



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



Soc. 1573 e. $\frac{21}{8}$







ANNALS
AND
TRANSACTIONS
OF THE
BRITISH HOMŒOPATHIC
SOCIETY,
AND OF THE
London Homœopathic Hospital.

VOL. VIII.



LONDON:
PUBLISHED BY TRÜBNER & Co.,
57 AND 59, LUDGATE HILL, E.C.
NEW YORK: BOERICKE & TAFEL, 145, GRAND STREET.
1879.



THE BRITISH HOMŒOPATHIC SOCIETY.

Instituted on the 10th of April, 1844.

OFFICE-BEARERS FOR THE SESSION 1876-77.

President.—Dr. QUIN.

Vice-Presidents.

Dr. LEADAM. | Dr. G. WYLD.

Treasurer.—Dr. HAMILTON.

Honorary Secretary.—Dr. W. V. DRUBY.

Council.

Dr. BAYES.	|	Dr. MACKECHNIE.
Mr. CAMERON.	|	Dr. METCALF.
Dr. DRUBY.	|	Dr. MADDEN.
Dr. DUDGEON.	|	Dr. QUIN.
Dr. HAMILTON.	|	Dr. POPE.
Dr. HALE.	|	Dr. G. WYLD.
Dr. LEADAM.	|	Dr. YELDHAM.

Publishing Committee.

Dr. BAYES.	|	Dr. GALLEY BLACKLEY.
Dr. VERNON BELL.	|	Dr. DRUBY.
Dr. YELDHAM.		

Library Committee.

Dr. G. BLACKLEY, <i>Concener.</i>	|	Dr. DUDGEON.
Dr. CARFRAE.	|	Dr. JAS. JONES.
Dr. DRUBY.	|	Dr. WYLD.

LIST OF MEMBERS,

*With Date of Admission. Those distinguished with an * are Fellows.*

*Dr. Quin, London 1844	|	Dr. John Moore, Liverpool . . 1849
*Hugh Cameron, Esq., London. 1844	|	H. Reynolds, Esq., London . . 1849
Dr. Dunn, Doncaster 1846	|	*Dr. Yeldham, London 1849
Dr. Hilbers, Brighton 1846	|	*Dr. Mackechnie, London . . . 1850
*Dr. E. Hamilton, London . . . 1847	|	Dr. Roche, Norwich 1851
*Dr. Metcalf, Brighton 1847	|	*Dr. G. Wyld, London 1854
*Dr. Douglas Hale, London . . . 1848	|	Dr. Vernon Bell, London 1854

W. E. Ayerst, Esq., London	1854	Dr. J. S. Ayerst, Torquay	1868
*Dr. W V Drury, London	1854	*Dr. Dudgeon, London	1868
Dr. Neville Wood, London	1854	Thos. Engall, Esq., London	1868
Dr. E. C. Holland, Bath	1855	Dr. Hayward, Liverpool	1868
Dr. Scriven, Dublin	1856	Dr. Mackintosh, Torquay	1868
*Dr. Bayes, London	1857	Dr. Cooper, London	1869
*Dr. Drysdale, Liverpool	1857	Dr. Shuldham	1869
Dr. Harper, Windsor	1859	Dr. M. Roth, London	1869
Dr. Smart, Tunbridge Wells	1859	Dr. Flint, Scarborough	1869
Dr. Markwick, London	1859	Dr. Tuthill Massy Brighton	1869
Dr. Bradshaw, Nottingham	1860	*Dr. C. H. Blackley, Manchester	1870
Dr. Wheeler, London	1881	Dr. Dyce-Brown, London	1871
J. H. Nankivell, Esq., York	1861	Dr. J. Drummond, Manchester	1871
Dr. J. Dixon, London	1861	Dr. Albert Williams, Sydenham	1871
Dr. R. Hughes, Brighton	1861	Henry Harris, Esq., Camberwell	1871
A. C. Clifton, Esq., Northamp- ton	1861	Boughton Kyngdon, Esq., Croydon	1872
Dr. J. Harmer Smith, Margate	1861	Dr. L. Holland Reid, Southsea	1872
Dr. Harmer, Richmond	1861	Dr. J. Galley Blackley, London	1872
*Dr. Ransford, Sydenham	1861	Dr. W Bryce, Edinburgh	1872
Dr. Carfrae, London	1861	Dr. Eubulus Williams, Clifton	1873
Dr. Eugene Cronin, Clapham	1862	Dr. George Clifton, Leicester	1873
R. R. Reed, Esq King's Lynn	1862	Dr. T. W Burwood, Ealing	1873
Dr. J. Gibbs Blake, Birmingham	1862	Dr. Allshorn, London	1873
*Dr. Alfred C. Pope, Lee, Kent	1862	Dr. Chalmers, Sheffield	1873
R. S. Tate, Esq., Blackheath	1862	Dr. A. Hewan, London	1874
Dr. C. G. Watson, Hammer- smith	1863	Dr. Jas. Jones, London	1874
Dr. Black, London	1863	Chas. F. Watt, Esq., Thames Ditton	1874
Evan Fraser, Esq., Hull	1863	Dr. Mattheson, London	1874
Dr. Kennedy Newcastle	1863	Dr. John Craig, Stoke-on-Trent	1875
Dr. Pyburn, Hull	1864	Dr. Washington Epps, London	1875
R. M. Theobald, Esq., Lee, Kent	1864	Dr. E. Madden, Birmingham	1876
Dr. Woodgates, Exeter	1864	Dr. John Wilde, Weston-super- Mare	1876
Dr. E. Wynne Thomas, Birm- ingham	1864	Dr. Gutteridge, London	1876
*Dr. E. T. Blake, Reigate	1865	Dr. Christopher Wolston	1876
S. Stephens, Esq.	1866	Dr. William Roche, pswich	1876
Dr. W. Coghlan, Manchester	1867	Dr. A. Guinness, Oxford	1876
Dr. W. Bell, Eastbourne	1867	W. Deane Butcher, Esq., Read- ing	1876
Dr. Croucher, Hastings	1867	George Norman, Esq., Bath	1876
Dr. S. Morgan, Clifton	1867	Dr. Edgar Hall, Surbiton	1876
Dr. Miller, Hampstead	1867	Dr. Robt. Ironside	1876
Dr. Belcher, Brighton	1868	Thorold Wood, Esq.	1876
Dr. Fleury, London	1868	G. F. Maberly, Esq.	1876
Dr. H. Nankivell, Bourne- mouth	1868	Dr. S. Churchill, Folkestone.	1877

Inceptive Members.

Dr. Walker, Aberdeen	1874	Dr. E. Flint, Canterbury	1875
Dr. A. H. Buck, London	1875	Dr. F. G. Stanley Wilde	1876
Dr. Hardy, Bournemouth	1875	Dr. A. Midgeley Cash	1876
Dr. Blunsom, Chester	1875		

Members living Abroad or Retired from Practice owing to Illness or other Causes.

*Dr. H. Madden, London	1845	Dr. Hartmann, Sydney, Australia	1863
Dr. Irving, New Zealand	1846	*Dr. Allan Campbell, Adelaide, N.S.W.	1864
Dr. Chepmell, London	1847	Dr. Orlando Jones	1865
*Dr. Leadam	1848	Dr. Hutchinson	1867
Dr. Tuckey	1855	J. Pritchard, Esq.	1868
Dr. Waugh, Brisbane, Queensland	1858	Dr. Blumberg, Creuznach	1875
Dr. Blundell	1859	Dr. Kitching, Cape Town	1875
Dr. Eddy	1860	Dr. Deck, New Zealand	1875

Corresponding Members.

Dr. A. G. Hull, New York	1846	Dr. Ladelci, Prof. of Botany in the University of Rome	1863
Dr. Weinke, Vienna	1849	Dr. Carroll Dunham, New York	1863
Dr. Chargé	1849	Dr. Goding, Barbadoes	1863
Dr. J. L. Warmer, New York	1850	Dr. Imbert-Gourbeyre, Nice	1870
Dr. Williamson, Prof. Hom. Med., Pennsylvania	1851	Dr. Meyhoffer, Nice	1871
Dr. Wetherell, Prof. of Anatomy, Cleveland, Ohio	1851	Dr. J. Guerin Meneville	1875
Dr. Leon Simon, Paris	1861	Dr. Ludlam, Prof. of Gynæcology, Chicago	1875
Dr. Clotar Müller	1861	Dr. Talbot, Prof. of Surgery, University of Boston	1875
Dr. Buchner, Professor of the University of Munich	1863	Dr. Allen, New York	1875
Dr. Quaglio, Physician to the Hospital of Munich	1863	Dr. S. Jones, Prof. of Hom. Therapeutics, University of Michigan	1875
Dr. Stens, Bonn	1863	Dr. Constantine Hering, Philadelphia	1876
Dr. Gaspary, Berlin	1863	Dr. John Gray, New York	1876
Dr. Vehsemeyer, Berlin	1863	Dr. Leon Simon, Paris	1876
Dr. Reias, Physician to the Hospital of Linz	1863		
Dr. Noack, Lyons	1863		

Honorary Members.

Dr. Stapf, Naumberg, Physician to H.S.H. The Duke of Saxe Meiningen	1846	Count H. Bonnavale, M.D., Bordeaux	1850
L'Abbi Cesoli, Director of the Nice Hospital	1850	Dr. Arnold, Professor of Physiology, Heidelberg	1861





CONTENTS.

	PAGE
1. ON THE ACTION OF VERATRUM VIRIDE. BY ROBERT T. COOPER, M.D., T.C.D. <i>With Discussion</i>	1
2. REMARKS ON TYPHOID OR ENTERIC FEVER. BY MR. BOUGHTON KYNGDON. <i>With Discussion</i>	14
3. SOME CASES ILLUSTRATING THE CHIEF CURATIVE SPHERE OF HEPAR SULPHURIS. BY WILLIAM BEYCE, M.D. <i>With Discussion</i>	30
4. THE VALUE OF ARSENIC IN SCALY SKIN ERUPTIONS. BY J. GALLEY BLACKLEY, M.B. LOND. <i>Illustrated. With Discussion</i>	49
5. ANNUAL GENERAL MEETING OF THE LONDON HOMOEOPATHIC HOSPITAL	64
6. ON THE VARIOUS MODES OF TREATMENT OF LATERAL CURVATURE OF THE SPINE BY UNPROFESSIONAL AND PROFESSIONAL MEN. BY DR. M. ROTH. <i>With Discussion</i>	90
7. LUNG REST AND LUNG EXERCISE CONSIDERED AS THERAPEUTIC MEASURES. BY EDWARD T. BLAKE, M.D., M.R.C.S. <i>With Discussion</i>	108
8. ON THE METHODS AND THE INSTRUMENTS USED IN INVESTIGATING THE CAUSES OF HAY-FEVER, WITH NEW EXPERIMENTS ON THE WEIGHT OF POLLEN NECESSARY TO BRING ON THE DISORDER, AND NEW OBSERVATIONS ON THE ACTION OF OZONE. BY CHARLES HARRISON BLACKLEY, M.D. <i>Illustrated. With Discussion</i>	118
9. ADDRESS DELIVERED BEFORE THE ANNUAL ASSEMBLY OF THE BRITISH HOMOEOPATHIC SOCIETY, JUNE 29TH, 1876 BY DR. DUDGEON, VICE-PRESIDENT	136
10. REPORT OF THE LECTURES COMMITTEE APPOINTED BY THE BRITISH HOMOEOPATHIC SOCIETY.....	151
11. ON THE RE-PROVING OF SEPPIA BY THE AMERICAN INSTITUTE OF HOMOEOPATHY. BY RICHARD HUGHES, L.R.C.P., &c. <i>With Discussion</i>	158
12. ON THE TREATMENT OF INTRACTABLE FORMS OF DISEASE. BY DR. GUTTERIDGE. <i>With Discussion</i>	164
13. NOTES OF A CASE OF GLOSSITIS, OF A CASE OF SMALLPOX, AND OF A CASE OF CONGESTIVE APOPLEXY. BY DR. WOLSTON. <i>With Discussion</i>	177



Annals of the Society.

ON THE ACTION OF VERATRUM VIRIDE.

By ROBERT T. COOPER, M.D., T.C.D.

I HAVE but one reason for choosing this title for our paper this evening, and that is, the look of the thing. Last session our worthy vice-president took us to task in his review of the work of the session for not keeping more closely to things purely therapeutical, and it occurred to me at the time that the only ground for the charge was the fact that the headings of the papers appeared to imply that they were inappropriate for a homœopathic society.

Like Artemus Ward's wax model which did service at one time as Prince of Wales and at another as the President of the United States and was greatly admired in either character, the title of the following paper may equally well stand as "Chorea and its treatment," "The Dose Question," or as we have left it "The Action of Veratrum Viride," the last having the not inconsiderable advantage of being above vice-presidential criticism.

Albert M—, æt. 11, came under treatment for chorea.

17th August, 1875.—He had had choreic movements for a month, and had been getting worse very rapidly the last week, movements continue in sleep, throws about

his arms and legs when asleep. This is the description given by his attendant, but as a different statement was made, namely, that he was quiet when asleep on his return three days afterwards, I have reason to question its accuracy.

He is unable to hold a spoon in his hand, so has to be fed by another person. He *feels* sick, but has not actually vomited; speech is affected, at some times more than at others, he drops his words when speaking; he complains of pain in his hands if he keeps them still for a few moments together. Is constantly "on the move" as to his legs and arms.

Before this attack came on he was in a very delicate state of health, and his appetite was very bad, but since the choreic movements showed themselves has been continually eating. Bowels are regular. Is not subject to rheumatism, beyond that he often complains of pain in various parts of the body. The heart sounds are normal. Given, *Veratrum Viride*, ϕ , gtt. v, ad aquæ ζ iii. Misce, capiat drachmam unam, ter in die in aqua.

20th August.—The movements are increased in violence and he drops his words more. Lies in bed jerking and tossing his arms about and this prevents him sleeping, this he has done for some time; and hence, probably, the attendant mistaking my precise meaning, replied, on my taking down the notes of his case, that the movements continued *in sleep*, her intentional meaning being *in bed*. I now increased the dose of the *Veratrum Viride* to ten drops to three ounces of water, giving the teaspoonful three times a day. By the 24th August, he had greatly improved, he gets much more sleep. To continue.

31st.—Is much improved; does not complain of pain when he keeps his hands still. To-day he has not complained of pain anywhere; the pain he complained most of was a pain extending up the arms and shoulders to the head, and a like pain in the legs, the pain in the arms being much the worst. Continue taking gtt. xiv— ζ iii.

7th September (Tuesday).—Has been much better till Sunday, when he was, very unfortunately, thrown into a

violent passion by a playmate laughing at his grotesque movements ; this sent his arms and legs flying in all directions, and hence he is much worse. Continue, the dose being increased, gtt. xxi— $\text{℥}iii$ (three drops a day), a drop for a dose.

21st.—Better in every respect ; sleeps well, appetite more natural, used to be continually eating but now eats less frequently and more heartily, and he is not nearly so faint. To continue.

This boy has since remained perfectly well, and now moves about at school with other boys.

It is almost unnecessary to remark that a large tract of nerve substance must have been involved in order that symptoms such as we meet with in this case should arise.

There was loss of co-ordination of movement throughout the body, even the dropping his words when in the middle of a sentence arose, I take it, from loss of controlling power over the muscular movements of the vocal organs rather than from a loss of memory for particular words, as in aphasia.

