must be compared with the normal development of disease in the Hippocratic sense. At the same time the phenomena which usually precede the favourable as well as the unfavourable termination of diseases treated homœopathically, as also the metaschematisms of morbid affections are to be prominently exhibited.”

At the same time all polemics against homœopathy as a system, and against homœopathic practitioners, were to be avoided, and the prize was to be awarded to the essay which should *most fulfil the expectations of the Society.*

The unconscious humour of this offer does not seem to have struck its authors. It reminds us of one of our old Edinburgh professors who, at his monthly examination of his class, asked one of his auditors “What is the treatment of organic disease of the heart?” To which the student replying “I consider all treatment in organic disease of the heart equally futile;” the enraged professor replied, “I don’t want you to tell me what you think, sir, but what I think.”

Though the allopaths did not see the comical absurdity of this offer, it was immediately detected by their homœopathic colleagues, and a good deal of ridicule was thrown upon it. Even some allopathic writers, especially the editor of *Schmidt’s Jahrbücher* (vol. xxix, p. 264), observed that it was so palpably unscientific that it was undeserving of notice. Dr. Brutzer, of Riga, well known in homœopathic literature, soon afterwards offered a prize of 100 Dutch ducats for an essay that should give a fair and scientific statement and elucidation of the cases of disease published in homœopathic works, and draw logical inferences from them, *even should these, far from fulfilling the expectations of the society, go directly counter to them.*

Brutzer appointed a committee of five foremost members of the medical faculty to award the prize, and he named two years as the time within which competing essays might be sent in—the time of the allopathic society being only one year. He advertised his offer in numerous Russian and other papers.

Only one essay was sent in to compete for the allopathic prize. It was decided as having *best* come up to the society's expectations, which it could hardly have failed to do, as it had no rivals. The author, Dr. Simson, of Breslau, on receiving the fifty ducats handed them over as a donation for some poor Russian people who had suffered by a conflagration, remarking that homœopathy would thus prove useful, though indirectly, to some people. Though Dr. Simson's essay was deemed worthy of the prize, the Allopathic Society did not publish it in order to allow others to judge of its merits. *Omne ignotum pro magnifico*, they doubtless thought.

An essay was sent in for Dr. Brutzer's prize with the motto "Est modus in rebus, &c.," but which the committee considered had not completely fulfilled the conditions laid down by the prize giver, and consequently the prize was not awarded to the essayist. But eight months after the last day for sending in competing essays had elapsed, another essay was sent in for Dr. Brutzer's prize, with the very appropriate motto "Justice for Ireland," and this was considered, though not quite fulfilling Dr. Brutzer's conditions, as deserving a prize, and the judges awarded it half of the prize offered. The author proved to be Dr. Heubel, of Wulk (Lithuania). Dr. Brutzer pledged himself to publish the essay as soon as possible, but this was never done, at the author's request, it would appear. The author of the unsuccessful essay, who proved to be Dr. Goullon, Senior, of Weimar, was not quite pleased with this arrangement, and wrote that Brutzer, when he sent back his essay to him, remarked that he wondered any one could take his offer in earnest, as it was only intended as a demonstration against the offer of the Allopathic Society. On this Dr. Heubel, the author of the essay with the "Justice for Ireland" motto,

wrote that he had actually got the fifty ducats paid him, so that Brutzer's offer of prize was a reality and no joke at all.

Brutzer is the author of a learned work, published at Riga, in 1838, entitled *Attempt at a scientific foundation of the Homœopathic principle*, which is a very sensible and well-written production, and was intended to be the introductory chapter of a complete *Manual of Homœopathy*, which, however, has never, as far as we know, been published. Things seem only to get half done in Russia; hospitals commenced with enthusiasm are shut up after a year or two; homœopathy develops in the hands of a Mandt into a sort of half-breed between the two systems; books are begun but never finished, and the chimæra of high potencies which haunts us in more western countries originates in the half-cracked brain of a Russian nobleman.

Seidlitz was assailed with letters from old friends and colleagues showing the advantages of homœopathic treatment, and trying to convert him. He published the letters with his replies, thinking the latter probably much better than the former. His correspondents might have spared themselves the trouble of trying to convert the secretary of the Allopathic Society, his very name, suggestive of a hydragogue cathartic, might have convinced them that the task was hopeless.

A very pretentious work in three volumes, professing to be a thorough examination of the homœopathic doctrines, was published about this time, the author being one Wolsky. His ideas of what homœopathy is may be learned from one or two extracts.

"When a patient vomits from thirty to forty times in an hour, and is thereby in great danger, according to the principle of homœopathy a remedy must be given him which causes a similar disease, *i.e.* vomiting thirty or forty times in an hour, in order that he should be cured homœopathically *cito, tuto et jucunde*. He dies of course during the action of the remedy."

"In order to cure a patient suffering from a mania for infanticide, who has already killed two of his five children, a remedy must be given which produces in him a similar

disease, so that in order to recover *cito, tuto et jucunde*, according to homœopathic rules, he must murder two more, or still better, all three of his remaining children."

This stuff would hardly be worth mentioning were it not that the allopathic journals of Russia were unanimous in their laudations of it, and professed to consider it as a fine statement and a complete refutation of homœopathy.

Dr. Bojanus gives a long list of works on homœopathy published in Russia, extending from 1834 to 1875, which shows that the laudators of Wolsky's tract might have easily acquired a knowledge of what homœopathy is had they so wished. Almost all these works, it should be observed, are translations or reprints of works that have appeared in other parts of the world; the original literary activity of the Russian homœopaths does not seem to have been very great. Another thing remarkable in this list is the number of works that are published at the residences of the editors or translators, as if the difficulties of getting recognised publishers to publish the works had been insuperable, as no doubt in many instances they were.

Another outbreak of cholera occurred in 1848-9, in which the homœopathic treatment showed superior results.

A homœopathic hospital containing twenty-two beds for the peasants of the imperial estates was established in Nishni Novgorod, at first under the direction of an English layman, a certain Edward Strubing, later under that of Dr. Schrubert, who retained the post from 1853 to 1863, during which period the number of the beds was increased from twenty-two to forty. After Schrubert's departure to Moscow the hospital was discontinued from want of a homœopathic practitioner.

In 1856 an attempt was made by Dr. Deriker to obtain permission to found a homœopathic society, but the permission was not granted by the authorities. As a preliminary condition the homœopaths were required to prove the efficacy and advantage of homœopathy to a committee of allopathic doctors of the stamp of Seidlitz, Wolsky, and Co., with what result might be easily foretold.

Though unable to get leave to form a society, permission



was obtained to publish a periodical in the German language, which, under the title of *Journal der Homöopathischen Heilkunde* was issued regularly for three years (1861-63), but then died for lack of subscribers.

Though the formation of a homœopathic society was prevented by the impossible conditions imposed by the authorities, the publication of a homœopathic periodical seems to have suggested to the allopaths to publish the conditions under which they proposed to allow a society to be instituted.

These consisted of a great number of questions, which, unless they were answered to the satisfaction of the dominant medical authorities, the latter could not allow the formation of a homœopathic society. A few specimens will suffice.

“ How does homœopathy produce dilatation of the pupil with a view to operation or inspection of the eye ? ”

“ What sure solvent of biliary and urinary calculi does homœopathy possess ? ”

“ How does homœopathy expel intestinal worms ? ” &c.

These questions were purposely framed, as is evident, in order that the answers should be unsatisfactory to the hostile judges.

Replies of the most complete character were made by the homœopaths to this absurd demand. Deriker himself gave a most complete answer in the newly-established homœopathic periodical, in which he showed the animus of the whole business, and exposed the ignorance that marked their definition of homœopathy, and the insincerity of the whole proceeding. In this answer, Dr. Deriker completely turns the tables on his opponents, convicting them not only of ignorance respecting homœopathy, but of wilful misstatements and false assumptions respecting their own allopathic system. On the whole, the publication of their elaborate *Programme* did more harm than good to the cause of old-school physic.

The progress made by homœopathy in Russia from the period of the second outbreak of cholera until now has been very steady, and the number of its practitioners has greatly

increased in all parts of the empire. In Poland particularly the increase has been very considerable, and in Warsaw, unlike many other places, the practitioners of the two schools are generally on very friendly terms. In 1867 a ward was granted to Dr. Wenjawsky in the clinical hospital of the Faculty, where the patients were treated homœopathically, and the results were so favourable that the hospital administration were disposed to increase the number of the beds in the homœopathic department. But several cases that were dismissed incurable from the allopathic wards having been cured in the homœopathic department, and the results being published, the authorities suddenly discovered that the ward hitherto devoted to homœopathic treatment was required for vivisection purposes, and Dr. Wenjawsky was ejected, and the friendly feeling of the old school towards the new was abruptly terminated.

In 1869 permission was at length accorded for the formation of a homœopathic society, which immediately set about the establishment of a dispensary by subscription. In 1870 the number of members amounted to 128. Since then the number of members has greatly increased. It has now 218.

In 1872 Dr. Von Grauvogl was invited by the Governor of Finland to give lectures on homœopathy at Helsingfors, which he did, and had a good audience, among them *two* military doctors of high rank, and the chief of the medical Faculty of the University. By command of the Emperor two wards in the military hospital were confided to him with an honorarium of 4000 roubles. The hospital work was carried on for seven months, but during all that period not a single acute case was sent in, they were all serious chronic diseases, many incurable. The results obtained under such conditions were of course not very brilliant. Dr. Von Grauvogl did not find his sojourn in Finland very agreeable, for all the time he was there the most violent personal attacks were made on him in the public papers. The intrigues of the allopathic physicians at length procured his departure from Helsingfors, but the Czar accorded him a decoration.

St. Petersburg has at present seventeen homœopathic practitioners, and three veterinary surgeons. Moscow has seven homœopathic practitioners. Riga has 4, and in addition the very pugnacious lay homœopath V. Von Gruczewsky. Many other towns less known to the English have each their homœopathic practitioner, and no doubt if medical practice were freer, Russia would soon have many more partisans of Hahnemann's doctrine.

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### CASE OF ASCITES AND ANASARCA.

By Dr. DRYSDALE.

A MAN of 32 was seen first on the 28th December, 1879. He reported that for some months his habits had been irregular and intemperate, and that in October he had consulted a doctor for "wind and indigestion," with constipation, bad appetite, and fulness after meals, especially after soups. In November his abdomen began to swell, and a fortnight afterwards the feet and legs also. The swelling increased, and in the beginning of December a cough and difficult breathing came on. He had been treated with *Spiritus Mindereri*, *Cardamoms* and *Gentian*; *Castor oil*, *Oil of Ruta* and *Terebinth*; *Bromide of Potassium* and *Chloral hydrate*; *Pills of Elaterium*, *Jalapin*, *Aloin*, and *Podophyllum*, all combined; *Bromhydric acid* and *Syrup of Tolu*. Notwithstanding, the disease continued to increase, and on the 24th December he weighed at the Turkish bath 15 stone 7 pounds, and his girth round the waist on the 28th was forty-three inches. The chief symptoms on the 28th were: œdematous swelling of the feet and legs, and at times of the thighs and scrotum; distension and fluctuation in the abdomen; the physical signs of the liver cannot be made out, owing to the distension; no appetite, much thirst; tongue flabby and furred; urine scanty and turbid, not albuminous; pulse rapid and small, no organic disease

of the heart ; two or three loose stools daily ; great general debility. In addition to these symptoms there was frequent cough, dry and choking in paroxysms, on slight changes of temperature ; dyspnoea in walking, especially on the least ascent ; can only lie on the right side ; serous effusion in the right pleura, up to one inch above the nipple, in the sitting posture. Considering the want of appetite, the thirst, and the probable state of the mucous membrane of the stomach and of the liver, induced by irregular living and excess of alcohol, in which the skim-milk diet is often so beneficial, I put him at once on that plan of diet, giving no food at all except skim milk, beginning with three and gradually increasing to six pints in the twenty-four hours. At the same time, as the cough and pleuritic exudation were the more immediate indications for medicine, *Bryonia* and *Cantharis* were given in alternation every three hours in the dose of one drop of the first decimal dilution. On the 2nd of January, 1880, he complained, in addition, of pain in the right hypochondrium and diarrhoea of dark loose stools. One dose of *Leptandrin* in the first decimal trituration was interposed daily, and *Bryonia* and *Cantharis* and the pure skim-milk diet continued till the 10th of January, when he had gradually improved as regards the cough and dyspnoea ; the cough was nearly gone, and the effusion in the chest for the most part absorbed, but the girth round the waist had increased to forty-four inches ; the urine was rather copious and the stools were loose, but now pale coloured. He now got two drops of the pure *Tincture of Chelidonium* four times, and one dose of the first trituration of *Aurum muriaticum* twice, each day of twenty-four hours. This was continued till the 24th January, when he felt better, but with much hunger and sinking and craving for solid food, so he was allowed to have one solid meal a day, and the rest of his diet skim-milk, in proportionate quantity. The general feelings were improved and the bowels were moved twice a day, soft, but of natural colour ; the urine was copious, but the girth of the abdomen had increased to forty-five inches. The *Aurum* was continued twice a day, and instead of *Chelidonium*, *Apocynum cannabinum*, in the

dose of one drop of the pure tincture, was given four times a day.

On the 7th of February an improvement had taken place in all respects; the urine exceeded the milk drunk by half a pint, and the abdomen measured one inch and a half less than last time, and perspirations had come on at night. The swelling of the legs and feet had varied all the time, and was now decidedly less. He feels altogether better and walks out a little in the open air. Continue *Aurum* and *Apocynum* as before.

On the 14th of February, girth forty-one inches; urine very copious, much more than milk drunk. Legs and feet natural in size, and health and strength improved; has taken a glass of beer with his one solid meal. Continue medicine.

On the 21st of February, girth thirty-eight and a half inches; urine two or three quarts; gaining strength, though still can only walk a short distance. Two rather loose but otherwise natural stools. Continue one solid meal with one glass of beer, and the rest of his diet skim milk, as before, also the same medicines. The same system was continued until the 6th of March, when the girth was thirty-four and a half inches, though fluctuation still perceptible. He can walk three miles, and lie flat and sleep in any position; no remains of anasarca anywhere. Weight 10 stone 10 pounds. Is getting tired of the skim milk, so to have two solid meals a day, and three doses of *Apocynum* and one dose of *Aurum* daily.

On the 13th of March the girth was thirty-three inches, and no fluctuation to be detected. He feels in all respects quite well, and was ordered common diet and no more medicine. He has been seen several times since and remains quite well.

*Remarks.*—It is in general difficult to apportion the due share of benefit to different therapeutic expedients which we may have to use simultaneously or in succession. But in this case it would appear that the skim-milk diet can hardly have been the all-sufficient cause of the removal of the dropsy, for, however beneficial it may have been as an

auxiliary in improving the state of the stomach and liver, there was no diminution, but, on the contrary, an actual increase of the ascites during the four weeks that the diet consisted solely of skim milk. The diminution of the ascites did not begin till a daily solid meal had been taken some time and certain medicines given. The action of the *Apocynum* here may be fairly claimed as homœopathic, acting directly on the disordered capillaries and lymphatics, and not indirectly as a primary diuretic, for the dose, viz. four drops of the tincture *per diem*, was too small for a diuretic. The other medicines also no doubt acted purely homœopathically on the pleuritic effusion and on the different states of the liver, which were successively manifested. It is to be noticed that two doses of *Aurum* were given daily from the 10th of January till the 6th of March, alternated first with *Chelidonium* and then with *Apocynum*, but although the hepatic and general symptoms improved, the ascites did not begin to yield until the *Apocynum* was given. It may be asked—Would it not have been better to give the *Aurum* alone and stop it before beginning the *Apocynum*? This is to my mind doubtful, for the *Aurum* is a slow long-working medicine and required to be continued a long time. During that time, whatever it did, it certainly did not interfere with the action of the *Apocynum*, for what case could have done better? Rather must we say by its action it supplemented that of the *Apocynum*, and this speaks in favour of the alternation of medicines as well as the succession of them, which has never been disputed.

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## TRITURATIONS.

THE trituration is one of the most distinctive features of Homœopathic Pharmacy. It is our mode of presenting substances insoluble in water or alcohol, so that they shall be taken up by the economy. It is carried out, as we

all know, by rubbing up in a mortar a portion of the drug employed with a certain number of parts of sugar of milk. After this process has been continued for a certain time, a similar quantity of the resulting trituration is mixed with a corresponding proportion of vehicle, and rubbed up for a like time. These steps are repeated until the milk-sugar used is to the drug as 999,999 to 1, at which point solution takes the place of trituration for preparing the subsequent attenuations.

The theory of such a proceeding obviously is that by prolonged rubbing up there is secured so complete an admixture of drug with vehicle, that (to take Hahnemann's proportions) every grain of the first trituration shall contain a hundredth of a grain of the medicine, every grain of the second a ten-thousandth, and every grain of the third a millionth. It is assumed that the various substances so treated are thus divisible, and that such uniform division is effected in them by the mechanical means employed. The theory further hypothecates, that when the million-fold degree of attenuation is reached, insolubles have become soluble, and can be so uniformly diffused through water or alcohol that every drop of the fourth attenuation shall contain a hundred millionth of a grain of the drug, every drop of the fifth a ten thousand millionth, and so on *ad infinitum*.

These are large assumptions; but they have been tacitly admitted for many years in the school of Hahnemann. The solubility of insolubles has sometimes, indeed, found questioners; but the only result of their doubts has been to lead to the recommendation that the potencies above the third should also be prepared by trituration. They have felt no uncertainty, therefore, as to progressive comminution being effected by this process; and the only measure adopted for better securing this end has been a lessening of Hahnemann's proportion of vehicle, so as to give a more graduated admixture. We refer, of course, to the substitution of a decimal for a centesimal scale, which has been pretty generally made throughout the homœopathic world in regard to preparing triturations. With or without this

modification, however, the effect of trituration has always been assumed to be equivalent to that of solution; and we have all written and acted accordingly. Dr. Joslin, indeed, in his *Principles of Homœopathy*, pursues an ingenious argument as to the merits of the process, regarding the milk-sugar as playing a double part in conducting the force of the pestle upon the drug-particles, and keeping them separate when once divided.

To such assumptions something like a shock must have been administered by the paper of Dr. Conrad Wesselhœft's which we extracted from the *New England Medical Gazette* of June, 1878, in the number of this Journal for April, 1879. It treated of *Silica* only; but of it the following were the results of microscopical observation.

1st. Pure unground *Silica* was found with a power of 40 diameters to contain a number of very small as well as coarser particles. Nothing minuter than the former appeared as higher powers—up to 660—were employed; and, measured with the micrometer, they had a length and breadth not exceeding  $\frac{1}{1800}$ th of a millimètre.

2nd. Triturated *Silica* presented much the same appearance. The larger particles were indeed fewer, but the smaller ones were not reduced in size, and even the former result was less perfectly attained the more the sugar of milk employed. It was only when the flint was ground by itself that nothing greater than  $\frac{3}{100}$ ths of a millimètre appeared; and still there was nothing less than  $\frac{1}{1800}$ th in the field of vision.

It is quite clear that if these observations are valid, the whole theory of trituration, at least as applied to *Silica*, falls to the ground. We must affirm, with Dr. Wesselhœft, that "its particles do not increase in number a hundredfold in trituration with *saccharum lactis*. They cannot be smaller in the second or third trituration, as they are not reduced in the first." The question first arises—Are similar results obtained when other insoluble substances are examined? and then, Is the method of examination, and is its conductor, trustworthy?

To the earlier of these two inquiries Dr. Wesselhœft has



himself devoted his attention; and the results of his investigations are to be found in the report presented by him to the American Institute of Homœopathy in 1878, and printed in its *Transactions* for that year (p. 135).

He begins by resuming the work of former investigators in the same field. Segin, in 1838, examined the first seven triturations (he does not say whether decimal or centesimal, of *Cuprum metallicum* under a power of 75 diameters. He found the particles of the metal uniformly distributed throughout the sugar of milk up to the sixth attenuation; but in the seventh no more was visible.\* Mayerhofer, in 1844, published † the results of far more extensive observations. He examined triturations made in the proportion of 2 to 98, and used powers of 120 diameters for them, and from 200 to 300 for dilutions prepared from them. He found gold and silver leaf, and tin and copper foil, to yield very imperfect triturations. The particles of gold-leaf become less and less numerous until, in the fifth dilution, they have quite disappeared; and, when last seen, the smallest yet measure  $\frac{1}{360}$ th of a line (i.e.  $\frac{1}{4320}$ th of an inch) in diameter. Leaf silver behaves much in the same way, though it is rather more easily taken up. Copper foil is much more divisible than the powder obtained by rubbing the metal under water, recommended by Hahneman; but its triturations are full of the coarse particles seen in those of silver and gold. Tin foil is no better. All these metals are best prepared in the form of precipitates from their solution in acids. Here they already exist in fine division; and, when triturated, these particles are seen distributed evenly through the sugar of milk. They appear to diminish somewhat in size as the process goes on—the smallest particles of gold in the third trituration measuring  $\frac{1}{1000}$ th of a line, and in the fourth  $\frac{1}{1900}$ th. Precipitated tin admits of finer comminution than the others, and its smallest particles measure the  $\frac{1}{3000}$ th of a line. Though ever growing fewer and fewer, they could be traced as far as the fourteenth dilution; those of gold and platinum to the tenth and eleventh;

\* *Hygea*, vii, 1.

† *Esterr. Zeitschr. für Hom.*, 1844; see also vol. iii of this Journal, p. 14.

of silver and copper to the twelfth. Of the other metals examined, zinc behaved as badly as gold-leaf; while mercury, iron, and lead seemed to become oxidised, but could be traced, the first to the tenth, the second to the eighth dilution. Mayerhofer does not think that a true solution, but only a suspension, of the metals takes place when the fluid attenuations are employed.

Of Dr. Wesselhœft's own investigations, which follow, we will first speak of those which occupy the same ground as Mayerhofer's.

1. Leaf-gold was found, as the latter had said, very difficult to triturate. Only after searching most carefully many samples of the third trituration, it was at length possible to discover here and there a particle of gold, measuring no less than  $\frac{1}{50}$ th of a millimètre.\* On the ground, therefore, of the positive hindrance to comminution exerted (according to his former experience) by a large quantity of vehicle, he had a series of six triturations prepared in the proportion of 1 to 4. On examining these preparations, all presented precisely the same appearances, the largest particles measuring  $\frac{1}{25}$ th mm., the smallest  $\frac{1}{400}$ th. It will be seen that these last are three times as small as the minutest particles reached by Mayerhofer in the 2—98 proportion, while yet they were obtained at the first step. Precisely the same results followed the examination of precipitated gold. Mayerhofer is confirmed in his estimate of its superior capacity for division. The first trituration exhibiting innumerable minute particles ranging from  $\frac{1}{800}$ th to  $\frac{1}{1800}$ th mm. in size, the last again being some four times minuter than the smallest measurement of the older observer. But the second and third triturations exhibited precisely the same range of dimension in their gold particles, which moreover became fewer and fewer, so that while in the second 100—130 appeared in the field at a time, in the third there were only 3—5. Finally, on examining the pure precipitate itself, the particles were found of identical

\* As a millimètre is about  $\frac{1}{25}$ ths of an inch,  $\frac{1}{50}$ th of a millimètre will be about  $\frac{1}{1250}$ th of an inch.

measurement, showing that the trituration had not reduced them at all.

2. Copper was examined in the form of filings and of a precipitate. The former could be reduced by trituration to such a degree that its particles measured from  $\frac{1}{100}$ th to  $\frac{1}{1200}$ th mm. The latter showed the same dimensions at once, and the first three decimal triturations effected no further reduction.

3. Lead, triturated in the centesimal proportions, is not reduced below  $\frac{1}{3}$ th mm. at the outset, and such particles simply become fewer subsequently. When, however, fifteen grains of lead are rubbed up with five of sugar of milk, it undergoes very fine division, its minutest portions ranging from  $\frac{1}{2400}$ th to  $\frac{1}{3000}$ th mm.\* No change was effected by further admixture and trituration with milk sugar.

4. Metallic mercury could not be satisfactorily examined, owing to the great tendency of its globules to run together; but trituration with sugar of milk did not seem to reduce it much. On the other hand, rubbing up by means of a blunt glass rod a minute globule of quicksilver with a large drop of Canada balsam effected, in five or six minutes, such thorough division that its particles were found to measure from  $\frac{1}{3000}$ th mm. to  $\frac{1}{4000}$ th or less, which is the utmost minuteness hitherto reached.

5. Iron (we suppose in filings) was found by Dr. Wesselhœft to behave much like leaf-gold. It did not appear to him to be oxidised.

Of Mayerhofer's other metals, platinum, silver, tin and zinc do not appear to have been examined. On the other side, charcoal and flint have undergone the process for the first time. Of the results as regards *Silica* we have already spoken. *Carbo vegetabilis* agreed with the other substances selected in showing no diminution in size of particles after the first trituration had been performed, the smallest here being  $\frac{1}{1400}$ th mm.; but the notable fact appeared that when

\* It is printed  $\frac{1}{8000}$ th; but Dr. Wesselhœft speaks further on of  $\frac{1}{4000}$ th, attained with mercury, as being "more minute than the lead particles;" and in his subsequent communication (of which I shall speak presently) gives the figures as above.

pure charcoal was triturated by itself for three quarters of an hour, it was found under the microscope reduced to portions many of which reached the minuteness of  $\frac{1}{1800}$ th to  $\frac{1}{3000}$ th of a millimètre, *i.e.* smaller by nearly one half than those seen in the trituration with *saccharum lactis*.

Dr. Wesselhœft's conclusion accordingly is, *that trituration with sugar of milk does not reduce the particles of hard substances beyond a certain not very distant point, and that it does not reduce them at all if they are very minute in their original state.* He entirely rejects, as may be supposed, the solubility of such substances at the furthest degree of comminution they have been proved to attain. He considers, moreover, that the third trituration is the practical limit to which they can be carried by the process, and that at any rate "their presence in the dilutions above the fifth is entirely accidental." What, then, was it that Mayerhofer saw in the twelfth and fourteenth attenuations? It was, he thinks, "certain glistening impurities" belonging to the sugar of milk, which can now be distinguished from the true metallic particles by being transparent, and by remaining undissolved if a drop of nitric acid is added, which causes the latter to disappear. This argument must be borne in mind, as it bears upon Dr. Buchmann's observations now to be examined.

It may well be supposed that Dr. Wesselhœft's experiments, when published, made no little stir in homœopathic circles. Many outcries were raised against the conclusions drawn by him from them; but few attempted to repeat his observations. Of those who did so, Haupt, in Germany,\* and Drs. Deschere† and Edwards Smith,‡ in America, came to much the same conclusions,—the first and third that, by means of the ordinary method of trituration,  $\frac{1}{1800}$ th to  $\frac{1}{3000}$ th mm. is about the limit of comminution; the second, that after the second decimal trituration the particles became fewer but not smaller. Drs. Buchmann, of Alvensleben, and S. A. Jones, of Michigan University, report somewhat

\* *Allg. Hom. Zeitung*, vol. 98, Nos. 19 and 20.

† *North Amer. Journ. of Hom.*, May, 1879, p. 485.

‡ *Transactions of Amer. Institute for 1879.*

different experiences, and we will inquire at length into what they have to say.

Dr. Buchmann has gone very thoroughly into the subject, and gives us his results in the ninety-ninth volume of the *Allgemeine Hom. Zeitung*, from which they have been translated in the *North American Journal of Homœopathy* for May in the present year. He has examined *Aurum*, *Carbo vegetabilis*, *Cuprum*, *Plumbum*, *Mercurius*, *Ferrum*, and *Silica*; so that we can put his work side by side with that of Dr. Wesselhœft, and compare the two. We defer for the present his criticisms upon the mode of proceeding adopted by his predecessor, wishing first to ascertain how far his actual results differ from or accord with those of the American observer. As the latter has himself commented on Dr. Buchmann's views, and re-stated his own with some modification, in the *New England Medical Gazette* for the present year, we will combine his remarks there given in our present survey.

1. As regards *Aurum foliatum*, the two microscopists differ little about what is visible with low powers; when higher powers, however (up to 1200), are used, Dr. Buchmann finds the spaces described by Dr. Wesselhœft as empty full of minute particles measuring (in the 3x trituration) from  $\frac{1}{1200}$ th to  $\frac{1}{2000}$ th mm. These are, probably, the "glistening impurities" mentioned by the American physician, and ascribed by him to the sugar of milk. He argues that they cannot be metallic particles on account of their transparency, but Dr. Buchmann strongly maintains the opposite position. "It was only necessary," he says, "that he should have turned the microscope screw a little to transform them forthwith into opaque points." "If the mirror be turned quite slowly, those luminous transparent granules will be seen gradually to take on the lustre of gold, until, finally, when the transmitted light is completely shut off, they appear on the dark background as pearls, with the most beautiful lustre of gold, while the occasional particles of sugar of milk retain their white, glassy glitter." Moreover, a precipitate of gold examined by him consisted entirely of such granules, and similar par-

ticles only were found in the gray stain left on paper upon which a gold coin had been rubbed.

Dr. Buchmann does not appear to have tried the acid test advised by Dr. Wesselhœft, but relies on the above considerations, which the latter has not attempted to meet. Dr. Buchmann, moreover, seeks to account for these minute particles by supposing them to be, as it were, rubbed-off corners of the larger fragments, which last certainly become more rounded and then less distinctly outlined as trituration proceeds. Of this he aptly says in illustration, "What quantities of the finest sand have been rubbed off from quartz rocks, which we now find comminuted to rounded pebbles!" He thinks that they are actually soluble, and adduces their lively molecular motion both in water and in glycerine as evidence thereof. He also found in making (by three hours' rubbing) a first centesimal trituration of *Aurum precipitatum*, that most of the particles had become perceptibly reduced in size, so that their average size was only  $\frac{1}{3000}$ th mm., while that of the untrituated ones was  $\frac{1}{1500}$ th.

Dr. Wesselhœft has repeated this last experiment, but with negative results. On the other hand, in his later remarks he admits (1) that triturations made by machines, and upon the decimal scale, give much better results than his hand-made centesimals; (2) that even the latter show particles up to the sixth degree, "after long and patient searching;" and (3) that the utmost minuteness attainable by leaf-gold in the first centesimal trituration is not  $\frac{1}{400}$ th mm., as previously stated by him, but  $\frac{1}{2000}$ th. "Such particles," he adds, "are less frequent in the first than in the third trituration," showing that some reduction is effected by the process, "and more numerous in decimal than in centesimal triturations."