In a paper read before the Royal Medical and Chirurgical Society, 12th October, 1875, by Dr. Howship Dickinson on the "Pathology of Chorea," the state of the nervous system in seven fatal cases was given, and the important conclusion arrived at from *post-mortem* examination of three cases was that the lesion of nerve substance giving rise to chorea was very constant in time and place, namely, "injection of vessels of all kinds (in brain and spinal cord), most marked in the arteries, was present, and the parts of the brain affected lay between the base and the floor of the lateral ventricles in the track of the middle cerebral arteries, the *substantia perforata*, the *corpora striata*, and the beginning of the Sylvian fissures ;" vascularity with sclerosis was present in these parts.

Professor Aitken, of Netley, found by post-mortem examination of a case of acute chorea that the specific gravity of the *corpora striata* and *thalami optici* was different on the two sides of the brain ; besides evidence of vascularity, and increase of amount of granular substance in the central parts of the brain (*Practice of Medicine*, vol. ii, p. 385. Sixth edition.)

It is important to know that the lesion present in chorea is remarkably uniform, and that this, so far from being inappreciable, is, to the microscopist at least, very manifest indeed, and stops but little short of that found in hemiplegia. The district of brain affected is that devoted to the motor and sensory as distinguished from the mental functions. We need not enter into the question as to whether the vascularity be simply inflammatory or due rather to embolism or thrombosis, nor to the frequency with which endocarditis is met with; it is enough for us therapeutists that we have as a positive fact involvement of certain parts of the brain and spinal cord in choreic affections, and coupling this with the facts that *Veratrum viride* cures very speedily cases of chorea, and that it produces in persons in health decided cerebral (and spinal) symptoms, the inference will be that the motor tract is the part of brain specially acted upon by the *Veratrum*.

My primary object in reporting the case is to insist upon the occasional necessity for increasing the dose of a remedy, provided we know it to be well indicated, in preference to our resorting to another and different selection.

I do not mean in saying this to afford an excuse for the dangerously large doses one sees prescribed at random by some; it is one thing to begin with a moderate dose and to increase it when a reasonable necessity occurs, and it is quite another to begin with a large dose before we have proved whether the patient be susceptible or not.

The report given on the 7th of September of the retrocession of the symptoms after fright might easily have put a prescriber off his guard, and might perhaps have led to his making choice of some other drug. My reliance upon the *Veratrum* arose from the proof already afforded by past improvement that the selection was appropriate and from having great confidence in its curative virtues in choreic cases.

I do not know any more satisfactory way of prescribing herbal remedies than the giving a drop of the mother tincture, or still better, if procurable, of the pure and fresh juice, largely diluted, either spread over a number of doses

or else as one dose ; and so far from aggravation being the rule, I have found it occur but seldom, and then in a much more controllable form than that which occurs from the very high potencies.

The point of the case is this, that the more the choreic movements increased ; the more, inferentially, the brain became disturbed ; which is the same as saying the greater the vascularity of the brain-tissue, the larger the dose required to subdue it.

We have now given an acute attack of chorea ; we pass on to an example of a chronic form of the affection.

W. E. B—, æt. 13, has had St. Vitus's dance for four years, during which time has been treated for nine weeks at St. Mary's Hospital, and has also been under two private medical practitioners. His case is one of hemichorea of the right side, and the history given is this :

One night he quite unexpectedly began throwing his arms and legs about after being put to bed by his mother who spoke to him rather harshly for having been out so long that evening ; and whether it was this scolding, or the fact that he had been frightened by a chimney sweep the previous day that caused these movements to come on his mother cannot tell.

There is no history of rheumatism, but when at St. Mary's hospital as intern patient, the wrist of his right hand became swollen.

He is a fractious, obstinate boy, and whenever he cannot have his own way, or when anything agitates him, he becomes much worse. His general health is otherwise good.

Prescribed *Actæa racemosa*, ϕ , gtt. v, ad *Aquæ* ℥ij. Misce ; capiat ʒj. ter die in aquâ. Second week ; no change.

Prescribed *Veratrum viride* in the same way ; and from this time he rapidly improved, and got quite well in three weeks.

We have shown that the causal lesion in chorea is one of vascularity in the brain and in the spinal cord, and that in the brain it stops but just short of that found in hemiplegia ; it is by practical investigation we learn that the

choreic increase of movement boasts of as nearly as possible an identity of cause with the paralytic deprivation of motive power.

Clinical observation teaches that a painful affection of nerve branches is accompanied by hyperæsthesia of the part supplied by them, and nearly as often by the apparently opposite condition, anæsthesia, the one often alternating with the other; between the two, and sometimes partaking of the characters of excess of action and sometimes of deficiency come in neuralgic affections.

In our first case we found great pain felt in the arms and shoulders, evidencing the neuralgic tendency; the extreme excitability of the child showing a great sensitiveness to impressions upon the nervous system; an inability to hold anything in his hand showing a close connection with paralysis, additionally noticeable in our second case from the affection being confined to one side only of the body. This is all evident enough; and is it not out of the nature of things to suppose that while the degree of alteration of structure increases and decreases yet that the force we interpose to counteract it must be, or can properly be, one incapable of being augmented or diminished at pleasure? For illustration's sake; in our first case, with an exacerbation of symptoms (after the boy was frightened), an increase, proportionate to the augmentation in degree of disease of structure, was necessary in the strength of the antagonising force, *i. e.* in the material quantity of the drug administered. And herein lies the superiority of the low dilutions, for with them, increase of quantity means increase in curative strength, which is not so in the case of the high dilutions.

Indeed, it is the frequent occurrence of cases such as these that prevents a man placing himself among the ranks of the exclusively high dilutionists, and that makes him avoid equally an association with the uncompromising followers of Hahnemann, the bigoted allopath, or any unpractical, though it may be learned theorist. The action at work in disease alters with the ever-shifting winds of heaven, and each and every such alteration would require,

could we but ascertain it, a change of strength in the force applied ; this would be necessary to perfection in treatment.

Now, my objection to the high dilutions lies in this, not that the force possessed by one dilution differs from that of another, but that differing in force one from the other as these several preparations do, we are unable, save in a purely haphazard manner, to utilise their differing powers in accordance with the changes occurring in the diseased structures.

We cannot, for instance, say that increase in material quantity of a given preparation, say, of the thirtieth dilution, will constitute an increase in the applying drug force. And as with the pure juices of plants we can infer an increase in curative force simultaneously with an increase in the quantity of the preparation, we are for this reason in a position to prescribe these with, if I may so say, a more exalted accuracy when undiluted, than when, as high potencies, they possess powers so completely beyond the possibility of regulating.

The preparations that best adapt themselves to the shifting nature of diseased conditions are the ones we ought to use ; it is the merest folly to talk of the increased power in the high dilutions ; granted that this increase exists, there is yet to be proved that the acquired power is one that can be regulated in accordance with the changing nature of diseased action. The existence of an increase of force places the high potencies in a position of superiority to the pure substance of the original drug, only if this increased force can be applied so as to accord better than that of the latter with the demands required by the nature of disease.

This is the conclusion logically derivable from the highest tribunal to which we can appeal, that of practical experience ; and let it be said in all fairness that, appealing to the same source for information, it is equally certain the high dilutions have gained a position among therapeutic preparations, but it is not by any means the first place,

seeing that compared with the original substance their power is indeterminable and ungovernable.

By the term original substance we understand all preparations containing appreciable particles of the drug.

Veratrum Viride has certainly proved to me most useful in the treatment of chorea; incomparably more beneficial than *Arsenicum*, and certainly excelling *Actæa racemosa*. You will find in vol. xxix of the *British Journal of Homœopathy*, a case of chorea reported by me cured with *Veratrum Viride* in the first decimal potency; I have a vivid recollection of what a very serious example of the affection it was; in this case the *Veratrum Viride* succeeded after failure from *Arsenicum* and *Stramonium*.

Considering the pathology of chorea it is quite possible that *Aconitum*, as recommended by Hempel, would, in appropriate cases, also prove a very valuable remedy. To refresh our memories I will give his foot-note, appended to Hartmann's chapter on "Chorea" in vol. iv of his *Acute and Chronic Diseases*. "*Aconite* is a very useful agent," writes Hempel, "in the treatment of chorea. Very lately I cured two interesting cases of chorea with *Aconite*. One was a case of three years' standing, the patient, a girl of seven years; it had come on after inflammation of the lungs treated allopathically. The left arm was the seat of the disease; the patient had no control over this arm; there was a constant twitching and jerking of this arm. The cure was effected in three weeks.

"The second case was that of a girl of six years. For several months past the parents had observed a good deal of twitching and jerking in the left lower extremity of the child, which increased gradually so that the child was unable to stand or walk; she could not sit still one minute; the upper extremities were similarly affected; she had to be fed; the mouth was constantly drawn to one side, with constant twitching of the corners; the head was drawn close to the left shoulder. The cure was effected in five weeks with the tincture of *Aconite*."

Chorea is one of many nerve affections the treatment of which can hardly be said to keep pace with our knowledge

of its pathology ; it is evidently an easily cured affection, and only requires the indications for the treatment of it to be more clearly defined.

Judging from practical experience with both remedies in various forms of disease, I should never think of prescribing *Aconite* for chorea, be the other phenomena what they might, if anæmia prevailed ; whereas, the presence of a general anæmic condition would not lessen my confidence in the *Veratrum Viride*. *Veratrum Viride* seems to apply itself to inflammatory affections where the force of the disorder is spent upon deep seated parts, *Aconite* to affections more superficial in point of situation ; the resemblances between them are, however, very great.

Discussion on Dr. Robert T. Cooper's paper.

DR. LEADAM said that he had not had any experience of *Veratrum vir.* in chorea, but in acute inflammatory affections of the serous membranes and abdomen, with or without convulsive movements he had, and considered it highly beneficial and a great aid in the treatment.

DR. J. G. BLACKLEY said that hitherto his cases of chorea had always yielded to either *Stram.* or *Ignat.* where medicine was necessary. There were, however, many cases of chorea in children which were due to the presence of ascarides, and as soon as these were got rid of, the patient recovered without any medicine at all. In cases where there was distinct evidence of a congested state of the nerve centres *Veratrum viride* would be a very likely remedy, but Dr. Blackley doubted if this condition is often present.

DR. BAYES said that he had no experience of *Veratrum viride* in chorea. At the same time from his knowledge of its power in removing some other conditions of congestion he could readily conceive its probable usefulness in removing congestive conditions of the nervous system, and where these were the cause of chorea it might prove useful in their cure. In treating cases of chorea, the cause of the affection must always be borne in mind. Where fright was the cause, *Ignatia* was of great use. In all the cases of chorea which had come under his notice, he found the functional health of other organs of the body greatly disturbed, and especially those of assimilation and nutrition ending in anæmia. Now, in such cases a restoration of healthy function becomes of primary importance. At the same time those medi-

cines which have a direct action on the nerve centres must be given, and in his (Dr. Bayes') hands *Zincum* and *Cuprum* in small doses had proved of most essential service. As to ascarides he (Dr. Bayes) thinks that their presence is more often owing to the anæmic condition and weak assimilation of the little patient, and he cannot agree with Dr. Blackley in looking upon them as the cause of chorea, although, when present, they probably would increase its symptoms, and their removal would prove an element in the cure. Dr. Cooper has said something as to diluting, and as to the dose. This is a question *sub judice*, and we have very varying testimony (often conflicting testimony) upon it. In America we see some men using extreme infinitesimals, whose mere nomenclature causes disbelief in their existence, they even talk of the ten-millionth dilution, &c. While some men rely on Mother Tinctures and small doses of the crude drug, other men claim equal or greater success with the 30th or 200th dilution. What he (Dr. Bayes) would like to see would be the simultaneous trial of high and low dilutions in the hospital, a ward set apart for each, under the charge respectively of a well recognised high dilutionist, and of a well accomplished low dilutionist. Such an experiment carried over two years would do much to enlighten us on this question. Dr. Carroll Dunham in a recent letter to Dr. Bayes relates a case where *Cimicifuga* 200 cured the attacks of a neuralgic headache, in a lady, in ten minutes, which failed to respond to the 30th, but were again controlled and ultimately cured by the 200th. These cases cannot be ignored, however repugnant such infinitesimal influences may be to our past experience. Dr. Bayes said his own experience leads him to use all dilutions from the lowest to the very high (at times), and he thinks that the dilutions from 3^x to 30 induce more permanent cures than those below 3^x. He is more than ever inclined to believe that Hahnemann was right in looking on the results, achieved by gross doses, as being palliative rather than curative. Dr. Bayes, in conclusion, said that he had seen *Veratrum viride* lotion, as recommended by Dr. Garth Wilkinson, extremely useful in the cure of erysipelas.

Dr. WYLD of London observed, with reference to the dose question, and the remark that the 200th had succeeded where the 30th had failed, he had just experienced an illustration on the opposite side. Dr. Wyld had recently treated a case of cystitis caused by enlarged prostate and retained urine which derived very little benefit from the 1st and 3rd of *Hepar*, *Cannabis*, *Cantharis*, and *Thuja*. Latterly the urine deposited a large amount of muco-purulent and gelatinous matter, but became quite clear in twenty-four hours under *Uva ursi*, in dessert spoonfuls of the infusion. Subsequently the urine again became gelatinous, and *Uva ursi* failed, but the same doses of *Pareira brava* cleared the urine in two days. The daily use of the catheter is the chief remedy in the above disease, but it is curious

to find medicinal substances often useful even in diseases caused by mechanical impediments. The singular results sometimes following the use of high dilutions is a puzzling question. Mental influences may have more to say in the matter than is usually supposed, but the palpable results following the use of appreciable doses of medicine were more satisfactory to the mind than the mysterious results sometimes following the use of metaphysical doses of medicine. With regard to chorea, medical rubbing was often of great service.

Dr. DRURY did not think Dr. Cooper's argument in favour of Mother tinctures of any weight, as against high dilutions. No doubt when dealing with the mother tinctures, increase of quantity meant an increase of strength of dose, whereas increase of quantity of a high dilution did not mean increase of strength, but anything lost in this way was fully made up by frequent repetition of the dose, and without doubt in acute painful disease this frequent repetition often showed marked and gratifying results. Allusion had been made to certain post mortem appearances that had been observed in some cases of chorea; but it was a question how far their appearances were reliable, as they might be connected with some change immediately preceding death, and might not be found in ordinary cases where no fatal result ensues. He believed that in some of the appearances found after death, there existed a source of error, as they at times marked a concluding stage, rather than the appearances of longer duration that might have been found if an examination had been possible earlier. Dr. Blackley had spoken of the value of *Ignatia* and *Stramonium* in chorea, medicines that he could speak most highly of. *Stramonium* he had had considerable experience of, and should place it first on the list in the treatment of chorea. Though the paper was nominally on the action of *Veratrum viride*, it had in reality been a discussion on the treatment of chorea. He had given *Veratrum viride* to a case then in the hospital, only for a short time it was true, but he had not seen any results from it; this was one of the worst cases he had ever seen, there was some suspicion of an injury, he had been quite prepared for a fatal termination in this and one other case the result of an injury that left the hospital cured, the only two cases where he feared this result. The present case had got considerable relief, but was still a long way short of being cured. *Stramonium* and *Ignatia* had been of use, but the treatment was at different times interrupted, especially by the accession of diarrhœa. Anæmia which Dr. Bayes spoke of was possibly often present, and the medicines *Cuprum* and *Zinc* were no doubt of great value in certain cases, but he did not think this would be a reason for giving *Veratrum viride*. Though he thought highly of some of the new American remedies, and especially *Veratrum viride*, which he believed would take a high place, there were some that he did not think so well of, and rather regretted their

multiplication without far more evidence of their value. Much as he should wish to see a testing of the high and low dilutions, he did not think it could well be done from the difficulty of getting men who would satisfy the requirements necessary for such an inquiry. He had for many years given the 30th dilution a very fair trial, also numbers 12 and 12^x. He was now carrying on a similar inquiry with lower dilutions, and thought that by such experiments some satisfactory conclusions might be arrived at.

Dr. COOPER, in reply to Dr. Drury's observations, desired to say, that if, as Dr. Drury asserted, we could by repetition of the dose of a high dilution obtain an increased effect with as much certainty as we could by augmenting the dose of the pure juice of the plant itself, his (Dr. Cooper's) argument must fall to the ground. But this is precisely what he questioned. He did not believe that we were able by any available means to regulate the action of the high dilutions with such certainty as we could that of the preparations containing palpable quantities of the drug. A great deal of twaddle has become mixed up with the discussion of "the dose question." It is not a question as to whether the high dilutions have curative powers or not, this every man whose mind is unbiassed should allow; neither is it a question as to the wonderful things a 200th potency accomplished after failure with a third or a twelfth. Such things will happen till the end of the chapter, and they constitute valuable facts which at present not being within the range of any general law are necessarily isolated. Unless a high dilutionist can prove the possibility of not only increasing the power of a drug by raising the dilution to the 200th (say), but also of thereby gaining comparatively more control over the thus increased force, he must forgive us if we regard all such facts as mere curiosities. *The increase of effect resulting from an increase of the particles of the original drug is a possibility attended with a high degree of probability; an increase of effect resulting from an increase in the quantity of a high dilution, or an increased frequency in repetition of the dose of the high dilution, or an increased expansion of the dose by mixing it with water, is a possibility attended with a slight degree of probability.* In comparing the low with the high dilutions this must, until the contrary be shown, be admitted to be a fundamental law. Practical experience also teaches us that *the force of a palpable dose is under more certain control than that of an impalpable one*; and nothing that has been elicited during this evening's discussion tends to disprove this. In all such discussions a speaker ought to bind himself to actual fact; it is not sufficient for a man to assert that throughout his many years practice he has obtained better results from the high than from the low potencies. Let him report such a case as his (Dr. C.'s) where he was enabled by any manipulation of the dose of the high dilution to obtain increased effects

simultaneously with an increasing amount of disease lesion, and let him show that the result is one that with a fair amount of confidence may be expected; then, and not till then, is he upon a footing with the low dilutionist. He wished he had time to follow up his argument by illustration. Dr. Cooper was much interested in Dr. Bayes' remarks as to the value of *Veratrum viride* in erysipelas; for himself he was so perfectly satisfied in some extremely decisive cases with the action of *Arnica*, that he literally never had occasion to prescribe any thing else. He has seen *Arnica* cut short a case of erysipelas of the scalp in twenty-four hours, in every way similar to that which on former occasions had laid the patient up for two or three weeks. He is well aware that there are features peculiar to the erysipelas produced by *Arnica*, but they are not such as justify us in withholding it in the ordinary form of this complaint; and whatever authorities may say to the contrary, he has seen an erysipelas follow from *Arnica* that he would defy any one to distinguish from the same affection ushered in in a natural way. There is a rash that *Arnica* produces, attended with a good deal of irritation, which is quite distinct from its erysipelas; and it sometimes causes an erysipelas where the skin is rough and pimply; but do either of these facts contra-indicate its employment? Who has seen *Belladonna* produce a decided erysipelas as often as he has seen *Arnica* produce one? Any way he has never seen such unmistakable results from the administration of *Belladonna* as a curative agent as he has from *Arnica*. Dr. Stanley Wilde had referred to the *Viscum album* as a remedy for chorea, and it is a noteworthy fact that in one of the cases reported by his father, Dr. Wilde, of Weston-super-Mare, in the *Monthly Homœopathic Review*, a very palpable dose had to be exhibited before the curative effects of the *Viscum* became manifest. A case of poisoning by *Viscum album* berries, which showed a decided cerebral action, was reported some two or three years ago in the *British Medical Journal*. As to the pathology of chorea he would leave it in the hands of those best able to judge; the older pathologists denied the existence of any palpable brain or spinal lesion in chorea, modern observers on the other hand describe vascularity and sclerosis as present, and, more decided still, alteration in specific gravity of the affected parts.

REMARKS ON TYPHOID OR ENTERIC FEVER.

By Mr. BOUGHTON KINGDON.

CROYDON has unfortunately during the last few months obtained an unenviable notoriety in connection with enteric or typhoid fever, but as is usually the case the reports have been much exaggerated. In common with numberless towns and villages in the United Kingdom during the past year we have had our full share, and even more than our full share, of fever. In a population of about 80,000, we have had 100 deaths registered as occurring from fever in 1875; so that this disease has carried off $1\frac{1}{2}$ in every 1000 inhabitants: a sad mortality in a preventable disease, but yet not a very alarming or plague-like one.

During the last few years no place has had a more energetic Board of Health, or more attention paid to sanitary matters, than Croydon, so that as regards sanitary engineering in general, it has come to be regarded as a model town. Nevertheless, during the last year fever has extensively prevailed among us, and an intelligent Government officer is now carefully investigating matters and endeavouring to discover the cause of the outbreak.

Having had nearly 100 cases of fever in various forms under my own care during the past year, I propose making a few remarks upon what I observed.

General Remarks.—Enteric fever is so well known to most of us that I shall not attempt to give any sketch of a normal case, or rather what is an *ideal* normal case; for where most cases present so much that is abnormal it is difficult to say what is normal; no two cases are precisely alike, and in no disease is there more dissimilarity in the course, the duration, the intensity, and the prognostic value of the various symptoms. Under a few heads I shall, therefore, offer some observations upon the variations which come under my notice.

In the first place I may observe with regard to—

Causes.—In almost every case which came under my notice we had not to go out of the house to find sufficient cause for the attack ; there were pretty sure to be untrapped pipes coming direct from the sewer, thus conducting sewer-gas into the house ; or there were broken or defective pipes from the w.c. passing immediately under the basement floor from which a quantity of fæcal matter exuded. There may also have been, to a certain extent, contamination of the water supplied for the general use of the inhabitants, but this is a matter of dispute and is now “ sub judice ;” supposing there has been this wholesale dissemination of fever poison, it is not the sole cause, for I had several cases, and some very severe, which occurred in individuals who were not water-drinkers, and partook of that fluid only in the shape of beer, tea, or coffee. Whatever the cause, I believe that there was in the spring and autumn of the past year, a certain atmospheric state or condition which, in certain constitutions, produced a peculiar receptivity to the effect of poison germs. The surroundings were the same last year as in former years, the same causes which were harmless in 1872, 1873, and 1874, became actively and fatally poisonous in 1875 ; and it was not in Croydon alone, but in various parts of the country that this fact was evidenced. The laws of infection have yet to be discovered. Why should an untrapped sewer be innocuous this year, and a fatal disseminator of fever poison next year ? In a family drinking the same water, occupying the same rooms, placed under precisely similar circumstances and living amid the same surroundings, why should one be infected and the others be free ? Why should one be fatally smitten with typhoid fever in its direst malignity, and all the other members enjoy robust health ? These are enigmas which we cannot as yet solve.

Premonitory Symptoms.—There was great variety in the duration and character of these ; in some cases they preceded the attack only a few days, in others the patients were ailing for months before. In all there was loss of appetite, tongue more or less thickly whitecoated, general

malaise, indisposition to ordinary pursuits ; frequently headache, very commonly aching of the limbs, and restless nights ; slight shivering and chilliness, but no rigors. I had one case where these premonitory symptoms existed for three months ; the sufferer was sent to Devonshire, Brighton, &c., but there was no diminution of them ; they were so severe that I was continually on the look-out for the characteristic spots ; at last the patient took to his bed, enteric fever in its gravest form appeared, and the patient died in fourteen days.

The course of the disease was so protean that it is a hopeless task to attempt to describe it. It was utterly impossible during the first week or ten days to form a just prognosis of its duration or severity. Cases commencing most mildly not unfrequently assumed a grave aspect in the third week ; whilst others beginning with high temperature and great febrile disturbance frequently ran a mild later course. I have learned never to give a positive prognosis in any case of typhoid fever.

Temperature.—The most constant feature was the steady rise of daily temperature during the first week ; there was the evening rise and morning fall, with daily progression, as a rule, but even in this there was much irregularity ; the second and third weeks were very irregular in their course. If at the commencement the temperature was 104° or 105° in the morning, it was not a case of true enteric fever. When professional aid was called to the case the patient had usually been suffering some little time, but in this early stage the morning temperature would be found to be from 100° to 102° , and if examined in the evening from a $\frac{1}{2}$ to 1 degree higher ; by the end of the week it would probably have reached 103° in the morning, and 104° or 105° in the evening ; at about these heights it would generally continue till the beginning of the third week, when in favourable cases there would be a gradual but irregular fall ; just before convalescence the fall to 98° or even 96° would often be very rapid. I found no relationship or connection between temperature and pulse ; a slow pulse was often accompanied by a high temperature, and *vice versa* ; but a temperature

of 104° or 105° with a pulse of 112 to 120, at the end of the first week usually indicated a severe attack. Towards the close of the attack, when the temperature was steadily declining, a sudden rise of three degrees was gravely ominous. A patient was apparently progressing most favorably, to all appearance nearly convalescent; temperature down to 99° . One morning there was a rise to 102° ; he merely complained of some pain behind the liver, the next morning he died suddenly of intestinal hæmorrhage. Having a severe case of enteric fever in my own family, I was enabled to make more numerous examinations of the temperature than I could in an ordinary patient. I found it began to rise early in the afternoon, and it reached its maximum at about 9 p.m.; it then rapidly fell, so that by midnight it was lower than at 8 the next morning, and this was more especially marked at the close of the attack; it would be 100° at 4 p.m., 101° , 101.6° at 9 p.m., and down to 97.5° at midnight, and 98° the next morning. In several cases I found that only a few teaspoonfuls of beef tea would in half an hour raise the temperature a degree—a point which should be considered when the daily readings of the thermometer are of importance.

However much the thermometer may have been over-lauded, it is nevertheless a most valuable aid, and one without which the practitioner would feel entirely at sea; it affords timely warning of approaching mischief, and its steady descent at about the close of the third week is a happy omen of approaching convalescence.

The Pulse.—Here again we meet with the greatest variety and the most opposite conditions; the full bounding pulse of ordinary fever is rarely met with, and should it exist during the first few days it will soon become weak and compressible. In many cases it rarely exceeds 100, in others it will reach 180, and in one which did well too, it was often 170 for three weeks. When there is much nervous exhaustion it is almost always more frequent during convalescence than during the course of the attack.

Delirium was not unfrequently absent where there was even a high temperature; but usually there was nightly

wandering, extending in severe cases into and throughout the day; constant delirium, with injected eyes, and waving of the hands was a symptom of the gravest import.

The Tongue was frequently moist and but slightly coated all through the disease, even in some severe cases; the steady administration of nourishment from the very first seemed to conduce to this condition. Except in the very worst cases the dry tongue, encrusted with sordes, was rarely seen, and the same applies to the clean, glazed, red tongue.

Abdominal Symptoms.—The characteristic pea-soup-like discharges were the rule, varying in frequency from once to twelve or fourteen times in the twenty-four hours; for the first few days the motions were often simply bilious and loose. Sometimes diarrhœa was quite absent; and in one case there was no action of the bowels for nearly a fortnight. Ileo-cæcal tenderness and gurgling to some extent were generally, though not always, present. Tympanites, more or less, was I may say invariably met with.

Urine was generally clear and rather pale; in one case the catheter was required for a couple of days.

Duration.—By the end of the third or fourth week the attack usually began to subside; but I had one extraordinary case:—On October 20th, I was called to see a young lady, of 23, who was very feverish and had been ill five days with profuse diarrhœa, every hour at least; temperature $103\cdot4^{\circ}$, pulse 128, and extremely weak. In a couple of days the frequency of the diarrhœa was subdued by *Ars.* 5. On the 8th day the spots appeared and the temperature fell to $100\cdot8^{\circ}$. (I may here mention that on the day of the first appearance of the spots the temperature in several cases fell 1 or 2 degrees, and rose again on the following day). By the 13th day the morning temperature was $103\cdot6^{\circ}$, and the pulse 132. Day after day, and week after week, she went on in the same condition: flushed, delirious at night, profuse and frequent diarrhœa, tympanites, thirst, a morning temperature varying between 101° and 103° , and with a pulse 140 to 170; spots constantly appeared and reappeared; there was worrying cough, with a sodden condition of both lungs, the right being dull on percussion with no respira-

tory murmur, or only a few crepitating râles over three fourths of its extent, and nearly one half of the left being in the same condition. It was not till the 56th day that the temperature fell to 100° for the first time in the course of the disease. On the 62nd day it was 99.8° , and on the 66th 97.8° , and by this date the lungs were in a healthy state, and the appetite had returned; she lost but little flesh, and in a week afterwards was able to go out in a Bath-chair. During this lengthened illness she took two quarts of milk and one quart of beef tea in the twenty-four hours; a little brandy occasionally, but this did not suit her so well as white-wine whey. The temperature began to fall on the 54th day, after commencing the use of solid food, as fish, mutton chop, &c.

Mortality.—I only had three fatal cases:

1st, a gentleman of 54, who died nearly suddenly of intestinal hæmorrhage just as convalescence began.

2nd, a lady of 34, who had a three months' abortion in the middle of a mild attack, immediately after which, great tympanites and constant delirium set in, and she died in about a week.

3rd, a gentleman of 30, who died on the fourteenth day of the attack, after an incubation of more than three months.

Treatment.—As regards medicinal treatment, I met symptoms as they arose; but I cannot say that remedies had any very marked effect on a true case of enteric fever. *Baptisia* might have mitigated some attacks, which might have been equally as mild without. Cerebral symptoms were often successfully met by *Bell.*, and the diarrhœa by *Ars. 5*, *Merc. cor. 5*, and *Ver. 3*. Once or twice, in incessant delirium and wakefulness to an alarming extent, I used the hypodermic injection of morphia gr. $\frac{1}{8}$ with the happiest results; the patient falling asleep and awaking quite a different person.

I made a strong point of feeding my patients from the first day they took to their beds, giving them alternately beef tea and milk, at first every two hours, but soon every hour. When the pulse began to flag I gave a teaspoonful of

brandy in addition every one or two hours; and when there was excessive prostration with profuse sweats, the nourishment was given every half hour night and day, in these cases *Phos.* 2, two or three drops every hour, was most useful. Under this treatment the loss of flesh was very slight, and convalescence when once commenced was very rapid. Tympanites was much relieved by turpentine stupes, and injections of turpentine, oil and eggs. Flannels wrung out of hot water were also very soothing. The distressing neuralgic pains of the legs sometimes met with during convalescence were decidedly benefited by *Rhus*, and by the local application of croton chloral dissolved in chloroform and alcohol.

Great care was taken not to return to solid nutriment till there was a real desire for it, and the tympanites and abdominal tenderness had subsided; and in no case did I meet with a relapse.

Anomalous cases.—During the course of the epidemic many persons were affected with a kind of fever without fever; there was general malaise, loss of appetite, restless nights, headache, aching of limbs, &c.; they were not ill enough to keep their beds, but good for nothing when up. In all these cases I examined carefully for the characteristic spots of typhoid fever, and not unfrequently found them. In several cases these alone gave a real clue to the nature of the attack. Mild as these cases were, they generally ran on for a month. I usually gave *Baptisia* from the commencement. Query? Was the mild character of the attack in any measure due to the administration of this remedy?