2. In respect of *Cuprum*, the two observers are more agreed,—Dr. Buchmann saying that "Wesselhœft is perfectly correct in asserting that by triturating copper-filings with milk sugar, smaller particles than are found in the precipitate cannot be obtained," though he thinks that the American has not recognised such smallest particles owing to his rejection of such as seems transparent. Dr. Wesselhœft so

far accedes to this that he now admits minuteness of  $\frac{1}{1800}$ th mm., instead of  $\frac{1}{1200}$ th, to be obtained in the first trituration. Otherwise, he holds his ground as to the present metal. Dr. Buchmann states that "grains of copper measuring from  $\frac{1}{500}$ th to  $\frac{1}{1000}$ th mm., which have sharply-defined outlines in the precipitate, lose this appearance in the trituration; and, therefore, that invisible atoms must have been rubbed off."

3. Dr. Buchmann found particles of *Plumbum metallicum* in the 2x trituration of the size Dr. Wesselhœft could only reach by using three parts of the metal to one of milk sugar. The latter now recognises the existence of these in the centesimal triturations. He cannot agree, however, that prolonged trituration still further diminishes their size.

4. As regards quicksilver, Dr. Buchmann cannot allow that none but coarse particles can be obtained by triturating with milk sugar. He admits that it is not comminuted by attrition, but by subdivision, yet states the extent of smallness reached in the 3x as less than  $\frac{1}{3000}$ th mm. Dr. Wesselshaft hereupon re-examined his first centesimal, and found, indeed, in the midst of the comparatively large globules a few of the smallest, measuring from  $\frac{1}{600}$ th to  $\frac{1}{3500}$ th mm. Further attenuation and prolonged trituration took him no further.

5. About iron there is no difference of opinion worth noting.

6. As to charcoal, too, Dr. Buchmann concurs in finding triturations of the pure substance effect as complete a comminution as can be obtained when sugar of milk is used. Dr. Wesselhaft, as we have seen, says "more complete," but the  $\frac{1}{1800}$ th to  $\frac{1}{3000}$ th mm. which he observed only in the former case has been found by Haupt in the first three decimal triturations. Dr. Buchmann found them in the 1x, and says that in the 2x they were at least ten times more numerous. In the third centesimal there were very few to be seen.

7. Last, Dr. Buchmann examined *Silica*. He found, like Dr. Wesselhœft, that the untrituated substance already contained particles as small as  $\frac{1}{1500}$ th mm., and they do not seem to have been any smaller in the 1x trituration

submitted to his microscope. He considers, however, that he has made a fresh discovery as to the solubility of this mineral. On adding a small drop of alcohol to the aqueous solution of *Silica* placed between two slides, a rapid clearing up the field of vision took place. Moreover, a mixture of a decigramme of the pure substance with one hundred drops each of alcohol and water became perfectly clear on filtering, and showed nothing on microscopical inspection, whereas, on evaporation, it left an opaque spot on the glass, displaying the same appearances as those of the *Silica* in its original state.\* Hence, he thinks, Hahnemann's directions to dissolve the third trituration in equal parts of alcohol and water were fully warranted. He made a similar experiment, and obtained similar results, with precipitated copper and comminuted charcoal; and in the former case, as also with *Ferrum metallicum*, found the filtered solution to undergo no change in colour when treated with caustic ammonia or tincture of nut-galls.

Dr. Wesselhœft, in reply, maintains that everything which can be seen in *Silica* with the highest powers can be resolved into distinct particles, not more than from  $\frac{1}{2500}$ th to  $\frac{1}{3000}$ th mm. in diameter. He objects to the inference drawn from the effect of adding a drop of alcohol to the solution between slides, on the ground that an additional drop of water produces the same effect. He has repeated Dr. Buchmann's experiments to solution, with very different results,—the triturations still remaining milky after filtering, and displaying distinctly the siliceous particles under the microscope. The apparent recrystallization only proves, he argues, that particles of extreme fineness pass through the texture of filtering paper; or what is deposited may be the

\* That solution cannot be inferred from these data appears from the facts about Faraday's "amethystine fluid." This is gold dissolved in aqua regia, and reduced therefrom with an ethereal solution of phosphorus. There results a fluid in which gold is present, in the proportion of 1 part of the metal to 760,000 parts of liquid. In this the highest power of the microscope fails to find any particles of gold: but if it be illuminated by a cone of condensed sunlight the golden gleam in the path of light shows that the gold is present in suspension, not in solution; and a film of it is left after evaporation.



impurities which are found after the evaporation of distilled water or the finest obtainable alcohol.

Dr. Wesselhœft, in this latest contribution to this subject, relates experiments made by him with *glass*. This, on being triturated by itself for four minutes, became a fine powder, which the microscope showed to consist of innumerable particles measuring from  $\frac{1}{1000}$ th to  $\frac{1}{3000}$ th mm.; and no addition of water or more prolonged trituration caused any alteration in these appearances.

He concludes with a few general remarks. His object was to test the results of the ordinary Hahnemannian mode of trituration; and he feels that a step has been gained in its being convicted of inefficiency. But he points out that even the machine-made decimals do not reduce the visible particles below  $\frac{1}{3000}$ th mm., or show them beyond (at the utmost) the 12x (Hahnemann's 6th). This is as it should be, were the utmost limit of comminution attained at the first trituration, as he maintains that it is. A grain by weight of quicksilver would contain 182,250,000,000 particles of the size of  $\frac{1}{3000}$ th mm.; but it is easy to calculate that, growing a hundred times fewer at each stage of centesimal attenuation, the sixth would have but eighteen to the grain. Charcoal is lighter, and would contain 392,000,000,000 particles of  $\frac{1}{3000}$ th mm. in a grain; but the same remorseless process would reduce these at the sixth degree to thirty-nine. He further argues that  $\frac{1}{3000}$ th mm. is still on the wrong side of solubility, as matter therein is far from being in a liquid or gaseous state. That it is the limit of subdivision by grinding in a mortar, he substantiates by pointing out that that of microscopic vision lies far beyond; so that if particles ranging from  $\frac{1}{3000}$ th to  $\frac{1}{4000}$ th mm. are produced, they ought to be visible. With a magnifying power of 1100 diameters they could be, he says, "distinguished as easily as we can distinguish small shot from cannon-balls." Rejecting Dr. Buchmann's transparent particles from the category, he maintains that we have no evidence of the existence of any smaller than those mentioned.

So much for the controversy as between Wesselhœft and Buchmann. Another combatant in the field is, as we have

said, Dr. Samuel Jones. In the various papers he has written on this subject\* he has collected a number of very interesting facts as to the divisibility and visibility of gold; but none of these carry us beyond the sixth or (at the utmost) the seventh centesimal trituration. They do not touch, moreover, the practical question raised by Wesselhœft, which was the behaviour of the metal under the homœopathic triturations. He fairly suggests, however, that the optical qualities of particles are changed at a certain degree of division, adopting Dr. Edwards Smith's statement that extreme tenuity involves such a change. Another objection he makes to Dr. Wesselhœft's conclusions seems to me hardly warranted by the facts. Dr. Smith found that a slide of plain glass will sometimes glitter with a delusive appearance of gold, and pointed this out to Dr. Jones. The latter says that ever since he has guarded himself against mistakes by "using the nitro-hydrochloric acid test." By this we suppose he means testing the glittering points with this acid, to see if they disappear under it. But it does not follow that he should write, "as no illuminator is safe without the nitro-hydrochloric acid test, the value of Prof. Wesselhœft's observations may be easily determined." Its non-use might suggest his having seen gold where it was not, but it could not prevent his seeing it where it was; and his failure to do this is the point urged against him.

With his usual wit, Dr. Jones makes a good point of the connection between Dr. Wesselhœft's microscopic examinations and his re-proving of *Carbo vegetabilis*. One of the symptoms of the latter is, "He became short-sighted after using the eyes some time."

Dr. Edwards Smith, who is a practical microscopist, at first † severely criticised Dr. Wesselhœft's examinations. His remarks, however, were based on an incorrect report of the latter, as the author showed; ‡ and, since their appearance

\* *Hahn. Monthly*, April, June, 1879; *Amer. Observer*, Aug., Oct., Nov., 1879, Feb., 1880; *North Amer. Journ. of Hom.*, Feb., 1880; *Trans. of Amer. Inst.*, 1879.

† *Hahn. Monthly*, May, 1879.

‡ *Ibid.*, June, 1879.

in the *Transactions* of the Institute, he has not said a word against them, unless anything of the kind is contained in his report to that body at its meeting in 1879, of which year the *Transactions* are not yet published. In a paper in the *American Observer* for February of the present year, he questions the visibility of minutely divided gold, as stated by the authorities cited by Dr. Jones, and so far seems on the side of those who believe in the possibly invisible presence of the metal. At this year's meeting of the Institute, moreover, he is cited \* as saying, "I do not believe that the microscope will enable us to discern the ultimate divisibility of matter." His conclusions from recent examinations of triturated gold are given as follows :

"1st. A certain so-called trituration, sold for *Aurum 3x*, contained no gold at all. 2nd. Mr. Witte's triturations of *Aurum foliatum* have been demonstrated to be almost equal in fineness of particles to the average triturations from the precipitate. 3rd. Four-hour decimal triturations are not very far superior to the two-hour. 4th. Triturations of *Aurum met.* up to the 6x from various makers vary considerably, no two being identical in the fineness of the contained particles. 5th. The popular idea that particles of gold are ten times smaller in the 2nd than in the 1st, and ten times smaller in the 3rd than in the 2nd, is very far from being correct. 6th. In all the triturations of gold from the 1st to the 6th decimal examined by me, fully 33 per cent. of the metal escapes subdivision by the pestle, *i.e.* does not become subdivided to anything like the extent previously accepted."

He concludes by recommending, as a new method, the trituration of gold recovered from Faraday's "amethystine fluid." By this, the third and sixth potencies can be made to yield particles from  $\frac{1}{93000}$ th to  $\frac{1}{115000}$ th of an inch, equal to  $\frac{1}{2850}$ th to  $\frac{1}{3450}$ th of a millimètre.

We have now laid before our readers the facts relative to trituration, and to the divisibility and solubility of hard substances, which have lately been brought to light. It

\* *Hahn. Monthly*, July, 1880.

remains for us to make some remarks of our own on the whole subject.

1. It is clear that trituration, to approach anywhere near its ideal, must be conducted upon a better method than that laid down by Hahnemann, and with a rigid scrutiny of its results as it proceeds. With this view the instructions of our own *Pharmacopœia* may be cited as of much value. It directs not only that the decimal scale shall be followed instead of the centesimal, but that the first step of this shall be the rubbing up of the medicinal substance with *equal parts* of sugar of milk; and it adds—"as the reducing of the medicines to the finest possible powder is a most essential point in this method of preparation, and as it is very difficult to effect this after a large proportion of sugar of milk has been added, a small portion of the trituration should be *carefully* examined under the microscope at this stage, and if the particles are found to be very unequal in size, the trituration should be continued until the reduction of the particles to a uniform degree of fineness is complete." The remaining nine parts of *saccharum lactis* are then gradually added and incorporated, the whole process lasting an hour. The subsequent attenuations are effected in two stages, taking forty minutes in all. Triturations thus prepared bid fair to be all that can be expected from them.

2. This "all," however, is not so much as their theory requires, or as we have hitherto supposed it to be. The concurrence of all observers shows (*a*) that a large proportion—about one third—of the drug undergoes nothing but coarse comminution; (*b*) that much of the finest subdivision is already reached in the first step of the process; and (*c*) that at the succeeding stages there is a progressive diminution in the number of particles present. We cannot, therefore, say with any precision that a grain of the third centesimal trituration represents a millionth of a grain of the original substance. All we can affirm is that it contains an indefinite number of more or less minute particles thereof; and those hardly smaller while certainly fewer than would be furnished by a similar proportion of

the second potency. It begins to look as if Hahnemann was wisest in his earliest practice with triturations, in which the first was used for provings and the second for medicinal purposes. We hardly seem to gain anything by going beyond this point.

3. Whatever trituration may do, however, it is important that it should be given the best possible chance of efficiency, and that to this end it should be supplied with the most suitable materials. It has again been abundantly shown that precipitates are far superior to foil or filings as the form in which metals shall be used. Our *Pharmacopœia* continues to direct the employment of the latter: we hope that in its forthcoming edition the former will be given, at any rate as an alternative.

4. The question of the solubility of insolubles can hardly be said to have been decided by these investigations. They certainly do not make anything in favour of substituting trituration for dilution after the third, as was once recommended; for they show that on this plan few particles of the drug would survive at the sixth. If we must raise the drug farther, it must be by means of a liquid medium; and here again our *Pharmacopœia* seems to speak most wisely. "At this point"—the third—"experience has shown that even the most insoluble substances have become soluble both in water and alcohol; or, if not actually soluble, they are reduced to such minute particles that they are capable of permanent suspension through the fluid, so that it retains their medicinal virtues, and answers all the purposes of a perfect solution." The "amethystine fluid," of which mention has more than once been made, illustrates this suggestion, and Dr. Wesselhœft found a similar result when he diffused through water his finely powdered glass.

5. So far, all is clear enough. But what are we to say to Hahnemann's later practice, and that of so many in his school, where liquid attenuations (generally in the form of globules saturated with them), prepared from these suspensions, and carried up to potencies from the 12th to the 200th, are freely employed and highly esteemed? Dr.

Wesselhœft would reject all such experience, and explain otherwise the cures thus wrought. We must say that we think so serious a change of base hardly warranted by the facts now brought to light. Dr. Buchmann's attrition-particles, transparent specks and immeasurable points of metallic lustre, dubious as they might be by themselves, acquire a good deal of solidity when amalgamated with the clinical results obtained from the higher attenuations. We feel inclined to take the benefit of the doubt about them, and use them to substantiate the apparent testimony of practice. Dr. Wesselhœft compares the appearance of triturated leaf-gold, when examined under the microscope, to that of the starry sky. May there not be nebulæ here also—some indeed resolvable into stars under higher powers, but some remaining nebulæ under the utmost range of our glasses? May not still finer star-dust fill the vacant intervals, and become diffused through almost an infinity of space? Did not Tyndall tell us that the whole mass of particles which give the blue to the sky could be packed together in a lady's toilet box?

It is, of course, quite another question whether such semi-ethereal matter is capable—still more, is best capable—of inducing the medicinal effects of the substance of which it is composed. This, however, clinical experience alone can decide. The therapeutical, like the physiological, test is—when properly applied—conclusive *per se*. It needs not the aid of the physical evidence, for which it is confessedly the substitute, to show that active matter is present; and from it only we can learn how active. Its fallacies are acknowledged by all; but the recognition of fallacies in a test does not necessitate its rejection.

## REVIEWS.

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*Diseases of Infants and Children, with their Homœopathic Treatment.* Edited by T. C. DUNCAN, M.D., assisted by several Physicians and Surgeons. Vol. II. Chicago : Duncan Brothers.

WE noticed in our *Journal* for July, 1878, and April, 1879, the first three "parts" of this work, and the three remaining ones are now to hand in the shape of a single bound volume. It is marked by the same industry of compilation, and the same literary defects and lack of personal practical observation, which we previously noted. From these faults, we cannot place Dr. Duncan's work among the classics of our school; but it is an undoubtedly useful compilation of what Vogel and others have written on the pathology, and Hartmann and others on the homœopathic therapeutics, of infantile diseases. Dr. F. H. Foster has contributed a chapter on the affections of the eye and ear incident to childhood, of which we can speak with all commendation.

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*Surgical Diseases and their Homœopathic Therapeutics.* By J. C. GILCHRIST, M.D. Third edition; revised; rewritten. Chicago: Duncan Brothers.