In conclusion, I would strongly urge the importance of immediate attention to the drainage and trapping of every house in which fever makes its appearance. In Croydon, the disease prevailed most extensively in the very best districts, and in the houses in which no expense had been spared to carry out every improvement in drainage; but these localities were hill-sides and rising ground, and this circumstance will go far to explain the cause of infection. Sewer gas is very light, and accumulates in the higher sewers and

drains ; it searches out any cranny for escape, and no wonder if some imperfect trap within the house permits the exit of this treacherous foe. To obviate this danger it seems to me that two effectual measures should be adopted : the one, by the individual householder to keep the gas out of his house ; the other, by the Local Board of Health to allow the free escape of the pent-up gas from the main sewer. To accomplish the first object traps to the different pipes, sinks, w.-c.'s, &c., are not sufficient ; the main house-drain must have a syphon, with at least a foot of water between it and the common sewer ; which will effectually keep back the gas which the smaller traps were incapable of doing. To effect the second object, the Local Board should erect at the top of each hill or rising ground a hollow column in connection with the main sewer ; it should be about twelve feet or twenty feet high, and not less than one foot in diameter, and it might be constructed of ornamental design. In order to effect the two-fold object of creating a draught for the escape of the gas and of destroying the poison germs, a ring of gas-jets or three or four Bunsen's burners should be kept alight constantly near the base of the column on the inside ; the flames should play on an inverted cone of fire-clay, and through this intensely heated medium the sewer gas will pass, and the poison germs be destroyed.

As a sick-room disinfectant, I have found *Terebine* most valuable : it is not only a true disinfectant but a real deodoriser. In one case, where the fæcal discharges were horribly offensive, I gave three drops three times a day internally, with the effect of speedily destroying their sickening odour.

And now I must beg you kindly to extend to me your forbearance for having occupied your time with remarks which contain nothing novel and which can add nothing to your previous knowledge of a too prevalent but happily easily preventable disease. Having lived for twelve months in the midst of fever I ought perhaps to have learnt something new, but the principal facts impressed on my mind are :

- 1st. The protean character of the disease ; and,
- 2ndly. The necessity of the most careful nursing, and the unceasing administration from the very commencement of milk and beef tea, with brandy in moderation.

Discussion on Mr. Boughton Kyngdon's paper.

Dr. WOLSTON said that he had seen several of the cases referred to in Mr. Kyngdon's interesting paper, and that with reference to the "protean character" of the disease in question, he thought that in several of these cases, as well as in some of his own, this was due to circumstances altogether aside from the disease itself. In some cases improper diet was the cause. In others imperfect nursing and insufficient supplies of nourishment were fairly to be charged with causing the trouble ; while notably in one case a fright experienced a few days after the accession of the fever gave a most peculiar character to its whole course. Still, after making due allowance for all this, the difference between the symptoms in the several cases of what seemed to be severe fever was most remarkable, and involuntarily raised the inquiry in the mind : Is enteric fever a specific disease, or only one form of the morbid manifestation produced by the reception of sewage poison into the system ? The case reported by Dr. Blake bore upon the point where, though there were no symptoms of intestinal irritation, he was still of the opinion that it was a case of enteric fever. Dr. Wolston doubted the propriety of calling any fever enteric, unless there was distinct evidence of enteric mischief, and he was inclined to believe that closer observation would show that the sewer poison was capable of producing a totally different set of symptoms, according to the part of the body it selected to spread its fever upon. In Dr. Blake's case, which he remarked would be by some called bilious typhus, the liver was evidently the organ specially affected. In many of the cases at Croydon there was constipation throughout, and often no spots, the fever running its course with local manifestation in the liver, the lungs, or the throat, as the case might be. In one severe case in a boy for a fortnight there was the true enteric form of the fever, then, suddenly the diarrhoea ceased and the poison seized the throat and a severe attack of diphtheria supervened ; this lasted a week, and then seemingly the poison having spent itself, the boy slowly recovered without any return of the diarrhoea. The temperature ranged from 104° to 105°, and the pulse was never under 130 for several weeks. The case of a young girl was remarkable, for having no local manifestations at all—no spots, no diarrhoea, and no affection of the lungs or other organ appeared throughout. Yet it ran the usual course of

typhoid fever, and began first as the true enteric case did. During the first week the temperature gradually rose to 105° and continued, with a pulse of 120, to range between 104° and 105° for nearly three weeks. This case was mending, the medicines given were *Baptisia* and *Rhus tox.* Dr. Wolston remarked that in all his cases he gave several drop doses of the mother tincture of *Baptisia* throughout the entire course of the fever, supplementing it with other medicines as symptoms called for them. He was of opinion that *Baptisia* had a marked effect in controlling the disease and lessening its severity, while in many cases it seemed quite to abort the attack.

Dr. R. HUGHES thought Mr. Kyngdon's paper an excellent one, as showing that a homœopathic practitioner can be a good observer as well as a successful therapist. He did not see why he should be surprised that—the conditions being the same—typhoid fever should be unknown in a place for some years and rage epidemically in others. All recent evidence went to show that this was a specific disease, as little capable of spontaneous generation as an animal or a plant; but when once introduced into any locality, spreading just in proportion to the inadequacy of the arrangements for drainage therein. The same evidence showed its primary seat to be the blood, where it runs a certain typical course, the one and only pathognomonic feature of which is the temperature. Hence, whatever be the local manifestations, if we have a pyrexia marked by certain thermometric characters we have typhoid fever. He said this in support of Dr. Blake's diagnosis in regard to the case he had mentioned. The only disappointment he felt in Mr. Kyngdon's paper was as to the meagre details of treatment. He would especially have liked to have heard more fully the result of his experience with *Baptisia*, and how far the moist tongue and capacity for taking nourishment, which was noted in all the cases, could be ascribed to this medicine. He (Dr. Hughes) concurred with Dr. Bayes in thinking this one of the most constant and marked effects of the drug. In his own experience, *Baptisia* continued to be the prince of remedies in typhoid. He had only had five cases of it during the past twelvemonth, but three of these were convalescent within a fortnight; and the other two, though they ran their full course, were yet perceptibly moderated and comforted by the medicine, which was given throughout in all.

Dr. HALE expressed his obligations to Mr. Kyngdon who, in the midst of domestic anxiety, had contributed a most valuable paper to the Society. He felt sure that Mr. Kyngdon's treatment consisting of meeting local symptoms as they arose in typhoid fever was the true principle of treatment, when combined with suitable nutrients, and thus as it were keeping the patient afloat until the crisis occurred. With regard to the cause of typhoid fever it is now pretty well made out that sewer gas *alone*, or the most disgusting effluvia arising from decomposing

animal or vegetable matter will not produce typhoid unless the germs of the disease are present; and he instanced the fact lately mentioned in the *Times*, that in the old town of Edinburgh, where human excreta and other abominations were stowed away in sleeping rooms, no typhoid was generated, but that in the new part of the city, where there was an abundant supply of water and good drainage, typhoid was rife owing to the dissemination by water infected with the gases of the sewers. In relation to the epidemic at Croydon, Dr. Hale had been requested to investigate the cause of an outbreak of the disease in a clergyman's house situated on a hill in one of the healthiest situations in the town, and in which the drainage was perfect, but where the sewer gas had found access from an outside ventilating pipe communicating with the drains, but carrying the sewer gas into the children's night nursery through a grating in the wall intended to admit the pure external air. Dr. Hale expressed his regret that Mr. Kyngdon had not in his paper afforded information sufficiently satisfactory regarding the preventive action of *Baptisia*, a question upon which he was most anxious for information. He had, however, the authority for quoting the experience of one of his colleagues, who had had a considerable number of cases of typhoid during its outbreak in London three years ago, and this gentleman gave *Baptisia* in almost every case in different stages of the disease, but was utterly disappointed with the result in every case. The explanation of the supposed power of *Baptisia* to abort typhoid Dr. Hale maintained was to be explained by the fact that, as in epidemics of scarlatina and diphtheria, throat affections are constantly met with, but without any specific character, so in the case of epidemic typhoid, a condition of the system which simulates the prodromata of typhoid is common, and to that kind of disturbance of the general health, especially if gastro-enteric symptoms are present, *Baptisia* exercises its curative action. Believing typhoid to be an essential specific form of fever, having well-marked stages, running a definite course, and having a critical termination, he hesitates to accept what he considers the inconclusive evidence hitherto afforded as to the abortive power of *Baptisia*. Mr. Kyngdon, in describing the character of the epidemic in Croydon, calls it protean, proving how imperfect are the descriptions of the disease found in text-books and lectures. For instance, with respect to diarrhoea, which some state is almost an invariable symptom, several of Mr. Kyngdon's cases were without diarrhoea. In the last case Dr. Hale had under his care in the hospital, constipation was present until convalescence, when a slight amount of diarrhoea occurred. In conclusion, he trusted that the thanks of the Society would be communicated to Mr. Kyngdon for his valuable paper.

Dr. MATHEWSON had considerable experience of typhoid and of the action of *Baptisia*, which he considers a sovereign remedy for the disease. Objects to Dr. Hale's statement that the disease

must necessarily run a course, as opposed to facts which, in his opinion, prove that *Baptisia* frequently succeeds in aborting an attack of typhoid. He also considers Dr. Hale's opinion most disheartening to those who are labouring to discover an efficacious remedy for the disease. He has in his own practice seen many cases presenting the most undoubted symptoms of typhoid, in which the disease was, undoubtedly, cut short by the remedy. With regard to one group of cases within his knowledge, where a number of young women worked at sewing machines in proximity to a mismanaged water-closet, those treated homœopathically with *Baptisia* quickly recovered, and those treated allopathically died. He, however, thinks *Baptisia* has ordinarily very little effect on typhoid, unless administered in mother tincture.

Dr. YELDHAM had the advantage of seeing, with Mr. Kyngdon, some of the cases referred to in his interesting and instructive paper. The author's anxiety to guard Croydon against the possible charge of insalubrity was very natural and pardonable. It was, however, undeniable that that town had acquired, in medical circles at least, an unenviable notoriety for typhoid fever. The disease raged in the town with great virulence some years since, before Mr. Kyngdon took up his abode there. He (Dr. Yeldham) on that occasion saw many cases with Dr. Henry. Then, as in the late epidemic, the disease was developed in an unusually virulent form. One case of a young woman he saw lately with Dr. Fleury, of an unusual character, proved rapidly fatal, as did also the case of her brother, a few days previously. Another of the cases he saw was, he believed, the fatal case of the young man of thirty, referred to by Mr. Kyngdon. In this case, to the best of his recollection, there was but little evidence of local mischief, the leading symptom being the most utter exhaustion of nerve power, notwithstanding that he was abundantly and constantly supplied with nourishment and stimulants in various forms. From these, and other cases that he saw, he could confirm the author's statement as to the multiform character of the epidemic. As to treatment, regarding typhoid as a blood poison, traversing the system and affecting more or less severely different organs, the indications appeared to be to sustain the powers of the system, and to combat organic lesions, and so back the system against the disease. Of medicines, *Baptisia* had been put forward as possessing the power of *arresting* the disease. If so, it must be by neutralising the poison in the blood, and to this Dr. Hughes, who was its most consistent champion, intimated his assent. He (Dr. Yeldham) must confess that his experience—which it was true was not large as to the use of this medicine—did not bear out such an assumption. On the contrary, he had never been able to detect any better effects from it than from other remedies. Still, so much testimony had been, from time to time, borne to its efficacy by reliable observers, that he was quite willing to suspend his own judgment on the subject. He had conversed

with the author of the paper on the subject, and he assured him that though he had used *Baptisia* in many of the cases of the late epidemic, he had seen no results from it in any way justifying the powers often attributed to it of arresting or even controlling the fever. Some mild cases, he said, seemed to do very well with it; but, then, mild cases would do well with any medicines, or even with no medicines. In violent cases it appeared to have no more power, if so much, as some other medicines. This he (Dr. Yeldham) thought was very important evidence on the point. Without offering any remarks on the well-known and well-tried remedies commonly employed in this complaint, he must notice a medicine which had not been named in the present discussion, and, indeed, which was seldom referred to in connection with typhoid fever, but which appeared to him to be a very important one in some forms of the disease. He alluded to *Opium*. This medicine was first forcibly pressed upon his attention by a case of typhoid which he visited some years since with Dr. Harper, of Windsor. The subject of the attack was an undergraduate of one of the universities, who, after being nearly convalescent from the first attack, had a severe and seemingly a hopeless relapse. The symptoms resembled so remarkably those of *Opium* on the one hand, and delirium tremens on the other, that they agreed to give him every hour one or two drops (he was not sure which) of the mother tincture of *Opium*. After the second dose the patient fell into a slumber which lasted, off and on, for twelve hours, and from which he awoke calm and refreshed, and from that moment made a good recovery. The efficacy of this, as of all other medicines, depended, in his opinion, greatly upon the *dose*. In a disease in which the vital powers were often reduced to the lowest ebb, it was little less than madness to expect a reaction from very exiguous doses of any medicine. Of such a medicine, for example, as *Rhus tox.* he seldom gave less than five-drop doses of the mother tincture every two hours. Of the occult form of the disease in which it was slowly developed, or not fully developed at all, he had seen a considerable number of cases, and the remedy on which he relied, with almost unfailing confidence, was *Quinine*. It seemed at once to rally the system against the oppressing influence of the attack. He prescribed it in five-drop doses of the second decimal.

Dr. Druay said that the paper needed no apology: it was an excellent one; but all would regret the cause that prevented the author reading it himself. In the course of his remarks on Mr. Kyngdon's paper, Dr. Hale had said that he believed fever ran a definite course. In the truth of this he entirely concurred. He believed there was what we might call a natural history in fever, as there was in most other diseases, and that whether typhus or typhoid, it ran a regular course, and he did not believe in its being abruptly cut short, though he fully believed in the disease being rendered much more mild, and the stage of convalescence

reached earlier than it would otherwise be by judicious treatment. He also believed in the existence of some poison germ to set the disease going. Two things were needed: a germ, and a suitable soil. Out of ten persons exposed to the germ, nine might escape because the other conditions were wanting. Allusion had been made to the escape of persons living in the old town of Edinburgh, who used pails to remove fecal and other matter from their houses, while those in the new town, where the drainage system was in operation were attacked. If bad smells would cause typhoid he ought to have seen plenty of it in the places he visited in the old town of Edinburgh in former days, but the fact was that it seemed to be in the drains that this deadly poison was propagated, the water supply possibly becoming contaminated afterwards. He believed what was wanted was to cut off the direct communication between the house drains and the town sewers. In country towns this might be done; in London it was difficult. Traps were not sufficient. But if the house drainage could be made to terminate in an open pipe, which might empty itself into something like the pan of a water-closet in the houses, the soil pipe should be continued up above the roof of the house, so that there would always be an outlet out of doors for any pressure of foul gas, whether generated in the house or out of it, if the house and town system were connected, as is the case at present. He had attempted in his own house to secure this ventilation, but he found it impossible to make the builders understand the need of what was proposed; or if they understood the need, to get them to carry it out; thus he had to put up with an imperfect carrying out of his plans. As regarded treatment, he was not satisfied with *Baptisia*, though he treated with all respect the opinion of those gentlemen who praised it. He doubted its superiority to the good old remedies *Rhus* and *Bryonia*; but he thought symptoms must be treated as they presented themselves, so that there was no royal remedy. There was one medicine that had been highly spoken of by Dr. Yeldham, that was *Opium*: he could endorse all that had been said in its favour. In suitable cases he believed it was a splendid medicine. He owed so much to it in various cases that he would be very sorry to be debarred from its use. He placed far more confidence in some of these old remedies than he did in the new. In saying this he did not wish to undervalue Dr. Edwin Hale's work: he believed we owed that gentleman a deep debt of gratitude, and that he had helped us to some first-rate remedies; but we wanted to know more about them. We could not depend on all the statements made, and it happened that when we found a medicine combining all we needed in its symptomatology, we found it fail us at the bedside: at least, this happened more frequently with the new medicines than with the old. In 1874 he had a case under his care, that of a little girl about seven years of age, that showed the value of *Opium* in a suitable case. The symptoms had assumed a very grave character.

There were movements of the hands, deafness, and insensibility; the temperature rising till 106° was reached. He understood that the Prince of Wales's temperature when he had typhoid had reached 106.5° . Such a high temperature with the other symptoms made this little girl's case one of very great anxiety. Her position in life, and the fact that a letter had appeared in the *Times* newspaper, saying that it was found on analysis that the milk she had been getting, and which was supposed to be all that it ought to be, was unfit for human food, made the case one of more than ordinary importance. *Baptisia* had been given; but on the accession of the graver symptoms, he selected *Opium* and continued its use for several days with the most happy results; once or twice that he had wished to give another medicine and made a change, he found he was obliged to return to the *Opium*. Humanly speaking, this medicine saved her life. One gratifying circumstance in connection with this case was that from first to last he had the confidence of the parents. On one occasion only was a consultation spoken of, and that was only suggested in the event of the case being about to terminate fatally; when, for the sake of satisfying others, it would have been desired. A consultation in this case might have led to a change of medicine, which he believed would have brought about the termination that they were seeking to avert. He could not but feel grateful to the father and mother of the child for allowing him to have his mind free from these worries to which medical men are so often and so unwisely exposed in anxious cases, and which embarrass them, and thus do positive injury. Through God's goodness the means were instrumental in bringing her safely over her illness.

Dr. DUNDEON said that the opinion expressed by Dr. Hale that nothing could cut short a case of typhoid fever was by no means generally held. Some of our first men had asserted that they had seen cases of typhoid cut short by remedies. Several had spoken to this power as possessed by *Baptisia*, and the late Dr. Trinks was equally confident that *Bryonia* had repeatedly cut short the disease. We might be deceived on this point, for cases sometimes occurred apparently presenting the characteristic symptoms of typhoid, which proved not to be that disease. He had lately been called in consultation on a case of this sort. The patient was a lady of about 80, who had come across the Continent from Brindisi, and when near Calais was compelled by a railway accident to get out of the carriage and walk some distance in the snow in her stockings. Soon after arriving in London she was taken ill, and when he saw her she had been all night in a state of low muttering delirium, and was at his visit lying in a semi-stupor, the tongue black and dry, pulse 120, and respiration accelerated. The temperature in the axilla 102° . Continual yellowish, watery diarrhoea and extreme sensitiveness in the abdomen, especially in the iliac fossæ. He felt doubtful about the diagnosis, but at the same time thought it best to prescribe

Baptisia in case it might be typhoid. The following day all these formidable symptoms had disappeared. The intellect was clear, the tongue moist, temperature normal, diarrhœa gone: in short, the patient was so well that he concluded the picture of the previous day was a hysterical simulation of typhoid. It would have been interesting had Mr. Kyngdon tried the now fashionable system of cold bathing; but perhaps his patients would not have done so well under that treatment as they did, for no doubt a mortality of 3 in 100 cases must be considered extremely small. *Agaricus* had been employed successfully by Drysdale in the low muttering delirium of typhoid. Defective drainage and the admixture of sewer gas with the air we breathe would certainly not suffice to produce typhoid without the actual presence of the particular germs that cause it, but it might cause a good deal of serious illness. In one of the finest houses in the neighbourhood of Kensington Gardens several members of the family were attacked with sore throat, diarrhœa, and other affections of a low type. He suggested that the drains should be looked to, but as no smell had ever been noticed, and as the house had been built with the utmost care as to drainage and ventilation, his suggestion was thought to be useless. However, on examination it was found that a ventilating pipe from the sewer terminated short of the roof, and on prolonging this pipe no more cases of these diseases occurred. The deficiencies of Edinburgh in the matter of sanitary appliances in the last century had been alluded to. It certainly was a very rude way of disposing of the sewage to empty the filth that had accumulated during the day out of the windows into the street. But with a politeness, derived probably from their long alliance with France, the inhabitants never emptied their slops into the street without giving the warning "Gardy loo!" which is probably a corruption of some French phrase. The neglect of the municipal authorities in Edinburgh in sanitary affairs was in some degree made amends for by private enterprise, for there were men who went about the streets with a tub and a large cloak for the purpose of enabling the inhabitants to ease themselves out of doors, and with a certain amount of privacy. These tradesmen invited their customers by the cry of "Wha wants me?"

SOME CASES ILLUSTRATING THE CHIEF CURATIVE SPHERE OF HEPAR SULPHURIS.

By WILLIAM BRYCE, M.D.

OF the many boons which Hahnemann has conferred upon the world, one, and that not the least, is the gift of *Hepar*, which he has recommended as a dynamic antidote to the effects of *Mercury*. The correctness of that opinion is borne out by what experience has taught us as to the minuteness of the curative dose, and by the fact that its curative action is more quickly and more decidedly manifested when the cachexy has lasted for a considerable time.

When this paper was originally promised for the meeting of the Society in May, it was intended to enter into some comparison of the resemblances that exist between *Mercury* and *Hepar*; for if true that it is a dynamic antidote there must be many points of contact. However, as I have been asked at short notice to supply an unexpected vacancy that has occurred for the present meeting, I can deal only very generally with the subject. I hope, therefore, the Society will overlook its many shortcomings and imperfections. I shall be satisfied if I have given as much as will excite discussion on this, a favourite remedy with me, or bring it into more favour with some who do not seem to value it as I think it deserves.

It is quite unnecessary for me to introduce the subject with any account of the pathogenetic effects of *Mercury*, as we are all familiar with the excellent classification of these effects from the able pen of Dr. Hughes. My present purpose is solely with the mercurial cachexy as most frequently met with in practice, and with its antidote, not claiming for *Hepar* the power of completely eradicating the diseased state, but of so far removing it as to give renewed health to the patient such as he had not enjoyed for years before. The cachexy remains to some extent through life, but the antidote will always benefit, whenever other exciting causes bring the deep-rooted mischief afresh to the surface. I do not claim for it any power over those cases of poisoning with large doses of the soluble salts of *Mercury*. These, of course, require chemical antidotes to be immediately applied. I do not even allude to Sir Robert Christison's third variety of poisoning by *Mercury*, which exhibits its primary or excitant action, and in which "the preliminary stage of irritation in the alimentary canal is wanting, and the symptoms are from the beginning to the end those of mercurial erethism in one or another of its multifarious forms." Here it may or may not be useful in considerable doses; but I have had no opportunity of putting it to the test, mercurial salivation being so rare in our day. My purpose at present is with the chronic effects of the drug, it may be ten, twenty, or more years after the system has felt its potent sway. I fear it is too often forgotten that the chronic and permanently injurious effects of *Mercury* may be produced by the intermittent excitant action of the so-called moderate or alterative dosing as well as when that action is kept up continuously till salivation takes place. In whatever way the constitution has become affected, whether by salivation or alterative overdosing, *Hepar* will relieve the patient to some extent from the chronic effects of the drug in whatever part of the body they may shew themselves. Medical men of the old school have been so long blinded to the after evil effects by the temporary benefit derived from its primary action that the importance of an antidote cannot be over-estimated at the

present day, when so many cases are constantly turning up in practice, in which the patients are suffering from this condition.

Whether we accept or not the opinion that *Mercury* forms an insoluble compound with the albumen of the tissues, one thing is certain—that its poisonous effects may crop up almost anywhere, according as constitutional peculiarities may determine. Though this may be the case as to the dire results of overdosing, it is upon the liver that its irritant action primarily falls, so interfering with its normal functions as to diminish and alter the character of the biliary secretion. The size of the liver, its elevated temperature,—which is four degrees higher than that of the body,—and the great functional activity necessary for the due performance of its important duties in decomposing the noxious materials in the blood which passes through it in constant stream, and in eliminating a healthy secretion destined for the important purpose, among others, of preserving in healthy action the alimentary glands, make it extremely sensitive and very amenable to serious reaction from any cause which over-exalts its great functional activity, such as the action of *Mercury* (in improper doses) of which we have been speaking. In some constitutions a short, in others a more protracted, period of such over-stimulation leads, in this vital organ, to engorgement, jaundice, or even more serious mischief. It is to the engorgement and other affections of this organ that are brought about by *Mercury*, and to them alone, that *Hepar* is homœopathic and curative.

The great vital laboratory deranged, the healthy function of the alimentary glands is destroyed, and the nutrient fluid, in which is the life, is sent round for the repair of the tissues in such an impure state that unhealthy action must go on in other parts. The mineral carried round by the life-stream produces its poisonous effects where circumstances may determine. *Hepar* will strike not only at the root of all this, the deranged liver, but will follow the mineral to its utmost journey; as Hahnemann has said, it is a dynamic antidote for such states.—It will be seen

from the title of this paper that it is not meant to confine the action of *Hepar* to cases in which there has been mercurial overdosing, as I speak of this only as its *principal curative sphere*. Any other curative power it may possess does not fall within the scope of this communication.

I could cite many instances of the cure of such mercurial diseases as I have very briefly alluded to, but I do not mean to weary you with them. I shall content myself with relating as shortly as I can two or three illustrative cases, but before I do so I wish to say one word as to the preparation of the medicine.

The Pharmacopœia directs that *Hepar* should be triturated up to No. 3, and that from this No. upwards the dilutions be made with spirits. I feel sure that this is a mistake, not only in the case of *Hepar*, but of some others. As I did not feel satisfied with the sixth dilution, Mr. Pottage, at my request, was good enough to take the extra trouble and labour of running it, *Kali Bichromicum*, and a few more, up to the sixth trituration, and I think the after-history of one of my cases will shew that this, in the case of *Hepar* at any rate, is a much more reliable preparation than that which the Pharmacopœia directs. When I speak of *Hepar* 6 I allude solely to this trituration. As far as I am concerned, the experiments made in three of the cases with 3^x and 3 satisfactorily settle the question as to the proper dose of *Hepar* in such cases, and that the history of these cases is decidedly against the opinion that with the dilutions 3^x or 3 we can effect all the good to our patients that homœopathy can supply.

My experience leads me to conclude that 3^x or even 3 will produce medicinal aggravation when mercurial poisoning is so well made out, as I considered it to be in cases 2, 3, and 6; as will also an overdose of any other remedy, when it is truly homœopathic.

CASE 1. May 30th.—A. B—, member of a learned profession, and in the prime of life. Has not felt well for a month or two, complains of lassitude, inability for work,

want of appetite and obstinate constipation, which has afflicted him for twenty years. Everything, even cold water, has a bitter taste. Skin and sclerotic yellowish; urine dark; stools tending to *white*. There is enlargement of the left lobe of the liver. As to his history he states that as a child he usually got two or three grains of *Calomel* when he required a laxative; that in adult age he had frequently been ordered to take *Blue pill* and pills containing two grains of *Calomel* when his liver was out of order. Had never been salivated. Never had syphilis. For many years has suffered from frequent bilious attacks, particularly in spring and autumn. Has often been partially jaundiced, and has often suffered from engorgement of the liver, for which the *Blue pill* or *Calomel* was repeated. He has, of course, gradually become subject to more frequent attacks of the above description. States that over-fatigue or a chill in damp weather sometimes brought on attacks of white frothy diarrhoea. Exposure to the direct rays of a July sun has, on one or two occasions, brought on within a few hours intense colic, followed and relieved by a copious and perfectly *white* stool.

Stated that a great source of grief to himself consisted in the accession, when suffering from one of his liver attacks, of paroxysms of ungovernable *irritability*. His wife stated that he was an exceedingly amiable, good-tempered man. Prior to this had been under homœopathic treatment for some years, and had frequent courses of *Nux*, *Bryonia*, and other medicines in different dilutions, but never got free of his attacks of partial jaundice. Nothing told upon his liver, in fact, except *Podophyllin*, which he had tried a short time before this. It did some good at the time, but the good effects soon wore off and did not prevent his periodic liver attacks, which were often accompanied, particularly in autumn, with great sexual weakness. Stated also that he has long been excessively sensitive to a change of weather to rain, and had often predicted the near approach of rain before the barometer began to fall. Has been most sensitive to damp winds.

Was ordered to take three grains of *Hepar 6*, night and morning every time any of his old ailments threatened to return, and to continue it till the stools lost the white look and became natural.

For ten or twelve years he has had no return of his old ailments, and though now 55 enjoys better and more continuous good health than he did from the age of twenty and upwards. The irritability quite left him, and this is on the authority of his wife. Has not since suffered from engorgement of the liver, which, however, for some years became inactive, now and again, with whitish stools, but the *Hepar* always set it right. The lessons derived from this case have enabled me permanently to relieve many with a similar history; also cases of hæmorrhoids connected with an engorged liver from the abuse of *Mercury*.

CASE 2.—Mrs. F— stated that she had been salivated many years ago. Had been salivated again (a year before I saw her) for *mammary abscess*. There is obstinate constipation; congestion of liver and constant ill-health. I gave grain doses of *Hepar 3ʳ* in half wineglassful of water night and morning. Next morning I was sent for in haste; found her suffering from an attack of very violent diarrhœa, which lasted four days. *Kali bichromicum* given on the third day improved it after a few doses. A few days after the diarrhœa was arrested I put her on *Hepar 6*, which did not bring on diarrhœa. Had to leave for home before I had her long enough under treatment, but told her to continue the *Hepar 6* for some time. Was decidedly improved before she left. I give the case that it may stand beside others that follow, and that it and they may help us in looking at these experiments as to the proper dose of this remedy in such cases.

CASE 3. Oct. 4th.—Mr. R— states that for some years he has suffered much from violent pain in the bony part of the nose, with a thick discharge, which is muco-purulent, from *one nostril*. In dry weather he suffers comparatively

little from either the pain or the discharge; but on the *near approach* of rain is unable to leave the house from the violence of the pain, to the serious injury of his business. During weather with very frequent changes is often obliged to stay at home for a week at a time. The history of mercurial overdosing was well marked in this case, but it is too long to detail. I tried grain doses of *Hepar 3^r* twice a day.

5th.—Smart attack of diarrhœa set in some hours after taking first dose.

12th.—Diarrhœa quite gone for some days. Ordered the third of a grain of *Hepar 3^r*.

13th.—Has had diarrhœa all day; very angry with me; said I was giving him far too powerful medicine.

15th.—Better to-day; told me had his little child not swallowed one of the powders two days ago without producing on it an effect similar to that on himself, he never would have believed my word as to the strength of the dose I gave him. Told him to take no medicine for two weeks. At the end of that time I ordered him 3 grain doses of *Hepar 6* twice a day in half a wineglassful of water, and to take that for some time.

Dec. 20th.—Had no diarrhœa since; is now much better; has much less pain and discharge on the advent of wet weather.

I saw him again in the spring of the following year, when he told me that his disease was gone, that he could now go out in all kinds of weather, and that he had never been confined to the house since I gave him the last medicine.

CASE 4. — C. D.—. Tonsils enlarged, red; throat and pharynx raw, and studded over with enlarged reddish follicles.

With the view of giving the Case at this time I asked how long the throat had been affected. I cannot do better than give the case in the patient's own words: "Before I had the good fortune to try homœopathy for my throat my life had been one long and weary struggle for fully twenty-five years, and that under the best advice I could

get in this country. I did not dare to venture out in the slightest damp without being in fear of inflammation of the throat, that at last produced a nervous sort of terror of being choked. I was constantly prevented keeping my engagements, however important. I was obliged to give up my profession of sculptor for years, the damp from the clay affecting me with hoarseness and irritability of the chest. You at once said I had been suffering from mercurial poisoning before I mentioned to you that I had been put through *that horrible* treatment. . . . Now I can enjoy life without the constant fear of being laid up, and the old disagreeable and painful symptoms are all gone. I do not think I mentioned to you that my medical advisers in Edinburgh wished to cut out my tonsils, but I could not think of that though I was often half suffocated. I might have stated this all much more strongly if it was of any use."