THE previous editions of this work have not reached us; but we gather from the preface to the first, here reprinted, that it was but an outline of the subject which he has now filled in from further experience and study. Dr. Gilchrist's aim is to tell us what can be done, and how, in the maladies commonly known as "surgical," by drug-medication on the principles of homœopathy. "All mention of surgical operations, or accidents that can only demand instrumental

treatment, or malformations that are manifestly beyond the reach of medicine, have been omitted." The slipshod English of this sentence too often characterises our author's style, and his Latin is even worse—as the "per viam naturalis" of p. 363 may testify. His matter, however, is far better than his manner. He confines himself mostly to a few well-tryed medicines for each morbid state, and gives their indications briefly and distinctly. His own experience has supplied his pages with some welcome observations and corroborations, of which we may instance the value of *Lachesis* in traumatic, and of *Secale* in senile gangrene (p. 91); of *Iris*, in tincture or substance, as an abortive application to whitlows (p. 98); of *Cuprum aceticum* 6 in commencing tetanus after an operation (p. 192); of *Gallic acid* in aneurism (p. 229); of *Pinus sylvestris* and *Brucea antidysenterica* in talipes valgus and varus respectively; of *Calcarea* and *Silica* in ganglions; and of *Erigeron* by inhalation of the tincture in epistaxis. He supports Dr. Helmuth as to the efficacy of *Allium Cepa* in traumatic nouritis (p. 171); but follows him into error as to the disease stated by Boileau to have been cured so largely by *Hydrocotyle*, which was not lupus but elephantiasis (p. 319). He is rather rash, too, in saying that Dr. Cooper reports "a number of cases" of cure of cancer of the tongue by *Muriatic acid*; only one or two of Dr. Cooper's cases treated with the *acid* belonged to this dire disease.

Dr. Gilchrist is an ardent "Hahnemannian." For *Arsenicum* to have been alternated with *Apis* in a case of ovarian tumour makes the case "of no value," though it recovered (p. 156); and he lays it down that the owner of a hypodermic syringe should forfeit his claims to consideration as a homœopathist (p. 168)! In spite of these narrownesses, the book is a good one, and may often repay consultation.

*Transaction of the American Institute of Homœopathy, 1877 and 1878.*

THIS association seems to have wakened, under its new



Secretary (Dr. Burgher), out of the apathy in respect of its publications in which it has long slumbered. The *Transactions* for 1877 and 1878 have at last reached us; and we are promised those of 1879 and 1880, with the sadly-delayed papers of the World's Convention of 1876, before the end of the present year. May the promise be fulfilled!

The volumes before us contain a good deal of valuable wheat, though mixed with no inconsiderable proportion of chaff in the shape of mere compilation from authors. In the former category stand the re-proving of *Carbo vegetabilis* by Dr. Conrad Wesselhœft, which adorns the Transactions for 1877 and the microscopic examinations of our triturations from the pen of the same writer in 1878. Of the last we have spoken elsewhere in our present number, but the former needs some notice here. Dr. Wesselhœft, being entrusted with the re-proving of *Carbo vegetabilis*, as the work of the Bureau of Materia Medica for the year, thought it well, before giving the triturations to his experimenters, to distribute a quantity of pure sugar of milk among them, leaving them under the impression that it contained the medicinal substance they were to test. The result was a goodly array of 919 symptoms, obtained by sixteen persons, eleven of whom were women and five men. The object of such a preliminary step was to find what symptoms were peculiar to the provers, so that, when the drug itself was taken by them, it would be possible to distinguish between symptoms which were its real effects and those which were not. Only six persons, however, went on to the further experiment; and the results obtained by these "corresponded so closely with previous non-pathogenetic symptoms that but few real ones remained to be recorded." Six persons, moreover, proved the first three triturations on themselves and others without any result whatever. By the nineteen provers in whom symptoms did appear, 325 only were furnished; and of these 135 had already appeared in them without any medicine at all, so that 190 only remain, *i.e.* an average of ten to each. The bearing of these facts upon Hahnemann's provings of this drug and its congeners is as obvious as it is important; and Dr.

Wesselhæft merits our best thanks for his contribution to the subject.

The Report of the Bureau of *Materia Medica* for 1878, besides the valuable microscopic researches by the same physician to which we have already referred, comprises three papers of interest by Drs. Sherman, Hale, and Owens respectively. The first suggests and supports the theory that "the specific effects of the insoluble substances depend in a great measure upon their insolubility." The second discusses "idiosyncrasy in relation to medicines," and raises the question whether those who are insusceptible to a drug in health will not also fail to get good from it in sickness. The third records a proving of the *Nitrate of Sanguinarine*, which seems a potent irritant of the upper portion of the respiratory mucous membrane, and a valuable remedy in its disorders.

In the *Transactions* for 1878, Dr. Walter G. Cowl gives the statistics of the Ward's Island Homœopathic Hospital of New York, as compared with those of the neighbouring "Charity Hospital," which are largely in favour of the former. To both volumes Dr. Ludlam contributes extensive observations on the temperature in the puerperal state, which would be a mine of wealth for all practical obstetricians. Dr. Woodyatt, of Chicago, whose premature decease is a sad loss to homœopathic ophthalmology and otiatrics, contributes a valuable paper on auditory nerve vertigo, for which in his hands *Petroleum* seems to have proved the chief medicine.

*Transactions of the Homœopathic Medical Society of the State of Pennsylvania.* Vol. II, 1874—1878.

THIS second volume of *Pennsylvania Transactions* contains (as will be perceived) the work done at five annual sessions. The proceedings and papers are mostly of local interest; and the proving of the *Arseniate of Soda*, which would otherwise have made the volume indispensable to all students of *Materia Medica*, has already appeared as an appendix to the *Hahnemannian Monthly*.

*The Guiding Symptoms of our Materia Medica.* By C. HERING, M.D. Vol. II, *Arnica—Bromium*. Philadelphia: J. M. Stoddart and Co.

IN our July number of last year we noticed the first volume of this undertaking, and endeavoured to speak kindly of work with which we confess to having little sympathy, for the sake of its venerable author. He has now, as our obituary relates, been taken to his rest; and nothing we can say has power to give him pain or pleasure. Even had he been living, however, we could but have echoed the judgment we passed upon his first volume. It is a vast *olla podrida* of fact and fancy, of wheat and chaff, with an obvious preference on the part of the compiler for the second member of each pair. Thus Langhammer—the least trustworthy of Hahnemann's provers—is singled out for special commendation. *Arsenicum* is said to cause disappointment more frequently than any other drug, the cause being that its symptoms from poisonings are more numerous than those from provings with the higher dilutions; and its similarity to Asiatic cholera is declared "too great!" All "symptoms, provings, poisonings, and cures" made with *Atropine* are to be regarded as "very uncertain;" whereas the "proving" of *Asclepias tuberosa* by Savery, who took two drops of the tincture, and then recorded all his symptoms for forty days thereafter, is given at full length, though very few of his observations have either been "confirmed" by others or "verified" by cures.

Nevertheless, we must repeat our expression of opinion that this work is of much practical value,\* and we are pleased to hear that it has been left by its author in a complete state, only needing to be seen through the press. The historical introductions to the medicines continue to win our appreciation, and they sometimes contain pharmaceutical remarks of worth, as when reasons are given for using the root only of *Arnica* and the precipitate of *Aurum*.

\* A very fair presentation of its merits is made in the July number of *The Organon* for this year.

*Materia Medica and Therapeutics, arranged upon a physiological and pathological basis.* By CHARLES J. HEMPEL, M.D. Third edition, revised by the author, and greatly enlarged by the addition of many new and valuable remedies, personal observations, and numerous clinical contributions from public and private sources, by H. R. ARNDT, M.D. Vol. I. Chicago: W. H. Chatterton. London: Homœopathic Publishing Company.

THIS is another posthumous work, Dr. Hempel having preceded Dr. Hering into "the land of the great departed." We can but acknowledge at the present time the receipt of its first volume; for, until the work is complete, we cannot tell how far the strictures we had to make (fifteen years ago) upon its second edition have now been rendered unnecessary. This, however, we may say, that the work has evidently lost nothing of that which has hitherto given it its distinctive value, while the co-operation of Dr. Arndt has supplied much that was previously deficient.

*A Manual of Pharmacodynamics.* Fourth edition, revised and enlarged; being the Course of Materia Medica and Therapeutics delivered at the London School of Homœopathy, 1877—80. By RICHARD HUGHES, L.R.C.P. Ed. London: Leath and Ross.

OUR only notice of this book can be an extract from its preface. After citing what he said in introducing his third edition, the author writes:

"In 1877 the London School of Homœopathy was founded, and I was appointed to fill the Chair of Materia Medica and Therapeutics therein. My manual naturally became the text-book of my course, and the groundwork of the lectures I delivered. Such fresh matter as from time to time I have brought before my class, and such improvements in presentation as have occurred to me while going on, I have incorporated into the substance of the book which is now offered to the profession in its fourth edition.

"I have described this as 'revised and augmented.' It is not,

as was the third edition, 'mainly re-written;' the framework on which that was constructed will be found here substantially unaltered. But it has been filled in with a liberal hand, so as to make the volume more than one fourth larger than its predecessor, and—I hope—proportionately more satisfying to the student. There is hardly an article which has not received some fresh touch; and those on most of the polychrests, and on *Chamomilla*, *Gelsemium*, *Iris*, *Plumbum*, and others have been much enlarged. Supplementary lectures on some minor and recently-introduced medicines are appended; while several of those which occupied such rank in the former edition find place in the main series, in which also will be found new sections on the *Picric* and *Salicylic acids*, on *Chlorine* and its derivatives, and on *Ænanthe crocata*.

"Following upon the introductory lecture will be found six new ones. The two on the sources of the Homœopathic Materia Medica contain the substance of the little book I have published under that title. Those on the general principles of drug-action bear the same relation to the lectures I delivered at the London Homœopathic Hospital in 1877, and which appeared in the earlier numbers of the *Monthly Homœopathic Review* of that year. That entitled 'Homœopathy—what it is' is a similar reproduction of the paper on 'The two Homœopathies,' which I had the honour of reading at the British Homœopathic Congress held at Liverpool in 1877; and that on 'Homœopathic Posology' has already appeared in the *British Journal of Homœopathy* for July, 1878. By including these materials in my present volume, I have made it contain all work I have hitherto been able to do in the field to which it belongs; and I hope that it may continue to be useful to the class which I am no longer able to conduct in person."

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*Manuel de Thérapeutique selon la méthode de Hahnemann.*

Par RICHARD HUGHES, L.R.C.P.Ed. Traduit de l'Anglais sur la seconde édition et annoté par le Dr. Guérin-Méneville. Paris: J. B. Baillière et fils.

Of this work also we can only note the appearance.

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*Handbuch der Homöopathischen Arzneiwirkungslehre.* Von

Dr. MED. CARL HEINIGKE. Leipzig: Schwabe, 1880.

*Pathogenetic Outlines of Homœopathic Drugs.* By Dr.

MED. CARL HEINIGKE. Translated by EMIL TIETZE, M.D. New York : Boericke and Tafel, 1880.

DR. HEINIGKE in his preface gives as the *raison d'être* of his work that the manuals of Noack and Trinks and of Jahr, requiring such large repertories, are necessarily expensive, and have not obtained the anticipated sale among the public. If by "public" he means *medical* public, we think his assertion is scarcely borne out by facts, as every medical man we have met with possesses one or other of these bulky manuals, and many have both. But if he means the *non-medical* public, we think it very probable that but few lay adherents of homœopathy would invest their money in these large and expensive works, which would not possess half the value to them that the ordinary domestic manuals do. If Dr. Heinigke imagines that because he has boiled the whole materia medica down into an octavo volume of 600 pages he will thereby secure for his work a sale among the public denied to the other handbooks mentioned, we fear he will be disappointed, for his matter is scarcely arranged in the way that would prove attractive to the non-medical persons who buy up the domestic homœopathies in such numbers.

Dr. Heinigke's plan in the work is to give a condensation or summary of the pathogeneses of the various drugs, arranged, not according to the ordinary Hahnemannic schema, but in what he calls an "anatomico-physiological schema" of his own. This is preceded by a few lines mentioning the active principles of the drug, its preparation, its duration of action, and its antidotes. Then, under the head of "generalities," he gives a short account of the presumed general action of the drug, how it affects the nervous system and circulation, what are its predominant characteristic conditions of aggravation and amelioration of symptoms, the general character of the mental and emotional symptoms it evokes, and so forth. Under this heading there are usually separate paragraphs referring to organs or structures more especially affected by the drug. The next heading is "nervous system," subdivided into "brain and cerebral nerves," "organs of sight," "organs of hearing," "organs

of smell," "spinal nerves." Next "organs of circulation," then "organs of respiration," then "organs of digestion," subdivided into "buccal cavity," "stomach," "intestinal canal." Then "urinary organs," "male genitals," and "female genitals." The whole concludes with a paragraph on "employment among the sick," or, as we should say, "therapeutic uses."

We are at a loss to discover on what principle Dr. Heinigke has constructed his summaries of the actions of the drug. They are partly taken from the pathogenetic records and are partly derived from clinical experience, but there is no indication by sign or type from which of these sources they are taken. That no sound criticism has been exercised with respect to the admission or rejection of pathogenetic symptoms is evident from the very first medicine treated of, "*Aconite*," where Störck's extremely impure symptom, "copious viscid, yellowish leucorrhœa," is reproduced in the transmuted form of "catarrh of the mucous membrane [of the female genitals], with discharge of yellowish secretion."

We confess ourselves unable to see the use of such works as this of Dr. Heinigke's, and though Germany has hitherto been exempt from them they are numerous enough in America. It does not give us a fair or anything like an adequate account of the pathogenetic action of the drugs. In the process of boiling down all the fine traits and characteristics of the symptoms, whereby the choice of the practitioner is so often determined, are lost. The symptoms of many important organs and structures are altogether omitted, owing to the exigencies of the "anatomico-physiological schema." There is no distinction between effects of the drug ascertained by provings or poisonings and the surmises deduced from clinical use. Dr. Heinigke's work neither gives us an accurate idea of the physiological affinities of the drugs, nor does it afford us the proper data for treating our patients symptomatologically; it is neither fish nor flesh nor good red-herring. The boiling-down process has produced, not a concentrated extract, but a *caput mortuum*.

The work is accompanied by a so-called *Repertory*, but

such a repertory as we are not accustomed to. It is not a systematic arrangement of symptoms, but merely a clinical index, after the manner of the Clinical Remarks forming Sect. I of the chapters in *Jahr's Manual*.

Why Dr. Tietze should have thought it worth while to translate this work, and why he should have been in such hot haste to do it that he had not patience to wait for the appearance of the *Repertory*, nor yet to get some one to smooth down the asperities of his very Teutonic English, are mysteries beyond our power to solve.

*The Nature and Treatment of Syphilis, and the other so-called "Contagious Diseases."* By CHARLES ROBERT DRYSDALE, M.D., &c. 4th Edition. London: Bailière, Tyndall, and Cox. 1880.

IN vol. xxxi, p. 537, we gave an elaborate review of the first edition of this work. Dr. Drysdale was then a decided anti-mercurialist. In that review we expressed the hope that Dr. Drysdale would himself see "how weak and insufficient his evidence and arguments are" against the specific properties of *Mercury* in syphilis, and that he would ere long "return to the very small doses of *Mercury* in true syphilis."

In the present edition Dr. Drysdale has abandoned his uncompromising anti-mercurial attitude, and for the last three years he has employed *Mercury* in the dose of one sixth of a grain of the iodide twice a day with satisfactory results. Tertiary syphilis he treats with *Iodide of Potassium*.