I ordered 3 grain doses of *Hepar 6* to be taken night and morning for some weeks; to rest for a week or two, and then another course.

The enlarged follicles have long since entirely disappeared; working with the clay does no harm now, and the patient can go freely out in all kinds of weather.

CASE 5.—Miss H.— In every way similar to Case 4, with this difference, that she had not had very much dosing with mercurials, but was of that constitution which is very sensitive to the action of *Mercury*. *Hepar 6* very speedily removed her throat attacks and also the enlarged follicles.

CASE 6.—Mrs. — soon after marriage went to India. Has a family of four daughters, but latterly has aborted. Is very desponding, as there seems to be now at her age, forty-four, no prospect of an heir to the large property of her husband. Told me she has no faith in homœopathy, had always laughed at it, but as every other treatment had failed she would give it a trial. For many years has not known what it was to feel well. Almost every kind of food disagrees.

On examination the liver was found to be enlarged and extending to two or three inches beyond the ribs. Very obstinate constipation for many years. Skin tinged dirty yellow, or more like the hue of malignant disease. The uterus also enlarged and anteverted. Congestion of ovaries from the condition of the uterus. As this latter condition rendered coitus intolerable, and as an ovum could not then, from the condition of the uterus, be retained, I ordered separation from her husband for some months, and gave her a variety of treatment for two months, but without effecting any perceptible good. I gave *Nux, Bry.*, and *Podophyllin* and other medicines in a variety of dilutions, but they all failed. Feeling I had not yet found out the cause of her complicated ailments, I asked her very particularly as to the illnesses she had had in India. From her history of these I found that, besides large quantities of *Quinine* for frequent attacks of jungle fever, she had often been the subject of mercurial overdosing. As the specific for *Quinine*—engorgement of the liver had had a fair trial—I considered I had neither a climatic nor a quinine but a mercurial liver to deal with. I therefore decided to prescribe *Hepar*.

In this case also I applied the test as to the dose, as in Cases 2 and 3, and ordered one grain dose of *Hepar 3^x* night and morning in half wine-glassful of water. On my next visit, a few days afterwards, I found that the medicine had been acting as violently on the bowels as if she had taken two or three colocynth pills. Gave her no medicine for a few days, and then ordered 2 grain doses of *Hepar 3*. This had the same effect as *3^x*, acting violently on the bowels. After a short rest I gave the 6th trituration in 3 grain doses. Improvement soon followed and went steadily on. After a few weeks I had the satisfaction of finding the liver reduced to its normal limit, but not yet to its normal condition. A steady perseverance with the medicine brought the alvine evacuations to their natural condition, the congested eyes and the skin assumed the condition and appearance of health, and the patient felt as if she had been renewed. The congestion and enlargement of the uterus entirely disappeared, and the organ rectified

itself as to position, for no local or mechanical means had been used.

Instead of getting the decree nisi which I had pronounced made absolute, the case, without waiting for my sanction, was taken out of court before the expiry of the legal six months, and in her forty-sixth year she embraced the long-hoped-for son and heir. I mention the above interesting fact to show the completeness of the cure, and how by striking at the root in the liver, on which, I have ventured to say, the injurious action of *Mercury primarily* falls, the whole pathological fabric had tumbled down. During this final pregnancy there was not even a threatening of abortion, so completely had the uterus returned to its healthy condition. The child has been the most robust of the family, and now gives fair promise of living to inherit the paternal acres.

A few months after this patient left me she felt some of her old symptoms returning, and took *Hepar 6* in tincture for a good many weeks, but it had no effect. She then sent to Edinburgh for the same *Hepar* as I had prescribed for her. This at once took effect and soon removed her old symptoms. She has had frequent recourse to it for some years, finding that it never fails in relieving her.

I mention these particulars to suggest the probability that the sixth in trituration is superior to the sixth in tincture ; and draw attention to the case in order that the matter may be tested, because, if the sixth trituration of *Hepar* is more reliable than the sixth in tincture, we may not be deriving the full medicinal power possessed by other medicines, such as *Kali bichromicum*, *Silica*, the metals and a few others.

CASE 7.—Mr. G— consulted me in 1870 for prolapsus of the rectum, which protruded at every stool to about two inches, always with *slight oozing of blood*. The bowel is very difficult to return. There are no distinct piles, but some of the veins are gorged. In 1870 and 1871 tried a great many remedies without effect. In 1872 more minute

inquiries elicited a well-marked mercurial history. I then gave *Hepar 6* in the usual way, and told him to take it for a year. As he lives in a northern county I saw little more of him till I met him accidentally in August last. He then told me that the prolapsus began to improve after he had taken the *Hepar* for a few months, and that he is now quite well, not having had any return of it for the last two years.

CASE 8.—F. S—, æt. 67. This was a case of hepato-genous jaundice in a gentleman with a well-marked history of mercurial overdosing at many different and distant periods of life, the greater part of which was spent in foreign stations. He was never salivated. The case yielded to *Hepar 6*, and never again shewed the slightest symptom of returning. This patient died eight months after the jaundice was removed of a disease that had existed previous to the advent of the icterus. It would extend this paper to too great a length were I to give the history of this last illness, but as the case is a very interesting one I reserve this part of it for a separate paper which I hope to give at an early meeting of the Society. I give this very brief notice of it now in order to connect it with the subject of the present communication.

Discussion on Dr. Bryce's paper.

Dr. YELDHAM said he had listened with great pleasure to the author's instructive and suggestive paper. He would make only one or two observations. It was generally admitted that when once the system was saturated with *Mercury* its effects were apt, in many cases, to be felt for many years afterwards, or even for the remainder of life. It was also generally admitted in homœopathy that *Hepar* was one of the best antidotes to mercurial sequela, especially when they were recent and patent, for it was not every person who took *Mercury* freely who was

affected permanently by it. Some persons were insusceptible to its effects. He could not help thinking that the author had pushed the doctrine of mercurialisation a little too far—further, at all events, than the cases adduced seemed to warrant. In some of them the evidence of the effects of *Mercury* was so slight as scarcely to amount to more than an assumption. He could not help suspecting that effects were attributed to the antidotal properties of *Hepar*, which belonged, in reality, to its homœopathicity to the disease. Then, as to the purgative action of the third decimal trituration of *Hepar*, he could not but regard this as a curious coincidence in Dr. Bryce's cases. He was led to this conclusion by his own experience, which was very considerable, and the results of which were totally opposed to those of the author of the paper. He had for a long time been in the constant habit of prescribing *Hepar*, in five grain doses, of the third trituration, both to children and adults, and did not recollect ever having seen the slightest aperient effect produced. The point was an interesting one, and he would observe it more closely and report the results if his future experience did not bear out the past, and he hoped the author of the paper would do the same. They could not be too careful about the soundness of the data from which they drew their conclusions.

Dr. WOLSTON remarked that he did not see any necessary connection between the supposed effects of *Mercury* and the action of *Hepar*. In many of the cases given it was more than doubtful if *Mercury* had anything to do with producing the morbid conditions for which the *Hepar* was prescribed. Many of the organs and tissues of the body specially affected by *Mercury* are identical with those acted upon by *Hepar*, and, therefore, without the introduction of the theory of mercurialisation, the curative effects of *Hepar* in the cases given was sufficiently accounted for. With reference to the cases of pharyngitis, he observed that in all low forms of throat disease, especially follicular pharyngitis, he found the 1st trituration of *Hepar* of the greatest service, the cure being greatly hastened by a gargle of *Hepar* in the proportion of a drachm to a pint of water. He could corroborate the statement made by Dr. Bryce as to *Hepar* in a low trituration producing diarrhoea. He had himself recently had an old lady under his care, suffering from bronchitis, in whom the action of the second decimal trituration of *Hepar*, in producing free movement of the bowels, was most marked, the effect of the medicine being in marked contrast with the previous experience of homœopathy which before, to use her own mode of expressing herself, "had always constipated her."

Dr. BAYES.—Dr. Bryce's very careful observations as to the effect of *Hepar* upon patients suffering from diseases which may or may not have been the result of previous mercurialisation appear to him (Dr. Bayes) to leave the question undecided as to whether *Hepar*, in curing these conditions, does so by chemi-

cally antidoting the *Mercury*, or by dynamically antidoting it. He (Dr. Bayes) assumes that by the *Hepar* acting upon and stimulating the same tissues as are locally affected by *Mercury*, the tissues which have been depressed by mercurial action have been again elevated up to health point by the *Hepar*. As to the question of the superior efficacy of trituration of inorganic substances over tinctures prepared from them, Dr. Bryce's experience is most important, and to a great extent tends to corroborate certain experiments of his (Dr. Bayes') own, and also the assertion of Dr. Schüssler as to the superiority of this method of preparation. Still, one of the best cures of hæmorrhoids which he (Dr. Bayes) had ever effected, and which, after fourteen years, remained a permanent cure, had been made with *Hepar sulph.*, 6th dilution in pilules. As to the question of dilution, again Dr. Bryce's observations coincided with his (Dr. Bayes') own. In removing exudations threatening to run into the suppurating process, in the cure of large pimples and small boils, as well as in inducing the rapid suppuration of abscesses where it was impossible to produce their absorption, the 6th and the 12th dilutions act better than the lower. The action of weak lotions of lime-water or of chloride of lime in controlling excessive suppuration, and in cleansing ulcerating surfaces, is also well marked as an external application.

Dr. VERNON BELL said he regretted Dr. Bryce's absence, for he should have liked to ask him several questions. He could not concur in Dr. Bryce's hypothetical view as to *Hepar sulphuris* "ferreting out *Mercury*" in the system. He did not believe that *Mercury* remained long in the system, for there is no histological or other proof of its presence beyond a very limited period after its administration. It was not difficult to recognise the effects of *Mercury*, and especially in by-past times more than now. These effects are usually prolonged and persistent, as might be expected from the destructive action of mercurial salts on the red portion of the blood. But the supposed action of *Hepar sulphuris* on *Mercury* itself, and its acknowledged power over the effects of that metal, are two different things. In scrofulosis *Hepar sulphuris* acted beneficially by renovating the more solid part of the blood, and he believed the same operation occurred in the cachexy caused by the improper use of *Mercury*.

Mr. KINGDON said, in reply to Dr. V. Bell's statement that *Mercury* did not remain in the system, he had given to a girl who had been mercurialised, and in whom the sensible effects of *Mercury* had disappeared, *Hepar sulph.* in the 5th dilution, and it produced salivation and enlarged glands, which subsided, thus, as it were, stirring up the latent *Mercury* and then neutralising it.

Dr. DRURY personally felt very grateful to Dr. Bryce for the

paper he had supplied to the Society, as in the emergency, owing to the non-arrival of an expected paper from America, this paper had been got ready two months before the proper time of reading it, and the author had to prepare it under very great difficulties. The cases collected together were of considerable interest, and the author had kept in view the object laid before him, to show that *Hepar* acted powerfully in counteracting symptoms arising from the effects of overdosing with *Mercury*. Dr. Bryce had, on more than one occasion, thought that *Hepar* 3^x had acted as a purgative; this was merely a coincidence, it was impossible but that Dr. Yeldham, who spoke decidedly on this point, would have had many opportunities for noticing this effect; were it at all of common occurrence others also would have noticed it. There was no doubt that if it could be proved to be a correct observation the run on *Hepar* 3^x would be considerable; indeed, it would be very apt to be thought to be indicated in many cases where it was in no way homœopathic to the complaint. Dr. Bryce recommended *Hepar* in trituration as high as number six. There was no doubt far too strong a desire on the part of some to give tinctures at a lower strength than was justifiable; it was much desired that homœopathic practitioners and chemists would adhere to the directions in the *Pharmacopœia*, which certainly allowed tinctures to be made as low as they ought to be, but he was not disposed to agree with Dr. Bryce's conclusion, for as he and many others had largely used *Hepar* in higher dilutions with marked success, and as these had been prepared from No. 4 dilute tincture, and so upwards as directed by the *Pharmacopœia*, it was a complete answer to Dr. Bryce, showing that the tincture preparations were perfectly reliable; still there was no objection to a No. 6 trituration if any one wished to use it. He himself when suffering from diphtheria had been given *Hepar* 200 for some days, and had been profusely salivated with it for some hours. *Kali bichromicum*, which Dr. Bryce has alluded to, could be raised by solution to higher potencies, and there were no complaints of its inefficiency. He (Dr. Drury) believed *Hepar* had a far wider range of action than was usually looked for. He considered it a valuable remedy in certain hæmorrhages, in some forms of uterine hæmorrhage, and in hæmoptysis he believed it to be of use. It possibly would be found useful in hæmorrhages generally. An objection had been raised to the paper, from a belief that the author intended to convey some idea that *Hepar* followed up the *Mercury* in the system, and produced some chemical action. Perhaps some hurriedly written expression may have justified the criticism, but the author should have had the opportunity of correcting misapprehension on this point. The fact was that *Mercury* and *Hepar* had a very allied action; therefore, where the peculiar effect of *Mercury* was produced and the symptoms present, the results of this action were fairly

attributable to *Mercury*. If *Hepar* was found to produce similar symptoms, it became the true antidote, and conquered the mercurial symptoms by its power of inducing similar ones; in this way it was curative and not chemically. This, probably, was the author's real meaning.

Dr. HALE thought that Dr. Bryce in the paper on *Hep. s.* had fixed his attention on the antidotal properties of the drug, and also on its action upon the liver. Until comparatively recent times the idea that the chief function of the liver was the secretion of bile was that prevalent amongst physiologists, but it is now known that of the forty ounces daily secreted, only about two ounces are employed in chylefaction, the remainder being absorbed into the circulation and employed in the process of sanguification. This knowledge must enlarge our conception of the important function performed by the largest secreting organ of the body. Dr. Hale was therefore led to believe after the reading of Dr. Bryce's cases that *Hepar s.* possessed a specific action upon the liver, apart from its power of antidoting the effects of *Mercury* in the system, and this led him to express his astonishment at hearing Dr. V. Bell's statement that *Mercury* is never retained or deposited in the tissues of the human body. Dr. Hale contended that no fact was more generally admitted than that *Mercury* is so retained, and may be dormant in the tissues for years, and he has over and over again seen distinct symptoms of ptyalism produced during the administration of *Mercury* in fractional and infinitesimal doses, in cases where it was impossible to believe that ptyalism could have been the effect of such minute doses; the phenomenon was, he conceived, to be explained by supposing that the minute doses acting dynamically had set in motion the *Mercury*, which had lain dormant in the tissues, thus causing it to produce its characteristic pathogenetic effect.

Mr. ENGALL considered that they were under great obligation to Dr. Bryce for having furnished them with such an able paper and one which had given rise to such an interesting discussion. After what had been said by previous speakers, the subject was well nigh exhausted, and therefore there was little he could add. He thought there could be no doubt of the benefit which *Hepar* conferred in cases of mercurialisation. This was more apparent thirty years ago than now, in consequence of the then prevalence of the practice of giving mercurial preparations; this, he thought, might account for the difference of opinion as to the presence of *Mercury* in the system, as the use of the larger doses had been for years discontinued by the modern allopathists. He concurred in the view that *Hepar* had two actions; in the lowest triturations it acted as an absorbent; in the higher, he thought it promoted the bringing of matter to the surface. Another thing of importance was the mode of using it. He preferred giving it dry on the tongue, as, when mixed with water, the

sulphuretted hydrogen escaped. He also had found that the best way, when he used it for the resolution of tumours, was to apply the lowest trituration moistened with a very little water, just sufficient to cause it to adhere. By this means he had removed tumours from the cartilages of the eyelids and one from the nose. He believed that it was best to rub the powder on the part until it became inflamed, and then to allow the absorbents to act. He had also removed the enlargement from tonsils by giving the trituration dry on the tongue. In a case where repeated salivation has produced a constant feeling of coldness a visit to Harrogate's sulphuretted hydrogen spring restored a feeling of warmth which had been absent for years.