Dr. Drysdale's work is not commendable for its therapeutics of syphilis, but we must accord to it great praise as a complete summary of all the views of former and recent times respecting the history, pathology, and treatment of syphilis. It is amazing what a quantity of information he has contrived to impart in such a small space.

## OUR FOREIGN CONTEMPORARIES.

(Continued from page 285.)

UNTIL within the last three months I would have agreed exactly with J. W. M. of the February 1st number, where he says,



"If there is any more unsatisfactory disease of children to treat than enuresis, with its train of wet beds, &c., I do not know it." But I must now differ from him widely, as from my experience in the last three months with *Equisetum hyemale* in this disease I am led to believe that in this remedy we have an almost unfailing cure. In looking over my day book I find I have had seventeen cases under treatment during the last twelve months; of the seventeen, fourteen I had treated previous to the first of December, and was unsuccessful with the exception of five cases; two of these I cured with *Gelsemium* and the other three with *Benzoic acid*, but every one of the other cases stopped treatment, having lost hopes of ever being cured, or went to other doctors. It is not necessary for me to say that I was as completely disgusted as my patients. I will say, however, that several of these cases were relieved for a short time under the above-named remedies, with the addition of *Apis*, *Canth.*, *Cannabis*, and a few others, but they were soon as bad as ever. About the last of November I received Sherman's *Bulletin of New Remedies* and there found a short description of *Equisetum*, with the statement that many almost incredible cures of bed wetting in children had been reported as the effects of this remedy suggested in the treatment of this disease in Hale's *Therapeutics of New Remedies*, so I determined to try an experiment with this remedy on the very next case that came under my treatment. About the first of December I had another case. Mrs. H— came to my office saying that her little boy, four years old, had never failed to wet the bed a single night for two years, that there was hardly a night but what she took him up and always took him out just before going to bed, thinking it might help him. She had punished him for it, and worse than that, had been to several allopathic doctors, but all of no avail. I told her that she had come to a poor saviour, but if she would consent that I would try a new remedy that was highly recommended and was perfectly harmless, &c., and further if I did not cure the boy I would not charge her anything. She consented, and I gave her a two-drachm vial of tincture *Equisetum* with directions to give six drops each night at bedtime, telling her not to allow him to drink much in the latter part of the day and especially nothing warm, to take him out just before going to bed, and report to me in a week. She did so, and to my surprise said that the boy had had no trouble whatever, and that he had slept better and was feeling

better than he has for two years. I told her to continue same treatment another week, and then I dismissed the boy cured and he still remains well. She told me that she would have no other but a homœopathic doctor if she had to send a hundred miles, and that she would send me some other cases she knew of. And in less than a week she sent me a case.

A girl several years of age, that had been troubled with incontinence of urine for nearly four years, ever since she had the diphtheria, I put her on the same remedy and dose, and in two weeks reported cured, sound, and well. While treating this case Mrs. H— brought me another, a girl five years of age, that had been troubled for nearly two years, which I treated in the same way, with the same happy result as with the other two. So confident was I that I had found a specific that I could not wait for new cases, but spoke to several of the parents of children I had treated unsuccessfully during the year, telling them that I had found a sure cure, and if I did not cure them in two weeks that I would not charge them a cent. So during January two of them came back to me, both of which I cured with the same treatment. I have another child taking the medicine at present, but have not heard from him as yet. Some may doubt these statements, but I will furnish the names and addresses of the parents of each case for reference if any one wishes them. We cannot say of these cases that they just happened to get well, for they were all chronic and otherwise obstinate cases. The remedy acted alike in all of them. I intend to make a thorough proving of the remedy and will report again. I think that *Benzoic acid* is the next best remedy, but I failed with it in several cases. I may not have prepared it right. I dissolved the crystals in strong alcohol; a drachm of alcohol dissolves about thirty grains. I, with "Medicus," of February 15th number, would like to hear from "J. W. M." as to how he prepares his drops, and suggest to "Medicus" if he fails with *Benzoic acid* to try *Equisetum*. I would also like to hear from G. R. Mitchell again. I see that he reports a bad case cured with *Equisetum* in the January 15th number.—M. L. REED.

May 10.—In a report of a meeting of the New York Central Homœopathic Medical Society we find the following useful item:

"Dr. Wells said that, some twenty-five years ago, he and

his student, Dr. F. Bigelow, made a proving of *Apis*. Both had the same symptom developed—a feeling as if they could not breathe again. In a case of hydrothorax with orthopnœa there was the same suffocative sensation as in the *Apis* proving. The urinary symptoms corresponded with *Apis*. This remedy was given. The patient could soon breathe more easily, and in two or three weeks a complete cure was made. In two cases of epidemic cerebro-spinal meningitis, he observed the same feeling of suffocation; *Apis* relieved in half an hour and soon cured.”

We are pleased to hear that in Sacramento, California, the County Hospital, City and County Dispensary, and the jails have a homœopathist as their physician and superintendent; and that, a similar appointment having been made to the City Board of Health, and the remaining (allopathic) members resigning, homœopathists were appointed to fill all the vacant places.

“E. E. W.” reports a case of great nervous cardiac disturbance, in which *Arnica* 3, given upon the presence of the symptom, “hot head and cold body,” brought about rapid relief and cure.

July 15.—In this number is contained some interesting information regarding the history and literature of homœopathy in Spain.

Aug. 15.—Dr. Hoyne contributes here a useful collection of observations as to the curative action of *Sarsaparilla*. Among them we note the following:

“Dr. W. H. Holcombe says:—During the very hot summer months a great many children and some grown persons present themselves with cutaneous affections—their name is legion. Last spring I gave to all such cases small doses of *Sarsa.*, 3rd trit., three doses per day, and never before have I practised among skin diseases with such satisfaction and such triumph.”

Sept. 1.—We have here some provings of the *Nitrate of Sanguinarina*, an alkaloid of *Sanguinaria*, with clinical verifications. It seems to possess the broncho-pulmonary action of the mother-plant in a heightened degree.

Oct. 1.—Dr. Hale states that Carroll Dunham wrote to  
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him, thanking him for introducing *Ceanothus* into his "New Remedies," because it had enabled him to cure two very bad cases of enlarged spleen with it. Dr. Kershaw relates a case of cerebro-spinal meningitis, where the teeth were so firmly set that it was impossible to give medicine by the mouth, but where *Veratrum viride*  $\phi$ , two drops injected *per rectum* every half hour, proved remedial.

Nov. 1.—Dr. W. H. Hunt speaks warmly of *Camphor* in after-pains. He drops a few minims (3—5) on a lump of sugar, and dissolves this in a tumbler half full of water, giving teaspoonful doses every half hour till easy. "It seldom requires more than four or five doses to ensure complete relief."

*St. Louis Clinical Review.* Jan.—Dec., 1879.—This journal visits us but irregularly. Our last notice brought it down to November, 1878, and since that time the numbers for December, 1878, February, March, May, July, August and November, 1879, have failed to reach us. We shall be glad to have their vacant places supplied, and may perhaps find more in them to note or extract than we do in the five numbers before us. From these we can only mention two cases in which *Secale*, taken in largish doses to produce abortion when pregnancy did not exist, caused gradually increasing uterine hæmorrhage, with disorganisation of the right ovary in one (found *post mortem*), and hypogastric tenderness on pressure with dull pain in the other. These are in the issue of Sept.—October. In the same number we are rather amused to see the review of Dr. Burnett's "Gold," which appeared in the *Homœopathic World*, appropriated bodily, without acknowledgment, as if it were a production of the editorial mind of the *Clinical Review*. We must also note a proving of *Arctium lappa* in the December number.

*American Homœopath.* Jan.—Nov., 1879.—This is one of the twins brought forth by the "American Homœopathist" when departing this life. The publishers of the parent journal continue to cherish this offspring, but have transferred it to New York, with Drs. Charles Blumenthal and Arthur Hills as its editors. Our series of it for 1879

lacks the numbers for June, July, August and December, and we shall be glad to have them supplied.

January.—Dr. Hale records a case of cardiac disturbance alternating with aphonia, in which, after the failure of other remedies, *Oxalic acid* 6 proved curative. Dr. H. N. Guernsey records a case in which stenotic dysmenorrhœa was associated with severe pain in the right shoulder and arm, and sick headache. *Lycopodium*, in rare doses of a high potency, removed the whole trouble, including the symptoms of stenosis.

The following case is worth extracting :

*Gelsemium in Infantile Paralysis.*

By W. M. HAINES, M.D., Ellsworth, Me.

CASE 2.—Willie H—, aged eleven months, when perspiring, was carried into a cold room, and shortly after was taken with severe chill, and immediately went into convulsions, which lasted about six hours. After coming out of the convulsions, found that the whole left side of the body was completely paralysed, face being drawn round, and complete loss of motion and sensation in whole left half of body. No more convulsions, but the arm and leg of affected side commenced to shrink in size and temperature to lower in spite of treatment. Used *Sulphur, Caust., Lachesis, Rhus tox.*, and applied friction and electricity. Continued this treatment several weeks without the least benefit, the affected limbs becoming more shrivelled and colder, and fingers and toes being tightly clenched. Child being *drowsy at times, alternating with very nervous excitable spells, which were followed by a profuse flow of clear urine*, led me to prescribe *Gelsem.* 30, which, with continued friction of the paralysed parts, caused a marked improvement in a week, and entirely cured the paralysis in less than a month.

October.—Dr. H. C. Allen supplies several more cases illustrating the value of that "key-note" for *Colchicum*— "He has appetite for several things, but as soon as he sees them, or still more, smells them, he shudders from nausea, and is unable to eat anything." Dr. W. Wright finds *Allium Cepa* 3 specific for that kind of fluent coryza which is apt to end in a severe and deep-seated cough.

November.—Dr. Curtis, of Chattanooga, records a case

of poisoning by the bite of the snake known as the "copperhead," and being at that time in the midst of the recent yellow fever epidemic in the South, was struck with the resemblance of his patient's symptoms to those of the disease.

*The Medical Counselor.* April, October, November, December, 1879.—This is the other twin; but though contemporaneous in appearance with its brother, the numbers mentioned above are all that have found their way to us. Dr. Mills, the former editor of the *Homœopathist*, fulfils this function for the *Counselor*.

April.—Dr. Woodyatt relates several cases of corneal opacity, in which very great improvement in vision followed the use of *Calcarea carbonica* 30. Dr. Holcombe communicates an instance of epileptiform hysteria cured by *Tarantula* 200; and Dr. Woodward one of pneumonia where a remedy rarely used in our practice, *Kali nitricum*, was given (1x trit.). The indication for it, in his eyes, was the great dyspnœa, so disproportionate to the small amount of lung tissue involved.

October.—Dr. H. C. Allen has found great benefit from *Arum triphyllum* in hay-fever. Dr. Arndt presents a series of throat cases which, as he truly says, "seem to show that in ulcerated sore throats *Mercurius cyanatus* acts far more promptly when the ulcer is large and well-defined, and when there is little glandular enlargement, while the biniodide surpasses the former in usefulness when the glandular enlargement is a prominent feature of the case, and the appearance of the throat itself is less angry."

November.—Dr. Pearson, who passes as an undeviating follower of Hahnemann, tells us that he has never in his life cured but one case of intermittent fever with *China*. How different from his master, who says of endemic intermittent fever, attacking a person on his first arrival in the district, "One or two small doses of a highly-potentised solution of *Cinchona bark* will, conjointly with a well-regulated mode of living, speedily free him from the disease." If such result do not follow the patient must be treated with antipsoric remedies; there is latent disease in him, which is only accidentally (so to speak) taking an aguish form.

December.—Dr. Hawley, who is very sensitive to *Rhus*, relates how a rheumatism of his, which had involved his left ankle for two months, disappeared in a few hours after handling (through silk gloves) two sticks of the *Rhus venenata*.

*Homœopathic News*.—We mentioned this little journal in our number for last October, as then reaching us for the first time. It has since arrived pretty regularly, and continues fairly to discharge its useful office of summarising the contents of the other homœopathic journals.

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## MISCELLANEOUS.

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### *An Irish Medical Bull.*

MISS EDGORTH, we believe, wrote an elaborate essay on 'Irish Bulls,' which, by a bull equivalent to any bred in Ireland, was included by a French author in a list of works upon cattle breeding. Not having seen the essay in question, we are unable to say if the authoress alludes to the Irish bull medical, but had she lived to the present day she would have rejoiced to meet with such a fine specimen of it as that which has just been engendered by the Royal College of Surgeons in Ireland, and triumphantly trotted out by the unconscious Editor of the *Medical Press and Circular*. The Irish are, as a rule, quick-witted and brimming full of fun, but with all that they are, it must be confessed, greatly addicted to making bulls. Now, a bull is something grotesquely stupid, said or done, the absurd stupidity of which is patent to every one but the sayer and doer; and it is seldom possible to convince the bull maker that he has said or done something flagrantly silly. The manufacture of bulls in Ireland is not confined to individuals, a grave and learned corporation can make them equally well.

Shortly after the passing of the Medical Act of 1859, which expressly prohibits all licensing bodies from imposing any obligation on candidates for their diploma to adopt, or refrain from adopting, the practice of any particular theory of medicine or sur-

gery, the Royal College of Surgeons in Ireland issued a decree expressly prohibiting its fellows and licentiates from practising homœopathy. We pointed out at the time the exquisite illegality and impotence of this decree, which has never been acted on and has not had the slightest effect upon the relations of practitioners who reject or accept the doctrines of Hahnemann. We beg pardon, we know of one solitary instance in which it did influence the conduct of a practitioner. One of our colleagues had a patient who wished to try the effects of mesmerism on his malady. Our colleague, willing to humour him, requested the late Dr. Elliotson, who was at that time the great authority on mesmerism, to meet him in consultation. Dr. Elliotson refused, alleging his inability to do so in consequence of the decree of the Royal College of Surgeons in Ireland against the practice of homœopathy. The humour of his refusal on this ground was intensified by the fact that the said decree coupled mesmerism along with homœopathy in its denunciations.

The absurdity of the Irish College's ukase against homœopathy was aggravated by the fact that it is a college of surgeons. Now, colleges of surgeons are generally supposed to interest themselves in surgery, and to supply the world with pure surgeons. "A pure surgeon," old Dr. Mackintosh, of Edinburgh, used to assert, "is a person who prides himself on his knowledge of cutting and his ignorance of everything else." Whether this is the exact truth or not we are unable to decide, but at all events our colleges of surgeons have hitherto never felt it incumbent on them to attend much to therapeutics, and the chief of them, the Royal College of Surgeons of England, has steadily refused, in spite of much urging, to express any opinion with regard to the therapeutic doctrines of the day. But the Royal College of Surgeons in Ireland seems to entertain a different view of its functions, and, having gone out of its way to give us its opinion on therapeutics, it may, perhaps, if success should attend this innovation on the practice of colleges of surgeons, by-and-bye favour us with its views on religion, social science, political economy, poetry, Shakspeare, and the musical glasses, on which subjects its ideas are sure to be quite as valuable as those it has expressed on therapeutics.