Dr. DUDGEON thought some of the speakers had been rather hard on Dr. Bryce. He had confined his observations on *Hepar sulphuris* to its supposed power to antidote the pernicious effects of *Mercury*, and he had adduced some very striking facts in corroboration of this power, which had been attributed to it by Hahnemann. The circumstance of a patient subsequently dying was no proof that the previous treatment had been a failure, for patients will ultimately all die, and we often have the pleasure of relieving them before the final event. Dr. V. Bell will be contented with nothing short of a histological proof of the antidotal power of *Hepar sulph.* against *Mercury*, but if the antidotal action is as it is said to be dynamical, he feared the microscope, in its present condition, would be unable to demonstrate this action. There was a good deal of evidence to show that *Mercury* remained in the system for a considerable time, and at the commencement of the hydropathic movement we were often told that the compresses were stained with mercurial exudations. We heard little about these phenomena now, but perhaps that was owing to the more moderate use of mercurials by the adherents of old physic of the present day. He, as well as several of his colleagues, had seen mercurial symptoms, such as sore gums and salivation, excited by the 6th or 12th dilutions of *Mercury*. The cases so affected were invariably those of persons who had formerly been subjected to mercurial overdosing, and perhaps the minute dose acted by a well-known chemical process on the *Mercury* lying quiescent in the body of such patients, and caused it to act in this violent manner.

Dr. W. BRYCE, in reply, said,—From the remarks of several of those who have taken part in this discussion, I perceive that the scope of my paper has been somewhat overlooked. I may remind them that it was confined to the illustration of Hahnemann's recommendation of *Hepar* as a dynamic antidote to the effects of *Mercury*, with the further purpose of directing attention to the chronic and *non-patent* effects of the drug—a subject which I have studied so long and so carefully as to enable me to say that I do not think I have pushed the theory of mercurialisation too far. In the first place I may say that I was aware of

the fact that homœopaths (and old-school physicians also for years past) have admitted the permanent nature of the evil effects of *saturating* the system with *Mercury*. I knew also that homœopaths have long recognised in *Hepar* an antidote to Mercurial sequelæ when these were "recent and patent," but I am not aware that any one has considered or investigated the *non-patent* effects of the drug. It is to this condition I consider *Hepar* to be so specially homœopathic, and it is in this one particular line of observation I wish to add to the view of the master. I readily grant, with Dr. Yeldham, that it is not every-one who takes *Mercury* "freely" who is salivated, but I am not so ready to allow that there are any entirely insusceptible to the injurious action of this powerful drug, any more than I am inclined to admit that any one can be found on whom, say, *Arsenic* or any other such poison has no power, though there are different degrees of susceptibility. It will be seen from what I have said in the paper, that I do not go upon the ground of previous salivation, but on the contrary, include *with it* frequently repeated or so-called alterative courses, at one time so fashionable, which never have exhibited the patent effects of mercurial saturation. The paper dealt solely with the chronic effects, whether produced by saturation or the more silent action of alterative overdosing. The evidence I act upon is such as I have given in Cases 1 and 6, and that evidence is this. In these cases I have described a condition of ill health, of which in this country I have seen many examples and which I have attributed to the irritant or over-stimulant action of alterative doses, frequently repeated, from which reaction has ensued. In treating such cases a certain course of events has so frequently presented itself that I was forced to connect these events with each other. Many of these cases I have treated for a long time, as I did Cases 1 and 6, with a variety of medicines as seemed indicated, but without producing any benefit. In them there was always a mercurial history as the probable cause of the patients' complaints. As soon as *Hepar* was given improvement began, went on, and was permanent. Again, I have given *Hepar* for similar states when there was no marked mercurial history, but without curing the case till I had recourse to *Nux*, *Sulphur*, or some other remedy, as might be indicated. Another link in the chain of evidence that always had weight with me was the fact that, in such cases as I alluded to, *Mercurius* either did no good or decidedly aggravated. The observation of circumstances such as these, occurring in a good many cases naturally leads one to consider the place *Hepar* occupies in their treatment. It is only by the careful observation and connection of such occurrences that reliable evidence can be obtained, and the occurrences noted appear to me to form fair evidence for such an induction as I have given. With me the evidence amounts to more than "assumption," as to the non-patent effects of *Mercury* in all the

cases, though in some, to avoid repeating minute details, I noticed only the parts, such as the throat, rectum, &c., in which the irritant action of the drug was more patent. I recognise the homœopathicity of *Hepar* to the *whole* condition, whether the effects are patent or non-patent, because of the strong resemblances which exist between the pathogenetic effects of the two drugs. The term antidote is applicable because we were speaking of the destruction of the effects of a poison, and because this chronic condition of hepatic and general derangement, which I have called the non-patent effects of *Mercury*, finds in *Hepar* alone above all others the specific restorative remedy. As to the effect of the third decimal trituration. In two of the cases the aperient effect ceased on stopping the remedy, did not come back during the interval when no medicine was given, but returned as soon as the third decimal or even the third was resumed. There certainly seems to be more than a coincidence here, though the connection is as difficult to explain as it is to tell why the third decimal of *Podophyllin* will purge the liver of one person, while the mother tincture appears to be quite inoperative in another. Salivation could be made out only in Case 2, and it was in that case that the most violent diarrhœa occurred. However, I am quite satisfied with No. 6 in these cases, but shall act on Dr. Yeldham's request and test the stronger when suitable cases occur. The question has often presented itself to me in the form in which it has been put by Dr. Bayes. However I have come to look upon *Hepar* in relation to the mercurial cachexy much as we do upon *Ailanthus* in scarlet fever: for whatever may be their other uses, the true homœopathic sphere of their action is only developed by a general poisoned condition, though from the different nature of the poisons the one is a chronic and the other an acute disease. Dr. Vernon Bell has misapprehended the meaning of the sentence to which he objects as Dr. Drury kindly explained at the time. I shall alter it, however, so that my meaning may be clear to any that may read it. I mentioned at the outset that the cases were meant to illustrate the chief curative sphere of *Hepar*, stating that I spoke of it as a *dynamic* antidote to the *effects* of *Mercury*, and not as a *chemical* antidote to the *drug* itself but possibly Dr. Bell was not present when that part of the paper was read. I did not once suppose that *Hepar* acted on *Mercury*, but more than once stated my belief in the dynamic nature of its action. I am sorry I was not present during the discussion, as I should have liked to have called Dr. Bell's attention to one or two parallel cases. Take for example the syphilitic cachexy, and the effects of alcohol. The existence of a syphilitic virus is universally acknowledged. Long after the first infection of the system by this poison, we speak of a periostitis as syphilitic, but not because the presence of the virus in the tissues has been histologically demonstrated; and after the lapse of years we trace to

the same source some cases of amyloid degeneration of the kidneys, though the microscope has failed to reveal to us any trace of the syphilitic poison in the kidney or any other part of the body. Or take the case of the dram drinker, which in some respects is more to the point. He has probably never been in a state of intoxication all his life, but the small quantities frequently taken gradually lead to disorganisation of the liver and cirrhosis; the whole system becomes diseased, and the man sinks into an untimely grave; but even Rindfleisch himself would fail to discover by the microscope any trace of alcohol in the tissues. The connection between syphilis, or alcohol, and these diseases can only be established by that same inductive reasoning to which I have already alluded, and without which medicine would be a failure. Dr. Drury in his remarks has explained fully and clearly the meaning I meant to convey in the sentence objected to with this very slight reservation, that I think the *Hepar subdues* the mercurial symptoms in the way Dr. Drury has stated, wherever they may occur, but does not entirely *conquer* them, as I believe the effects remain more or less through life. Dr. Henderson saw twelve years ago a patient of mine who had been very much overdosed in childhood and youth, and told him he was suffering from an eruption that was undoubtedly brought on by taking half-grain doses of *Mercurius vivus* 1 for a week. He never suffered from this eruption again till three weeks ago, after taking *Mercurius solubilis* 6 for two or three days for catarrh. I easily recognised the eruption again, as it was peculiar. This patient was aged 40, when Dr. Henderson saw him twelve years ago, and it is now twenty years since he took a blue pill. If the salivation in Dr. Drury's own case was not a "coincidence," we ought to speak of the low dilutions as the weak, and the very high as the strong—in other words, that the power of our medicines increases in the direct ratio of the dilution. Though I have used *Hepar* so very largely, I have never seen any effect of that kind. However, since reading Dr. Drury's remarks, I have resolved to take 200 the first time the effects of the calomel of childhood trouble me, for I was *excessively* overdosed in childhood and youth, and the oftener I was given it the more frequently I was thought to require it. I have derived incalculable benefit from *Hepar* 3, but I shall try 200 in the hope that I may obtain a more permanent effect from it than from 6 which I have hitherto used. Dr. Dudgeon's observations—that even the medium dilutions produce mercurial symptoms in persons previously overdosed—quite agree with my own frequent experience, and as I have already mentioned, this fact has been used in some of my cases as a proof of the existence of that overdosing, and as an indication for the employment of the curative power of *Hepar*. It shews also how easily the physiological action is rekindled, and favours the idea that the drug either remains long in the system, or else that its non-patent are easily changed into

its patent effects. I have a preference for the administration in water, not only of this but of all triturations, except those perfectly insoluble in that fluid, but there can be no objection to giving it dry on the tongue as Mr. Engall does. From his point of view this can only be necessary with the low triturations, which though insoluble or nearly so in spirit, mix so readily in water that it can be swallowed before any appreciable quantity of the *Sulphuretted Hydrogen* can escape. I have generally great difficulty in inducing my patients to take the triturations, 8 and 3^r, the taste and smell are so very strong. They imagine they are back to old-school physic.

THE VALUE OF ARSENIC IN SCALY SKIN-ERUPTIONS.

By J. GALLEY BLACKLEY, M.B., Lond.

(Read before the British Homœopathic Society.)

MR. PRESIDENT and GENTLEMEN,—The paper I purpose laying before you this evening might perhaps have been called, with more propriety, *A Study of the Action of Arsenic*; but seeing that the thoughts contained in it were suggested to me in studying *Arsenic* in its relations more especially to skin diseases of the scaly class, I have ventured to name it as above, in the hope of giving a more practical turn to any discussion which may arise.

In no department of our medical literature is there, I venture to assert, such a paucity of really reliable material, as in the lists of symptoms, subjective and objective, produced upon the skin recorded in our drug provings; and, worse than all, in the scanty materials we do possess, the descriptions of skin eruptions are either so lax as to be comparatively valueless, or so antiquated as to be hardly recognisable by the student of to-day. To this cause, and another which I shall presently mention, we must, I think, attribute in a great measure the unsatisfactory condition of cutaneous medicine; for I think none here will contradict

me when I say, that many and often humiliating failures must have occurred to most of us in our treatment of even the commonest forms of skin disease. The other cause to which I alluded is, perhaps, a more potent one still: I refer to the temptation we all have in treating cutaneous affections, to look upon these in the light of diseases *per se*, and not, as they are in the majority of cases, merely symptoms of grave systemic disturbance, or of disease in important organs.

The list of scaly appearances proper produced by *Arsenic* is a short one. Rückert* mentions only one, whilst Black† in his admirable monograph on *Arsenic*, published by the Hahnemann Publishing Society, gives but three.

By far the most important contribution of late years to our knowledge of the action of *Arsenic* upon the skin is the exhaustive monograph of Dr. Imbert-Gourbeyre,‡ in which we find recorded fourteen distinct varieties of rash, all of which may be classed under the designation "squamæ." As these, with the addition of a few others, closely approaching the true squamæ, give us a tolerably complete picture of the kind of influence exerted by *Arsenic* upon the epidermic covering of the skin, you will perhaps bear with me for a moment whilst I read them over to you:—

"Desquamation."

"Miliary papules and vesicles (eczema arsenicalis), these disappear and are replaced by a thin crust."

"Erysipelas followed by desquamation."

"Erysipelas covered with numerous vesicles filled with yellowish serosity, followed by desquamation, drying and scabbing, and anæsthesia of extremities."

"Papules followed by scales."

"Skin comes off in large patches, about a centimètre square, the desquamating surface (surrounded by a white border) is generally round or irregular like certain forms of pityriasis."

* *Traitement Homœopathique des Maladies de la Peau*. Paris, 1838. P. 149.

† *Hahnemann's Materia Medica*. Part I, Arsenic. Arranged by Francis Black, M.D. P. 23.

‡ *De l'Action de l'Arsenic sur la Peau*. Par le Dr. Imbert-Gourbeyre. Paris, 1872.

“Palms peeled as after blisters from manual labour.”

“Small papules the size of a pin-head uniting to form spots the size of a lentil, and disappearing with furfuraceous desquamation. Often come during the treatment of psoriasis with small doses.”

“Miliary eruption, renewed several times in fifteen days, and fading at last, leaving the body covered with farinaceous scales.”

“Desquamation of scrotum, leaving a swollen sanguinolent surface.”

“Eczema rubrum of scrotum.”

“Desquamation of lips, followed by pustular eruption over the whole body.”

“Skin becomes first white, then yellow and scaly (Bayes).”

“Skin rugous and grey with furfuraceous scaling.”

“Desquamation and loss of hair and nails, with desquamation of tongue.”

“Desquamation as after scarlatina.”

“Alopecia with crusts and ulcers on the bare spots.”

Finally, Allen* gives fifteen squamous and quasi-squamous appearances as characteristic of *Arsenic*.†

* *Encyclopædia of Pure Materia Medica*, vol. i, p. 540.

† List of scaly appearances given in Allen :

(2511). Excessive whiteness of skin as in infants, which, as the arsenical influence increased, became yellow and scaly, producing in J. E. and the baby the most irritating eruption all over the body.

(2520). Dry, cracked state of skin. Skin dry and scaly, cracked all over and very sore, with a strong and peculiar smell from it. The skin from the head to the feet comes off. The skin of the whole body peels off in large scales. The thickened epidermis comes off. The skin of the whole body except the head comes off. Desquamation of a large portion of skin, especially of the forearm, and return of a just-cured herpes on chin. Exfoliation of mucous membrane of tongue.

(2530). The thick skin of the soles of the feet came off.

(2540). Rash over the whole body falling off in scales.

(2557). A pimple covered with scurf on the left side of the scalp, obliging him to scratch, and painful when rubbed.

(2578). Scabby eruption on occiput.

(2580). Eruption on face dried into scabs; nose and lids scale.

(2600). The skin of the soles of the feet becomes insensible, as thick as cork and breaks.

(2628). Unpleasant itching and eruption of small itch-like pustules, which soon desquamate.

On reading over the above lists of symptoms, putting aside the fact that many of the so-called scales are manifestly only the dried products of serous exudation, we cannot fail to be struck by the fact, that in nearly every instance the desquamation is preceded by previous inflammatory conditions, and that very rarely does it occur alone and uncomplicated, as in pityriasis and the later stages of psoriasis. This naturally suggests the idea that scaling is, in the majority of cases, only the later stage of a previous inflammatory state of the skin, the first step towards recovery, the result not of increased formation of epidermic cells, such as is present in true "squamæ," but of a suspension, during the previously existing condition, of the natural and almost imperceptible disintegration of the epidermic covering, giving rise, when recuperation begins, to the shedding of patches of dead epidermis of varying size, such as one sees every day after erysipelas, eczema, frost-bite, burns, œdematous swellings, &c.

Nor is this view of the case weakened by a more careful study of the remaining effects of *Arsenic* upon the skin, and of its influence upon the system generally. Foremost amongst these we find, erythema, erysipelas, papular, vesicular, and pustular eruptions, petechiæ, and ecchymoses, purpura, general hæmorrhagic condition, and gangrene, in short, all the symptoms of blood poisoning in its various degrees.