The ordinance or decree of 1861 has, we are informed by the Editor of the *Medical Press and Circular*, "remained in full force for nearly twenty years," and effected a wonderful amount of good, *not, indeed, visible to the naked eye, but probably discoverable by*



means of an oxy-hydrogen microscope of 40,000 horse-power. It is curious that though the ordinance is still in full force, and has done all that was anticipated from it, it should now be thought necessary to issue another decree like, but still different from, the decree of 1861. This stamps it indelibly with the characteristics of an Irish bull. It is in "full force," but yet, it seems, it has not the slightest effect in restraining the practices it professes to prohibit. It resembles "bulls" of another sort, namely, Papal bulls. It denounces from an infallible elevation doctrines it dislikes, but while still remaining in "full force" requires to be supplemented by other bulls, differently worded, perhaps, but condemnatory of the same heresy. As the prototypal Papal bulls are distinguished by the first word or two of the language in which they are couched, as "Unigenitus," "Pater Omnipotens," "Spiritus Sanctus," &c., so the bull of the Irish College of 1861 will, perhaps, be known hereafter by the title of "No Fellow," whilst that of 1880 will bear the designation "That the ordinance."

It is curious, and in this respect savouring more of the Irish than the Papal bull, that the first thing the Council of the Royal College of Surgeons did at its meeting on the 23rd of May, 1880, was to rescind its ordinance of 1861, an ordinance which, we are told by the Editor of the *Medical Press and Circular*, is still in "full force," and had proved so perfectly successful; so successful, indeed, that no member of the College seems to have paid the slightest attention to it, and disobedience to it was quietly ignored by its authors. This, indeed, was decidedly the best course to pursue, for had the Council attempted to enforce obedience to their decree, so utterly illegal was it, that they would have soon found themselves in disagreeable conflict with the law of the land. So, like Don Quixote, with his helmet all patched together with paper and paste, the Council of the Royal College of Surgeons in Ireland resolved to take it for granted that its decree was sound and efficacious, but took precious good care not to subject it to the only test whereby its soundness could be ascertained. Did the members of the Council of the Royal College of Surgeons in Ireland know when they passed their ordinance of 1861 that they were committing an illegality, or, at all events, that they would have subjected themselves to sundry pains and penalties had they attempted to make a practical application of it? We have a shrewd suspicion that they knew all the time that they were committing an illegal act, and probably this knowledge added a zest to their proceedings,

for we are told by Irish writers, who profess to know their countrymen, that the opportunity of breaking a law with impunity is irresistible to an Irishman, and that he will even put himself to considerable inconvenience to do so. But at all events, as we learn from the *Medical Press and Circular*, the Council were made aware of the illegality of their ordinance of 1861 by the representative of the College in the General Medical Council, so that they must have congratulated themselves on never having attempted to act upon it, and as their original intention was to reaffirm in 1880 their illegal ordinance of 1861, they found themselves precluded from doing so after its illegality was formally pointed out to them.

But now we come to consider the reasons for the reaffirmation in 1880 of the ordinance of 1861, which, our editorial informant tells us, was still in "full force." We, on this side of St. George's Channel, are, of course, unable to see how an ordinance could be in "full force for nearly twenty years," which, during all that time, was never acted on, and which, being illegal, could not be acted on. This may be all clear to the Hibernian intellect of the Editor of the *Medical Press and Circular*, but to us it bears the impress of the "bull" character of the whole proceedings. The only reason assigned by the Editor of the *Medical Press and Circular* for the proposed reaffirmation of the ordinance of 1861 is conveyed in the following mysterious words:—"Recently the subject" (to wit, the open association of Irish surgeons with homœopaths) "was revived, and became the focus for much controversy" (a "focus for controversy" is a novel and ingenious figure of speech), "and, in view of a particular case in point" (it would be interesting to know the particulars of this particular case, but no information is vouchsafed to us thereanent), "was brought under the notice of the Irish College of Surgeons at its annual general meeting on the last Monday in May." We should have thought that "the particular case in point" would have afforded an excellent opportunity for putting the ordinance of 1861 in execution, but no such idea seems to have occurred to the sages of the College. Their law having been broken they do not enforce the penalties incurred by its breach, but they propose to adopt the mild and imbecile measure of re-enacting the law which, we are told, was still in "full force." And this they would have done had not their representative in the General Medical Council informed them that their law was illegal, and therefore had no force at all. Such being the case, the next *idea that occurred* to the College was to frame another ordinance

prohibiting the association of their members with homœopaths in such a way that it should not contravene the laws of the land. This task was performed—as they imagine—by the Council at their meeting on the 23rd of June, and at the same time they took the opportunity of rescinding the illegal ordinance of 1861, which had been in “full force for nearly twenty years.” This new and wonderful work of art runs as follows :

“ That the ordinance of Council of the 22nd of August, 1861, be and it is hereby rescinded, and instead thereof it be now moved, that it be an ordinance of the Council that no Fellow or Licentiate of the College shall seek for business through the medium of advertisements, or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person who professes to cure disease by the deception called homœopathy, or by the practice called mesmerism, or by any other form of quackery, or who follows any system of practice considered derogatory or dishonourable to physicians and surgeons. And be it further resolved that, in the opinion of this Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College to engage in the practice of homœopathy or mesmerism, or any of the forms of quackery as hereinbefore set forth.”

This last clause seems to be a rhetorical flourish, put in to round off the otherwise slipshod English in an elegant manner, for it is obvious to the most careless reader that no “forms of quackery” whatever are “hereinbefore set forth.”

The only cause for all this hubbub and flutter in the bosom of the Royal College of Surgeons in Ireland is apparently the “particular case in point” above alluded to, for we are assured by the Editor of the *Medical Press and Circular* that the profession in Ireland have nothing to fear from homœopathy, “homœopathy being hopelessly at a discount, and having made no progress at all during the present generation.” This being so, and we have the word of the Editor of the *Medical Press and Circular* for it—who ought to know—we are all the more anxious to know what this “particular case in point” was that produced such a violent agitation in the tranquil precincts of the Royal College of Surgeons in Ireland. “Homœopathy being hopelessly at a discount” in Ireland, it might surely have been suffered to slide unnoticed into bankruptcy and extinction. It was hardly worthy of the “reputation, honour, and dignity” of the Royal College of Surgeons in Ireland to imitate the long-eared animal in Æsop’s fable and make

such a gigantic effort to administer a final kick to the poor dying lion. The "particular case in point" must have been very particular indeed to rouse the ire of the Royal College, and we trust that the Editor of the *Medical Press and Circular*, who has hitherto been so very communicative with respect to the action of the College, will give us full details respecting this "particular case."

The new ordinance of the College finds in the Editor of the *Medical Press and Circular* such a warm eulogist, and he expresses himself so "gratified and even proud" at the proceedings of the College, that we feel more than half inclined to believe him to be the chief promoter of those proceedings, if not the actual author of the new ordinance, just as Dugald Dalgetty guessed his visitor in prison to be the Maccallum More himself, as no one else could possess so much good of that chieftain.

The Editor of the *Medical Press and Circular* makes believe to think that the homœopathic body are awfully enraged at the proceedings of the Royal College of Surgeons in Ireland and their worthy Council, but we hasten to assure him that this is a complete misapprehension on his part. The only feeling that homœopaths have in the matter is one of amazed amusement at the sight of a Royal College of Surgeons perpetrating such an enormous bull, and being so ludicrously unconscious of the pitiful figure they cut before the world, prating about their honour, dignity, and reputation, while disgracing themselves by an impotent attempt to suppress liberty of opinion on a subject of which they have no knowledge and which does not in the least concern them as a College of Surgeons. Our enjoyment of the ridiculous freaks of the College is intensified by the enthusiastic encomiums bestowed on them by the Editor of the *Medical Press and Circular*, and our earnest desire and hope is that this Royal College and this able editor may soon favour us with another equally amusing performance, to diversify the dull monotony of medical practice, and enliven the more serious pursuits of scientific research; for homœopathy, as has been over and over again proved, theoretically and practically, is scientific medicine based on rational principles and constant in its practice, whilst the method or methods the Editor of the *Medical Press and Circular* specially patronises are unscientific, irrational, based on no principle whatever, and changing as frequently and as capriciously as the fashions in ladies' dress.

The Royal College of Surgeons in Ireland seem to have no doubt

that their new ordinance is perfectly legal, and does not contravene any of the sections of the Medical Act. As we are of an exactly contrary opinion, and think that the new ordinance is as utterly opposed to the letter and spirit of the Medical Act, as the earlier ordinance of the College confessedly is, we resolved to give the College an immediate opportunity of acting on their new ordinance if they dared. For this purpose one of us addressed to the Council of the College the following letter :

“*To the President and Council of the Royal College of Surgeons in Ireland.*

“GENTLEMEN,

“I observe in the *Medical Press and Circular* of the 30th of June, that at a meeting of the Council of the Royal College of Surgeons in Ireland, when all the Council were present save one, a resolution, or motion, or ordinance, was unanimously adopted, of which the following is a portion—apparently the principal portion to judge from the comments of the Editor of the *Medical Press and Circular*.

“‘That it be an ordinance of the Council that no Fellow or Licentiate of the College shall . . . consult with, advise, direct, or assist, or have any professional communication with, any person who professes to cure disease by the deception called homœopathy. . . . And be it furthermore resolved that, in the opinion of this Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College, to engage in the practice of homœopathy.’

“Now, though you do not mention what steps you intend to take against fellows and licentiates who may infringe this ordinance, no doubt you have resolved to visit disobedience to your ordinance by some pains and penalties, for it is impossible to suppose that the Council of the Royal College of Surgeons in Ireland would issue such a stringent and solemn ordinance as a mere *brutum fulmen*. Being desirous to assist the Council in its laudable endeavour to suppress a practice which the Council in its wisdom has declared to be a ‘deception,’ and ‘inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College,’ I beg to draw the attention of the Council to the fact that your ordinance is habitually disregarded and disobeyed by the following licentiates of your College, viz. William Bell, R. Tuthill Massy, H. W. Robinson, John Roche, C. C. Tuckey, and C. G. Watson, who are in the habit of consulting with, advising, directing, assisting, and having professional communication with, persons who profess to cure diseases by homœopathy, which you are pleased to term a ‘deception,’ though that is a slight mistake on your part, as there is no deception nor any concealment whatever in the practice of homœopathy, the principles of which must be well known to you, or if not may be easily learned from scores of

treatises published upon it; and furthermore the aforesaid licentiates are themselves engaged in the practice of homœopathy, which in your opinion—*valeat quantum*—‘is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of your College’—and worst of all, their names are openly paraded in the *Homœopathic Directory*, published by Thompson and Capper, price one shilling.

“It is grievous to think that the ordinance of a similar purport you enacted so long ago as 1861 has hitherto remained a dead letter, and that, as far as I know, no action has been taken by you to enforce obedience to it. The reason for this may be that you found that your ordinance of 1861 was contrary to the spirit and letter of Sections XXIII and XXVIII of the Medical Act of 1859, or perhaps because you were not made acquainted with the fact that certain of your licentiates—among them the gentlemen whose names I have given above—were habitually disobeying your ordinance. However that may be, you have now, as you suppose, so worded your recent ordinance that it does not contravene the above sections of the Medical Act, and as you, of course, have no wish to pose before the world in the undignified and ridiculous attitude of promulgating ordinances that are never acted on, by calling your attention to the above disobeyers of your ordinance I afford you an excellent opportunity for displaying your zeal in the noble cause of the suppression of liberty of opinion in therapeutics, and I assure you that it will afford to myself and my colleagues, ‘who profess to cure disease by homœopathy,’ the greatest pleasure to see you attempt to enforce your ordinance, in which, of course, you reckon on being warmly seconded by public opinion.

“In the above ordinance you likewise denounce those ‘who follow any system of practice considered derogatory or dishonourable to physicians and surgeons.’ As this is rather vague and indefinite, perhaps at your next meeting you would be so obliging as to draw up a list of the ‘systems of practice’ that are ‘considered derogatory or dishonourable to physicians and surgeons,’ and at the same time be a little more precise in intimating by whom they are considered derogatory and dishonourable to physicians and surgeons, for to a person endowed with only common, and not collegiate, sense it would seem that the sentence as it at present stands has a vagueness and indefiniteness about it unworthy of a learned council. In the ordinance of 1861 the parallel words were ‘any system or practice considered derogatory or dishonourable by physicians and surgeons,’ but that was evidently nonsense, for a ‘system or practice’—like homœopathy for example—that was pursued by many physicians and surgeons was evidently not ‘considered derogatory or dishonourable by physicians and surgeons.’

“I would draw your attention to the circumstance that as Section XXVIII of the Medical Act disallows the removal of the name of any practitioner from the Register on account of his having

'adopted the practice of any theory of medicine,' any action you might take against any of your fellows or licentiates for disobedience to your ordinance would have no effect on their legal status, and I would point out to you that as Section XXIII of the same Medical Act threatens with a very serious punishment—no less than deprivation of its power of granting qualifications—any body entitled to grant qualifications, should it attempt 'to impose on candidates for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine,' that would imply *a fortiori* that the Medical Act is in spirit opposed to such attempts after examination.

"Finally, I would submit to your consideration if a college of surgeons does not cut a most ridiculous, not to say contemptible, figure by issuing edicts or ukases against the practice of a particular system of therapeutics to which it is unable to give any practical effect, and if it will not appear to an impartial public that by applying such an epithet as 'deception,' and ranking as 'quackery' a method of treatment which is followed by hundreds of properly qualified fellows and licentiates of colleges and graduates of universities in this country, and which has been defended in numerous published works, and is practised both privately and in hospitals with results which will compare favourably with any obtained by any other system of practice, the Royal College of Surgeons in Ireland does not thereby display a wish to combat by the unworthy weapons of insult and calumny a mode of practice it is unable to combat by the fair weapons of scientific controversy.

"Perhaps the Council of the Royal College of Surgeons in Ireland will condescend to explain on what grounds it calls a 'deception' a system of practice pursued by many highly respectable and intelligent members of its own and other colleges and graduates of universities, and respecting which treatises in abundance are published, and periodicals, monthly and quarterly, edited by gentlemen having the highest professional qualifications, and devoted to the propagation and development of the system, are regularly issued. Perhaps, too, it will at the same time offer some proof that the practice of a method of treatment founded on the following principles:—1. Testing on the healthy the effects of drugs; 2. Administering these drugs in natural morbid states resembling those morbid conditions they produce in the healthy; 3. Giving but one medicine at a time; 4. Giving the remedy in a dose not strong enough to produce its physiological, while sufficiently strong to produce its therapeutical, effects—'is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College.' Unless the Council of the Royal College of Surgeons in Ireland should offer some evidence or proof in support of its allegations, it is greatly to be feared that the outside world may think that a learned college in calling certain licentiates of its own and other colleges and graduates of universities bad names is resorting to a line of argument more

congenial to the illiterate Hall of Billingsgate Market than consistent with the 'reputation, honour, and dignity' of a learned college. That the 'reputation, honour, and dignity' of the Royal College of Surgeons in Ireland should suffer from such a trifling cause as its omission to assign a reason for denouncing and calling by opprobrious epithets a system of medicine that is practised by hundreds of qualified gentlemen, and has been so practised in this country for upwards of half a century, would be a matter of infinite regret to

"Your obedient servant,

"(Name of no importance).

"17th July, 1880.

"*Post scriptum.*—As no doubt the Council of the Royal College of Surgeons in Ireland are desirous of the utmost publicity for their spirited effort to suppress liberty of opinion in medical matters I will do my best to forward their supposed views. I have accordingly called the attention of the General Council of Medical Education and Registration to the recent ordinance of the Council of the Royal College of Surgeons in Ireland, and I have no doubt the General Council will give the particular Council of the College their warmest approval. I shall likewise use my humble endeavours to spread the knowledge of the recent ordinance among both the profession and the public."

To this the writer received the following reply :

"ROYAL COLLEGE OF SURGEONS IN IRELAND,  
"DUBLIN; August 10th, 1880.

"SIR,

"I beg leave to inform you that your communication to the President and Council of this College has been laid before them in due course by me at their first general meeting since its receipt.

"I have the honour to be,

"Sir,

"Your obedient servant,

"J. STANNUS HUGHES.

"*Secretary of Council.*"

The letter to the General Council alluded to in the letter to the Council of the Royal College of Surgeons in Ireland is subjoined.

"*To the President of the General Council of Medical Education and Registration.*

"SIR,

"The Council of the Royal College of Surgeons in Ireland, as we learn from a report in the *Medical Press and Circular* of June 30th, at a meeting of the Council held on the 23rd of June passed the following resolutions :

"That it be an ordinance of the Council that no fellow or licen-



tiate of the College shall seek for business through the medium of advertisements or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with, any person who professes to cure disease by the deception called homœopathy, or by the practice called mesmerism, or by any other form of quackery, or who follows any system of practice considered derogatory and dishonourable to physicians and surgeons.

“And be it furthermore resolved that, in the opinion of this Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College to engage in the practice of homœopathy, or mesmerism, or any of the forms of quackery as hereinbefore set forth.’

“I humbly submit that the words underlined in the above ordinance are a distinct contravention of the spirit, and also of the letter, of Sections XXIII and XXVIII of the Medical Act, for though the College does not here directly ‘attempt to impose upon a candidate offering himself for examination an obligation to adopt, or refrain from adopting, the practice of any particular theory of medicine,’ it does so indirectly; for, in requiring its fellows and licentiates to promise to obey its ordinances, and this ordinance prohibiting its fellows and licentiates from having any professional communication with any person practising homœopathy, it thereby imposes on its fellows and licentiates an obligation not to practise homœopathy, which is equivalent to imposing on a candidate for examination an obligation not to practise homœopathy, for a candidate for the diploma of the college who was convinced of the truth of homœopathy must be debarred from offering himself for examination if he has to promise to have no professional communication with those practitioners who entertain similar therapeutic views before he can obtain the licence of the College.

“I would further submit that it is a contravention of the spirit of the Medical Act for the Council of the Royal College of Surgeons in Ireland to apply opprobrious and insulting epithets, such as ‘deception’ and ‘quackery,’ to a ‘particular theory of medicine,’ which the Medical Act says (Section XXIII) no candidate for examination is to be required to refrain from adopting, and further (Section XXVIII), for adopting which the name of no person shall be erased from the Register.

“I hereby appeal to the General Council of Medical Education and Registration to cause the Council of the Royal College of Surgeons in Ireland to desist from infringing the above sections of the Medical Act and from insulting and outraging those fellows and licentiates of its own and other colleges, and those graduates of the universities, who have adopted the practice of a particular theory of medicine which has not yet received the approval of the majority of the members of the Council of the Royal College of Surgeons in Ireland, but which the Medical Act declares shall not be a disqualification for admission to examination by any licensing

body, or for being enrolled on the Register of the General Council of Medical Education and Registration.

“ I am,

“ Sir,

“ Your obedient servant,

“ (Name of no consequence).

“ 18th July, 1880.”

No answer has as yet been received to this appeal to the General Council, nor is it likely that it will meet with any greater success than a similar appeal addressed by one of us to the General Council on the subject of an anti-homœopathic declaration required by the King's and Queen's College of Physicians in Ireland to be made by candidates for its licence, just then come to light. The excuse made by the General Council on that occasion for taking no action in the matter, viz. that the declaration was old and obsolete, will not avail the General Council now, as the ordinance of the College of Surgeons is brand new, and apparently meant to be acted on.

The utter inadequacy of the alleged reason for the late monstrous commotion among the members of the Royal College of Surgeons in Ireland on the subject of homœopathy gives us reason to credit the authenticity of the following report of the proceedings of the College, for which we are indebted to Sir Boyle Roche's celebrated little bird, which possessed the faculty of being in two places at the same time. We have here a plausible explanation of the mystery, which the editorial champion of the College fails to give us.

*Royal College of Surgeons in Ireland. Annual General Meeting, 31st May, 1880.*

The Chair was taken by the President, the venerable Mr. Dennis O'Flaherty, at 2 o'clock precisely.

The President was commencing to speak, when he was interrupted by Surgeon Finnikin, of Belfast, who inquired if it was not the proper thing to begin the proceedings by prayer.

The President.—That has not hitherto been the custom, but if the honourable member would favour the company he was sure they would be delighted.

Surgeon O'Donoghue objected that Surgeon Finnikin, being a Presbyterian, his prayer would not be acceptable to the majority of the members, who professed allegiance to his Holiness the Pope. If the President would allow him, as there was no priest present, he would read an appropriate prayer in Latin from the breviary he always carried in his pocket.

Surgeon Murphy protested against any Popish dog-Latin being used at their meeting. As the College had been founded whilst

the Anglican was the Established Church of Ireland, he thought the only prayers that could be used in that assembly were those contained in the Book of Common Prayer. He would accordingly, with the President's leave, proceed to read the Collect of the day.

Surgeon O'Badiah said, as one of the ancient Jewish race who had not forsaken the religion of his fathers, he could not consent to any Christian prayer, but if they would kindly listen he would read to them the CXIXth Psalm in the original Hebrew, which seemed to him most appropriate for opening such a meeting as this.

Surgeon O'Badlaw, as a thorough believer in agnosticism, for which he was ready to undergo martyrdom, utterly and from his soul (if he had one) repudiated any religious ceremony whatever, whereby the solemnity of their proceedings would be destroyed and their ancient hall would be desecrated. Now if gentlemen would listen to a chapter from the Fruits of Phil— (Oh! oh! order! order!)

The President.—Gentlemen, I perceive it is hopeless to expect anything like unanimity on this subject, and with my best thanks to those gentlemen who have so kindly offered to open the meeting by a prayer—or its equivalent in their creed (looking at the last speaker), I think, as the chief business before us is of rather an opposite character, it would be more appropriate if I read from the chair either the Commination of the Book of Common Prayer, or the Curse of Ernulphus, provided Surgeon O'Badlaw does not object.

Surgeon O'Badlaw said he could not of course conscientiously swear, but he had no objection to curse, and he thought the stronger the language the curse was pronounced in the more it would please himself and colleagues, as no words of reprobation could be too strong for the odious practices they were that day about to consider. He would therefore move that the President should read aloud the Curse of Ernulphus.

This was seconded by Surgeon Kelly, who though himself a Protestant, thought that, whilst he and his fellow-believers would object with all their might to borrow a prayer from the Romish Church, they might, without doing violence to their consciences, borrow a curse for the occasion.

The motion was agreed to *nem. con.*, and the President read the curse, first in the original Latin, then in English, and finally in Irish, so that its beauties might be appreciated by all.

The President then said:—Fellows and licentiates of the Irish College of Surgeons! Cead mille fealthe! It is with mingled feelings of pleasure and pain that I look around me and see this vast assembly of those who derive their honourable title from this noble College. It is no common cause that has led you to hurry up from all parts of old Ireland, at the imminent risk of letting thousands of patients die for lack of your skilful services, or, what is worse, of allowing them to find out that they can recover without your aid. (Hear, hear). The pleasure your presence gives me is more than neutralised by the cause that brings you here to-day. The cause, the melancholy cause, is, as you are aware, the notorious fact that

some of those who hold the diploma of this illustrious College have so far forgotten what is due to the honour and dignity of their noble profession, and what is due to the reputation of their *alma mater*, as to pretend or profess to cure diseases by the monstrous deception called homœopathy. I care not to inquire what amount of scientific truth there may be in the therapeutic rule of homœopathy. I stop not to ascertain if medicines prescribed according to that rule cure diseases more quickly and certainly than do medicines given on our own time-honoured and traditional principles. Such inquiries are altogether foreign to our subject. I take my stand on the ordinance passed by the College nineteen years ago, which expressly forbids its members to "profess or pretend to cure diseases by the deception called homœopathy." This ordinance has been deliberately disobeyed by these degenerate members, and I ask you, gentlemen, to suggest some means of putting a stop to such practices by these unworthy members of our College. But besides these rebellious members who practise this tabooed system in defiance of the ordinance of our College, there are other members who, without professing to practise homœopathy, lend their surgical aid, and actually perform operations on the patients of physicians and practitioners who openly practise homœopathy, in direct contravention of the same ordinance which expressly forbids any fellow or licentiate of the College to "consult with, meet, advise, direct, or assist, any person engaged in such deception or practice." We are met here to-day, gentlemen, to devise some means for putting a stop to this scandal, and purging our College of these offences against the honour and dignity of the profession. (Cheers).

Surgeon McGillicuddy said it was evident the ordinance passed in 1861 was not severe enough, so he would propose to add to the prohibition about meeting, assisting, and so forth, the words "or directly or indirectly have any professional communication with such person." That would, he thought, cover every sort of professional meeting with those disreputable homœopaths—even at a funeral. (Hear, hear.)

Surgeon Wyseman thought that the passing of ordinances against those members who chose to practise a system of therapeutics different to what the majority practised was an anachronism, and unworthy of a scientific body such as they professed to be. Medicine was not a religion, and its adherents were not bound by a creed, or thirty-nine articles, or Westminster Confession of Faith, so he felt he must vote against any proposal for excommunicating members who thought differently on therapeutic matters from the majority. As he was an old President of the College, he was, if they would forgive him the pun, in favour of precedents for everything they did, and he would ask if there was any precedent for a college of surgeons to bind their members to practise always according to one system, and never on any account to resort to any other?

Surgeon Bannagher.—Is it precedents the honourable member wants? There is a precedent that exactly suits this case. I hold

in my hand the form of oath administered by an eminent French Faculty of Medicine to candidates for their diploma, and with the leave of our present President I will read this former precedent. It is given in the form of question and answer between the president of the college or faculty and the candidate for the licence to practise, and runs as follows. It is in Latin, but that is a language we are all familiar with, so I shall not translate it.

*Præses.*—Juras gardare statuta,  
Per facultatem præscripta,  
Cum sensu et jureamento ?

*Bachelierus.*—Juro.

*Præses.*—Essere in omnibus,  
Consultationibus,  
Ancieni aviso,  
Aut bono,  
Aut mauvaiso ?

*Bachelierus.*—Juro.

*Præses.*—De non jamais te serviré,  
De remediis aucunis,  
Quam de ceux seulement doctæ facultatis,  
Maladus dû-t-il crevare  
Et mori de suo malo ?

*Bachelierus.*—Juro.

There, sir, if that is not a precedent of the most elegant sort, I hope I may never more touch potheen. (Sensation.)

Surgeon Wyseman granted that the obligation enforced on candidates never to alter—not even to improve—their practice was stringent enough in the oath just quoted, but the college or faculty by which it was imposed was, as he understood, one of medicine. He wanted to know if there was a precedent for a college of surgeons having imposed any such oath, or promulgated any such edict as the one passed by their own College in 1861.

Surgeon Brady objected entirely to the search for precedents. Was not Ireland the first flower of the ocean, the first gem of the earth, and was it becoming in them to look for precedents? Should they not set the precedent for other colleges to follow? (Loud cheers.)

Surgeon Wyseman allowed that the argument of the last speaker was unanswerable. But he would take the liberty to inquire what where the grounds on which the College had pronounced homœopathy to be a “deception.” They all knew the principles on which homœopathy was founded, and the partisans of the system, so far from making any concealment about it, had published lots of treatises addressed to the public and the profession explaining it in the clearest and most concise manner. Under these circumstances he did not see how it could fairly and justly be termed a “deception.”

Surgeon Brady rose to order. He conceived that his friend Surgeon Wyseman was completely out of order in disputing the dictum of the College that homœopathy was a deception. He submitted that it was not for them to criticise the solemn judgment of the College. If the College had pronounced homœopathy to be

a deception, a deception it was and must be, and its partisans base deceivers.

The President ruled that Surgeon Wyseman was out of order in impugning the verdict of the College, and as it had pronounced homœopathy to be a deception they must bow to the decision of the College.

Surgeon Wyseman would withdraw his opposition, as he perceived the sense—or nonsense—of the meeting was against him. (Groans.) He would only, before sitting down, make one other remark. The President in his opening address had spoken about our time-honoured and traditional principles, and he had also denounced the principles of homœopathy. Now they all knew what the principles of homœopathy were, but he should like very much to know, and he thought the College was bound to inform an expectant world, what were the time-honoured and traditional principles on which they practised medicine?

The President replied that he was astonished to hear Surgeon Wyseman ask such a question. He ought to know that the great principle of orthodox medicine was to oppose all attempts to introduce a principle into therapeutics. This the homœopaths had pretended to do, and they professed to be guided by a principle in the selection of their remedies. Such conduct the exponents of rational medicine held to be most unprincipled, and hence deserving of reprobation.

Surgeon O'Trigger asked the President how many fellows or licentiates of the College were actually engaged in the practice of the deception called homœopathy?

The President believed the number to be about half a dozen.

Surgeon O'Trigger said if that was all, the easiest way of settling the matter would be to act according to the principles of his illustrious ancestor, Sir Lucius, and for half a dozen of them to call out and shoot these unworthy members. (Hear, hear.)

The President, while doing full justice to the courage of his valiant friend, begged to remind him that the days of duelling were past.

Surgeon O'Trigger.—More's the pity.

The President.—Possibly. But the destruction of the enemy being impossible in the way proposed by his distinguished friend, they must have recourse to less sanguinary measures for getting rid of their heretical members.

Surgeon O'Grady said why could they not just re-enact the ordinance of 1861, intimating at the same time that it would be acted on this time, and members disobeying would be expelled. He would ask why all these years the ordinance had never been enforced?

Surgeon Wyseman.—I will tell the honourable member why the ordinance of 1861 has not been acted on. It is in fact illegal. (Sensation.) It is directly contrary to certain clauses of the Medical Act that became law in 1859, and was passed in defiance of *this Act*, and to show the contempt the College felt for it and

its authors, but if the College had attempted to act upon its ordinance it would have run the risk of being punished by losing its right to make legally qualified surgeons.

Surgeon O'Grady did not think that was any reason at all for not enforcing the ordinance. Let them boldly do it, and dare an alien Government to persecute them. He thought it would enlist the sympathy of all true lovers of liberty on their side if a tyrannical Government were to make martyrs of them.

Surgeon Wyseman doubted if their legal punishment for an illegal attempt to suppress liberty of opinion among their members would meet with the sympathy of the lovers of liberty—unless it were those lovers of liberty who claimed the liberty to “wallop their own nigger.”

Several members having expressed an opinion that it would be injudicious to move further in the matter,

Surgeon O'Connell rose and said:—Gentlemen, I had no intention to speak, but I cannot remain silent when I see the meeting giving signs of a disposition to drop the matter entirely, at the instigation of Surgeon Wyseman, who I should be sorry to insinuate is a hired agent of a base and bloody Government, whose constant aim it is to oppress and tyrannize over this beautiful and unfortunate country. No, gentlemen, there have been traitors among Irishmen, but I cannot believe that so base, so mean a traitor could be found in our midst. No, gentlemen, Surgeon Wyseman is no traitor, but he exhibits a timidity—I will not say cowardice—unworthy of an Irishman, and has apparently even infected some of our colleagues with his own pusillanimity. What is it we are met together to-day to protest against? Homœopathy! What is homœopathy? A system of therapeutics. What has a college of surgeons to do with a system of therapeutics? Nothing—that is a subject for a college of physicians. Ah, then, you will say, let us say nothing about it. If that was all then I would myself be of that opinion, and say we have made a mistake, let us retire with dignity. But is that all? Far from it. Who was the inventor of homœopathy? Samuel Hahnemann. And who was Samuel Hahnemann? A Saxon! (Sensation.) Yes, gentlemen, a Saxon of the Saxons. Born at Meissen in the very heart of Saxony. (Groans.) Need I say more, gentlemen? Is the black fact that the author of homœopathy is a Saxon not reason enough why an Irish college, whether of surgeons, or physicians, or theologians, or mathematicians, or engineers, or cheesemongers, should denounce him and all his works? (Hear, hear.) The system of therapeutics has nothing at all to do with our opposition. It is the man who is the author of the system, a thoroughbred of the detested race that we strike at when we denounce homœopathy. (Hear, hear.) Of course we cannot proclaim this to the world, as we are bound by chains to a race of Saxons on the other side of the Channel, so we must allege another reason for our opposition. It is certainly an *unusual thing* for a college of surgeons to be so particular about

a system of therapeutics, and may to outsiders appear ridiculous. But, gentlemen, we know what we mean. The system, or practice, or deception, or whatever you choose to call it, is only a blind—an excuse. All the time it is the Saxon we attack, it is the Saxon we denounce, it is the hated Saxon we condemn under pretence of attacking, and denouncing, and condemning his ridiculous system, for which no member, I venture to say, cares twopence. So, gentlemen, always remember when you are pretending to assail homœopathy it is the perfidious Saxon you are really aiming at. The ordinance of 1861 is perhaps contrary to Act of Parliament, but my illustrious relative, Daniel O'Connell (tremendous applause, the whole meeting rising to their feet, and waving their hats and handkerchiefs, the clamour only being allayed by the ingenious device of the President proposing they should drink a glass of potheen all round to the memory of Daniel O'Connell "in solemn silence"), the great liberator of Ireland from Saxon thralldom (great cheering), taught us how to drive a coach and six through any Act of Parliament whatever. Now, gentlemen, I will show you how to evade the Act of Parliament while retaining the ordinance, by reminding you of the story of old Biddy Malone. One day Biddy on her rambles met Lord and Lady Castleblarney out walking arm in arm. "Good marning, me Lard, and God save ye, me Lady," says Biddy with a low curtsey, "sure I dramed last noight that yer Lardship guv me a pound o' snuff, and yer Ladyship a pound o' tay." "Ah! but Biddy, you know," says my Lord, "that dreams always go by contraries." "Faith an' that is so, me Lard, so its yer Lardship 'll be after givin' me the tay, and her Ladyship the snuff." Now, gentlemen, all we've to do is to imitate Biddy and reverse the order and slightly alter the wording of the denunciations in the ordinance. The original ordinance first forbade fellows and licentiates to pretend to cure diseases by the deception called homœopathy, and then it ordered that no fellow or licentiate should consult with, meet, advise, direct, or assist, any one engaged in such deception or practice. Now, I propose, first, to forbid any fellow or licentiate to "consult with, advise, direct, or assist, or (as Surgeon Mr. Gillicuddy suggests) have any professional communication with any person who professes to cure disease by the deception called homœopathy," and then to denounce the practice of homœopathy as "inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College." In this way the letter of the Act of Parliament will not be contravened, though its spirit will, but that's just what we want, and in this way we show our detestation of the "base, bloody, and brutal Saxon." (Thunders of applause.)

Surgeon Wyseman said, in his opinion it was "derogatory to the reputation, honour, and dignity of the College" to seek to evade an Act of Parliament in the manner proposed, and that the course the College was counselled to pursue, if not a "deception," was, at all events, a mode of proceeding that would be "considered derogatory and dishonourable" by all gentlemen, and, he suspected, by



all "physicians and surgeons" too, except, perhaps, those belonging to the Irish College. (Uproar.)

Surgeon O'Trigger rose to order. The last speaker had grossly insulted the College and every member of it, so he proposed that, as the President had ruled it would not do to call him out, they should put him out.

Which was done, and the ordinance, as modified by Surgeon O'Connell, was passed unanimously, amid the most exuberant demonstrations of enthusiasm.

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*American Institute of Homœopathy.*

THIS Association held its thirty-second Annual Session in June last, at Milwaukee, and seems to have had an enjoyable meeting. Full accounts of it are given in the *Hahnemannian Monthly*, for July, and the *Homœopathic Times*, for July and August. Our contributor, Dr. Berridge (who was present), has requested us to publish the following, which grew out of a somewhat emphatic repudiation of an attempt on his part to lecture the Institute on its neglect of true homœopathy.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

At an adjourned meeting of friends of Hahnemann Homœopathy, the following resolutions were adopted :

"Whereas, We believe the *Organon of the Healing Art* as promulgated by Samuel Hahnemann to be the only reliable guide in therapeutics, and

"Whereas, This clearly teaches that Homœopathy consists in the law of similars, the single remedy, the minimum dose of the dynamised drug, and these not singly but collectively ; and

"Whereas, Numbers of professed Homœopaths not only violate these tenets, but largely repudiate them ; and

"Whereas, An effort has been made on the part of such physicians to unite the Homœopathic with the Allopathic school ; therefore

"Resolved, That the time has fully come when legitimate Hahnemannian Homœopaths should publicly disavow all such innovations ;

"Resolved, That the mixing or alternating of two or more medicines is regarded as non-homœopathic ;

"Resolved, That in non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-homœopathic ;

“Resolved, That ‘as the best dose of medicine is ever the smallest,’ we cannot recognise as being Homœopathic such treatment as suppresses symptoms by the toxic action of the drug;

“Resolved, That we have no sympathy in common with those physicians who would engraft on to Homœopathy the crude ideas and doses of Allopathy and Eclecticism, and we do not hold ourselves responsible for their ‘fatal errors,’ and failures in theory and practice;

“Resolved, That as some self-styled Homœopathists have taken occasion to traduce Hahnemann as a ‘fanatic,’ ‘dishonest,’ and a ‘visionary,’ and his teaching as ‘not being the standard of Homœopathy of to-day,’ that we regard all such as being recreant to the best interests of Homœopathy;

“Resolved, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organise ourselves into an International Hahnemannian Association, and adopt a constitution and bye-laws.”

A society was organised by the adoption of a constitution and bye-laws, and electing the following officers:—P. P. Wells, Brooklyn, president; T. F. Pomeroy, Detroit, vice-president; J. P. Mills, Chicago, secretary and treasurer; E. W. Berridge, London, England, corresponding secretary. Bureaus: Ad. Lippe, *Materia Medica*; C. Pearson, *Clinical Medicine*; E. A. Ballard, *Therapeutic Surgery*; T. F. Pomeroy, *Obstetrics and Diseases of Women and Children*.

#### *Noiseless Crockery.*

A PATENT has been taken out by Mr. Vernon, of Newton-Stewart, for rendering crockery absolutely noiseless. It is applied to cups and saucers, plates, basins, ewers, jugs, and, in short, all domestic articles of china and stoneware, and consists in the insertion of a vulcanised india-rubber ring in the bottom of the article. This invention is likely to be of especial use in the sick-room, where the clatter of crockery is often very disagreeable to a patient. There is another advantage attending the invention, and that is that a vessel fitted with it will not slip about. Thus, a cup will bear to be inclined in the saucer at a very considerable angle without sliding. Services of porcelain and stoneware fitted with these rings are well adapted for an unsteady table, such as we find in sea-going ships, and we believe they

have already been supplied to yachts and several lines of ocean steamers.

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*Pathogenetic Record.*

WE beg to call attention to the completion of the first volume of this work which has been published with varying regularity, as an appendix to the *Journal*. The labour bestowed on it by its industrious author Dr. Berridge, has been enormous, and the result is a cyclopædia of the morbid symptoms and artificial diseases developed by the medicines named in the volume which will be of vast importance to the *Materia Medica*. The whole homœopathic world is deeply indebted to Dr. Berridge for his labour of love in their service, and we are glad to know that his work is highly appreciated by our colleagues on the other side of the Atlantic. The further publication of Dr. Berridge's work, of which, of course, this first volume is only the commencement, must be postponed for a while as it is our intention to devote the appendix for some time to come to a critical commentary by Dr. Hughes on Allen's *Encyclopædia*. We trust by and by to resume the publication of Dr. Berridge's *Pathogenetic Record*, if he will allow us to do so.

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*Dr. Dudgeon's Pocket Sphygmograph.*

As, contrary to expectation, the whole stock in hand was almost immediately sold, gentlemen who have ordered the instrument will have to wait a week or two until another supply can be manufactured. This is being done with all due rapidity, but as great care is required to make the various adjustments, some little time will elapse before the instruments are ready for delivery. Mr. Ganter will then forward them to those who have applied to him for them, in the order of their application.

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*International College of Hygiene.*

THE Congress was held this year at Turin. Our colleague, Dr. M. Roth, read there papers on the following subjects:—

1. On Obligatory Inspection of Schools.
2. On the Ladies' Sanitary Association of London and its Work.
3. On the Introduction of the Elements of Hygiene and Physical Education into all Primary and Secondary Schools.
4. On the Means of Preventing Blindness.
5. The Anti-hygienic Conditions in which the Workmen in Scotch Ship-building Yards are placed.

## OBITUARY.

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### CONSTANTINE HEBING.

SINCE the death of Hahnemann no one has occupied such a prominent place in the homœopathic world as the illustrious man whose death we now deplore. A man of thoroughly original genius, he would have made a figure in any sphere in which he elected to move. It was fortunate for homœopathy that he early became a devoted adherent, for his career has been one long succession of brilliant and important services, to the method of Hahnemann. Born at a small town in Saxony, on the first day of the closing year of the eighteenth century, he had just completed his fourscore years when he died in the very height of his never-ceasing activity, never having known what it was to take rest from his self-imposed labours. His first appearance in homœopathic literature, as far as we can ascertain, is a communication addressed to the *Archiv* in 1827, in which he gives an account of his sea-sickness during his voyage to Surinam, and mentions the remedies that cured him, namely, *Cocculus* for the actual sickness, and *Staphisagria* for a spongy state of the gums that remained or occurred after the cessation of the sickness. In this article he also describes some of the diseases he met with among the inhabitants, Europeans and natives, and the remedies he had found useful. Among others, a case of tetanus in a black, which was cured, to the great astonishment of the people, by *Angustura*. He mentions that he was about to take a journey into the interior under the guidance of an Indian, to a lake never yet visited by white men, where wonderful animals and plants abounded. On his return he would devote himself to the study of yaws, elephantiasis, leprosy, or boassio, which is considered incurable. Later, he mentions that he remained for fourteen days in the region set apart for persons afflicted with this disease, which is much dreaded, and all the subjects of it are kept confined on a particular plantation, and not allowed to leave it for fear of spreading the disease by infection.

As his career commenced in this industrious and active manner so it went on. He left Surinam in 1833, and came to Philadelphia, where he settled down in practice after a short sojourn in Allentown to assist in the establishment of a homœopathic academy. During the whole course of his long medical life, he was incessantly occupied in adding new medicines to the homœopathic materia medica, proving them on himself and others, and publishing the results of his labours from time to time. In

the number of medicines he made available for homœopathic treatment by provings more or less complete, he is second to Hahnemann alone—some of whose medicines he assisted to prove, notably, *Arsenic*, *Phosphorus*, *Phosphoric acid* and *Silica*. *Lachesis*, *Apis*, *Oxalic acid*, *Glonoïn*, are some of the most valuable of Dr. Hering's additions to the materia medica. Besides provings, Dr. Hering was a diligent maker of manuals designed to assist the practitioner. He published *Gross's Comparative Materia Medica*; commenced a gigantic work called *Analytical Therapeutics* which, however, never got beyond the first volume; gave us a few years ago his *Condensed Materia Medica*, which has reached a second edition, and, at the time of his decease, was busy with the proof sheets of the third volume of his *Guiding Symptoms*.

But his literary activity was not limited to these serious works. He was a great master of sarcasm and had an abundance of Attic salt to spare. This he bestowed chiefly on his German friends, and he published in German some excessively witty and sarcastic pamphlets with the title of *Neue Hauhechel* under the pseudonym of "Dr. Wisent." These pamphlets are brimming over with wit and wisdom; he even ushers in a list of *Errata* in the following humorous manner.

"O modesty! O thou lovely human virtue, who art only to be found in rags, and then only until they become paper; when books are formed thereof, then indeed, there is no more thought of thee! O let thy violet perfume spread over this last page, which probably will not appear quite free from faults. The author cannot allege as his excuse for these his remoteness from the printing place, nor yet lay the slightest blame on his compositor, he therefore takes upon himself alone the whole blame, and would beg his courteous readers, especially those who are afflicted with defective education, not to read the book a second time without carefully making the following corrections."

In a short intercourse with the illustrious departed some thirty-four years since, we had an opportunity of enjoying and admiring a mixture of learning, simplicity, earnestness, and "paukiness," such as combined to make one of the most remarkable men it has been our fortune to meet. Since then we have occasionally had letters from him, and we shall feel his loss as that of an old and valued friend.

This is not the place in which to examine critically the work done for homœopathy by Dr. Hering. His influence has been immense, and if we have found it necessary sometimes to differ from his views in minor points, we have always felt that Hering was the worthiest representative of homœopathy since Hahnemann's death.

At the British Homœopathic Congress held last month at Leeds, a resolution expressive of the regret of the congress and their sympathy with his widow was passed with unanimity.

## BOOKS RECEIVED.

- "Scratches" of a Surgeon. By W. T. HELMUTH, M.D. Chicago. 1879.
- Special Indications for twenty-five Remedies in Intermittent Fever.* By T. P. WILSON, M.D. Philadelphia. 1880.
- The Effects of Trituration.* By C. WESSELHOFF, M.D. Boston.
- Skin Diseases treated Homœopathically.* By WASHINGTON EPPS. Second edition. London.
- Estudos Geraes sobre Homœopathia pele medico homœopatha* AUGUSTO CEZARIO D'ABREU.
- Encyclopædie des Impfens und seiner Folgen. Am dem Englischen.* Hannover: Kahn. 1880.
- Sick Nursing at Home.* By S. F. A. CAULFIELD. London: Bazaar Office.
- Gastein; its Springs and Climate.* By GUSTAVUS PREILL, M.D. Fourth edition. Vienna. 1880.
- The Homœopathic Therapeutics of Intermittent Fever.* By H. C. ALLEN, M.D. Detroit. 1880.
- Radical Mechanics of Animal Locomotion.* By W. P. WAINWRIGHT. New York. 1880.
- Revista Portuguesa de Therapeutica Homœopathica pelos medicos homœopaths* DR. P. JOUSSET e A. C. D'ABREU.
- Archivos de Medicina Homeopatica.*
- The American Journal of Microscopy and Popular Science.* New York. Vol. V. No. 7.
- Il Dinamico, Giornale medico-omiopatico.* Napoli.
- The Homœopathic Expositor,* January, 1880.
- The Medical Counsellor.*
- The Homœopathic News.*
- St. Louis Clinical Record.*
- The American Homœopath.*
- Revue Homœopathique Belge.*
- The Monthly Homœopathic Review.*
- The Hahnemannian Monthly.*
- The American Homœopathic Observer.*
- The United States Medical Investigator.*
- The North American Journal of Homœopathy.*
- The New England Medical Gazette.*
- El Criterio Médico.*
- L'Art Médical.*
- Bulletin de la Société Méd. Hom. de France.*
- Allgemeine homœopathische Zeitung*
- The Homœopathic World.*
- The Homœopathic Times.*
- L'Homœopathie Militante.*
- The Organon.*
- The Medical Herald.*
- The Medical Record.*

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