A goodly list you will say, no doubt, and one which, were mere symptoms to be trusted, ought to render *Arsenic* the appropriate remedy in almost every known form of skin disease. That this is far from being the case, however, all who have had any experience in the treatment of skin diseases will readily admit. As long ago as 1844 Wurmb* wrote:—"Although it is certain that *Arsenic* is indicated in many kinds of urticaria chronica, psoriasis inveterata (particularly psoriasis scrotalis), I must admit that we have no *decided particular indications* for its use in those diseases, and we must, therefore, rest our choice upon general indications."

Let us see if it be possible, by tracing the action of

* *Est. Zeitschr. für Hom.*, vol. i, pt. 3, p. 119.

Arsenic upon the system ab initio, to differentiate, with a view to treatment, the cases which are likely to be benefited by the drug.

It has hitherto been accepted as a fact, upon the authority of Orfila* and several subsequent observers, that in cases of poisoning by *Arsenic* the drug has a powerful elective affinity for the liver and muscles, and as a consequence is found after death in greatest quantity in those organs, being otherwise distributed tolerably equally throughout the various tissues of the body. Within the last few months, however, Dr. Scolusoboff,† of Moscow, by means of a series of experiments performed in the laboratory of Professor Gautier has shown that *Arsenic*, so far from being found in the largest quantity in the liver and muscles, is specially localised in the nervous tissues and only subsequently invades the liver and muscular structures.‡

More recently still Thudichum's§ researches render it extremely probable that *Arsenic*, when introduced into the system, forms with the chemical basis of nerve tissue a number of definite compounds, substitution products apparently in which the *Phosphorus* naturally present is replaced by *Arsenic*.

With the help of these two facts it is easy to understand

* *Traité de Toxicologie*, i, 308.

† "Sur la localisation de l'arsenic dans les divers tissus des animaux empoisonnés." *Bulletin de la Société Chimique de Paris*, xxiv, 3, p. 124.

‡ The following table gives the quantities of metallic arsenic obtained by means of Marsh's apparatus from 100 grms. of different organs of animals which had been submitted to the continued action of arsenite of soda :

	Bulldog having taken during 34 days increasing doses from 0·005 grms. to 0·150 grms. daily. Still apparently healthy.	Rabbit weighing 1700 grms., which took for 15 days increasing doses from 0·005 grms. to 0·05 grms. Died on the 15th day.	Terrier having taken during 33 days increasing doses from 0·005 grms. to 0·06 grms. Killed by bleeding to death.
Muscle. . . .	0·00025	Very feeble ring	0·00210
Liver	0·00271	Feeble ring	Imperceptible
Brain	0·00885	0·00594	0·00422
Spinal marrow .	0·00933	Enormous ring	Thick ring

§ "Researches on the Chemical Constitution of the Brain." *Privy Council Reports*, 1874, Appendix, p. 113.

the production by *Arsenic* of such a variety of nervous symptoms and its great value also in the treatment of the various neuroses, including those of the skin. In a recent number of the *Practitioner** Dr. Allbutt relates several interesting cases of skin disease treated by *Arsenic*, in which he attributes his success simply to the fact, that the cases were carefully selected as being neurotic in their origin. More important still, however, is the explanation it affords of the powerful influence exerted by *Arsenic* upon the functions of nutrition and tissue metamorphosis, functions which are so clearly under the direct control of the nervous system. The effects of *Arsenic* upon the Styrian peasants and the Vienna horses are too well-known to need repetition here, but I will direct your attention for a few moments to its effects upon the production of urea and its elimination from the system, a point which I think we shall find to have an important bearing upon the question of the value of *Arsenic* as a therapeutic agent.

Quaglio† found that after the prolonged administration of *Arsenic*, the quantities of urea, uric acid and chloride of sodium excreted all fell considerably below the normal standard, and that true Bright's disease was finally produced. Schmidt and Stürzwage‡ have shown that the decrease in the quantity of urea and carbonic acid eliminated under the influence of *Arsenic* amounted to from 20 to 40 per. cent.

Lolliot§ found the temperature and the quantity of urea eliminated always diminished under the influence of *Arsenic*. In men this diminution amounted to from 5 to 8 grms. in the 1000 of urine, after the daily administration of 1 cgrm. of *Arsenic*. He also confirms Quaglio's observations as to the power of *Arsenic* to produce true Bright's disease after prolonged administration. The following experiment, one of a number given in Lolliot's monograph, shows this effect in a marked manner:—

* "Influence of the Nervous System and of *Arsenic* upon the Nutrition of the Skin." *Practitioner*, Nov., 1875, p. 321.

† *Allg. Hom. Zeit.*, liii, p. 85.

‡ Moleschott's *Unters.*, vi, 3, p. 259.

§ *Étude Physiologique de l'Arsenic*. Paris, 1868. P. 31.

“Exp. XI (p. 39).—To a medium-sized terrier, gradually increasing doses of *Arsenic* were administered, commencing with one milligramme daily, and amounting at the end of ten days to 20 cgrms., at which dose he was kept till the expiration of two months, when he was killed.

On the seventh day after the commencement of the experiment, albumen was found in the urine, and erythematous eruptions appeared on the skin, especially on the external aspect of the joints; on the surface of these spots the hairs had fallen leaving a bright red surface covered with scales.

Post-mortem examination at the end of two months showed complete fatty degeneration of the kidneys, the tubes, glomerules, and connective tissue being infiltrated with fatty granules. The cells lining the tubuli had in many cases completely broken down, leaving only an opaque detritus mixed with an infinity of fatty drops, whilst in those tubes where the epithelial lining still remained, the latter was extensively infiltrated with fatty granulations.*

More recently, Fokker,† by a series of carefully conducted experiments shows conclusively that the administration of *Arsenic* causes decrease in the quantity of urea excreted, and increase in weight of the body, these effects being due, in his opinion, to diminution of tissue degradation.‡

* See also Exp. XII, p. 44, and Exp. XIII, p. 48, loc. cit.

† *Nederl. Tijdschr.*, Sept., 1872, and *Schmid's Jahrb.*, clviii, p. 15.

‡ Fokker gave 1 cgrm. of *Arsenic* to a dog on five out of eleven days, the dog receiving meanwhile the same quantity and kind of food. The results are seen in the following table:

Date.	Flesh.	Arsenic.	Urine.	Urea.
March 20	225 grms.	—	163 c.c.	17·98
” 21	”	—	153 ”	17·28
” 22	”	—	152 ”	17·02
” 24	”	0·01 grm.	147 ”	17·05
” 25	”	0·01 ”	150 ”	18·60
” 26	”	—	140 ”	17·64
” 28	”	—	143 ”	16·87
” 29	”	0·01 ”	150 ”	16·80
” 30	”	0·01 ”	154 ”	16·24
” 31	”	0·01 ”	150 ”	17·70
April 1	”	—	154 ”	16·12

Having placed then this function of poisonous doses of the drug beyond all question we are, I think, in a position to obtain a much more satisfactory idea of the general modus operandi of *Arsenic* upon the system, and a portion of its scope in the treatment of skin diseases.

Its action is apparently twofold, neurotic and hæmatic. Its affinity for the tissues composing the large nerve centres affords an adequate explanation of the various neurotic symptoms produced by it, and as I have said before, will account for its beneficial effects in the treatment of what are apparently purely neurotic skin affections, as for instance, pityriasis with violent itching.*

To the profound changes induced by *Arsenic* in the circulating fluids, we must, however, ascribe the majority of its well known effects. Starting with the imprisonment in the system of urea, its antecedents and its derivatives, all of which are excrementitious and cannot be retained with impunity, and knowing the intimate connection which exists between the function of the skin and that of the kidneys, we are fully prepared for the train of symptoms induced in the skin for these, coupled with its effects upon the system generally, all suggest blood poisoning, the natural result of the presence of effete matter in the circulating fluids. In several recorded cases of death from arsenical poisoning, the end was ushered in by convulsions and coma precisely similar to those seen in uræmic poisoning from true morbus Brightii.

It has been found by several observers that the quantity of urea eliminated varies considerably in different skin affections. In acute eczema, for instance, the quantity is above the normal. In many chronic forms, however, it sinks below the natural standard. Why the urea should be in excess in the former class of cases is not very easy to explain, unless it be that in health the skin is the natural outlet for a certain quantity of the effete nitrogenous matter contained in the system, and that any sudden closure of this mode of egress reacts upon the kidneys. In the other class of cases, however, the reason is obvious.

* Albutt, loc. cit.

These cases are usually the result, not of external conditions, but of profound systemic disturbance, the natural function of the kidney being imperfectly exercised, the products of the degradation of the nitrogenous constituents of the body are retained in the system, and produce their characteristic effect upon the only other great channel of egress, the skin. It is a significant fact, moreover, that urea has been repeatedly found in the serous contents of the vesicles of eczema.

The inference from these facts is obvious. In the examination of the urine and the estimation of the urea contained in it, we have the key to the fitness of *Arsenic* as the appropriate remedy. If, in cases whose symptoms otherwise correspond to the recorded symptoms of *Arsenic*, we find on examining the urine, the urea persistently below the normal, we have, I am persuaded, in *Arsenic*, the true remedy. I think it probable, moreover, that the so-called purely neurotic skin affections, when submitted to this test will give evidence of a similar mode of production. Whether we shall find on further experiment that small doses of *Arsenic* given in health increase the elimination of urea, I know not, but all experience leads us to expect this result when administered in morbid states. The point is one well worth clearing up.

I have already trespassed so long upon your time that I cannot do more than direct your attention to such scanty information as we possess, of those cases of scaly skin disease where *Arsenic* has proved beneficial. Here, again, however, our clinical records are lamentably deficient in well-authenticated cases. I would, however, refer you to records by Wurmb,* Yeldham,† Marston,‡ and Lilienthal.§ In pityriasis and the squamous forms of eczema, *Arsenic* is undoubtedly curative. M. M. Duchesne-Duparc and Millet have used it with the greatest success in pityriasis, and Lolliot, speaking of eczema, says:—"After the more

* "Uses of Arsenic." *Brit. Jour. of Hom.*, iv, p. 354.

† *Brit. Jour. of Hom.*, xxviii, p. 756.

‡ *Monthly Hom. Rev.*, x, p. 364.

§ *Hahnemannian Monthly*, ix, Nos. 1 and 2.

acute inflammatory symptoms have been reduced by means of cataplasms, emollients, &c., *Arsenic* is decidedly the remedy for the subsequent squamous condition.*

In ichthyosis and pityriasis rubra, on the other hand, *Arsenic* has signally failed. Opinion is still divided as to the value of *Arsenic* in the treatment of psoriasis. On reading carefully the records of treatment, the balance of evidence appears to be in favour of *Arsenic*, but I am more than inclined to doubt the homœopathicity of its action, notwithstanding Hale's strong recommendation of the *Iodide of Arsenic* in psoriasis. It appears to me to act simply as a common irritant, more especially as its good effects are obtained equally well by external application of the drug.

I hope, however, to be able to lay before you, at an early date, some cases bearing upon the subject, and by that time, the value of ureometry as a key to the remedy will, I hope, have stood the test of experience.

Of the methods at present existing for the quantitative estimation of the urea in urine, the simpler ones are only so far accurate as to give approximate results, whilst the more exact methods are far too complex and tedious to be of practical value to the physician. The method of Hüfnert of estimating the urea by means of a solution of hypobromite of soda is, on the whole, the best, and the modification of it proposed by Messrs. Russell and West‡ is certainly the simplest for clinical purposes, but even this leaves much to be desired on the score of accuracy.

With the view of simplifying the process of ureometry to the greatest extent consistent with the requisite degree of accuracy, I have devised the apparatus represented in the accompanying woodcut. It consists of two graduated tubes, a large one, A, of about 100 c.c. capacity, and a smaller one, B, of about 15 c.c. capacity, both tubes are fitted with perforated india-rubber corks, through which pass the wide tube, C, provided with a glass stopcock, and drawn to a fine point at its lower extremity, and the

* Loc. cit., p. 84.

† *Journal f. Prakt. Chemie*, N. F., iii, p. 1.

‡ *Journal of Chemical Society*, N. S., xii, p.

narrow tube, *D*, which ascends about half way into the graduated tube, *A*. *E* is a short, open tube communicating with it, and allowing the superfluous contents of *A* to flow out into the beaker, *F*. The whole apparatus is supported by the wooden stand, *GG*.



In using the apparatus 5 c.c. of the urine to be tested are put into the tube *B*, and *A* is filled with a solution of hypobromite of soda; on opening the stopcock the contents of *A* descend and give rise to a brisk effervescence in *B*. The gases evolved rise through the tube *D*, and are collected in *A*. The superfluous hypobromite solution flows into the beaker, *F*, and may be used again. When effervescence has nearly ceased the operation is completed

by placing the finger over the end of the tube, *E*, removing the apparatus from the stand, *G*, and agitating for a few moments. After time has been allowed for the froth to subside, the quantity of gas in the tube, *A*, is read off. After allowing for the small quantity of air contained in *B* at the commencement of the operation, the nitrogen remaining in *A* gives, by means of a simple calculation, the quantity of urea contained in the urine. In order to simplify the operation still further, however, the tube is graduated so as to give, without calculation, the actual number of parts per cent. of urea contained in the urine.

Where the urine is supposed to be very rich in urea, it is diluted with an equal bulk of water, and 5 c.c. of the mixture are used; the numbers obtained are multiplied by two.

Discussion on Dr. J. G. Blackley's paper.

DR. EDWARD BLAKE, in remarking on Dr. Blackley's paper, said that much as he was pleased by the evidence of painstaking thought therein displayed, much as he might admire the ingenuity of the urea theory, he considered a better solution to be afforded by the modern pathological view so ably supported by Drs. Tilbury Fox and Rindfleisch, that many eruptions are analogous to catarrhal inflammations of the mucous membranes—that they constitute, in fact, true catarrh of the dermis. And it is because of the powerful influence that *Arsenic* exerts over catarrhal inflammations generally that we find it successful in those diseases of the skin bearing the eczematous characters of infiltration, exudation, scabbing, and burning heat or itching. These have rejoiced, according to their degree, in the various titles of erythema, impetigo, lichen, eczema impetiginodes, &c., but are now gathered together by the recent dermatologists under the generic title of eczema. He did not deny that *Arsenic* might cure by dint of its neurotic action, as the symmetry of many eczemata pointed to a neurotic origin; and they knew from hay-fever that mucous catarrhs might in their turn be also neurotic. It is interesting to trace out that the preceding piece of pathology is supported by homœopathic clinical experience. The remedies for catarrh, *Arsenic*, *Dulcamara*, *Mercury*, *Kali bich.* and *Hydriod.*, and *Sulphur*, are indeed essentially the remedies for these cutaneous affections. If the disease commence in the glandular dermic structures, one of the four latter remedies will be probably indicated, if in the interglandular papillary spaces, then one of the two earlier medicines.

Dr. BAYES, said that he was much interested in Dr. Blackley's views as to the relation of an excess of urea in the urine of patients suffering from eczema. He (Dr. Bayes) once had a patient who lived in the west of England, and who, whenever she was at home got eczema in the hands especially, but who got well as soon as she went to Malvern or to Weymouth. A local cause was thus clearly shown, and this was found in the drinking water, which was excessively hard. This patient's urine always became loaded when she was at her own house. By using none but rain water, she became cured under a course of medicine. *Cantharis* 3 was always of great service to her, and as the urine became more natural, the excessive burning irritation of the eruption ceased. Dr. Bayes did not believe in *Arsenic* as a specific in skin disease, but provided the other pathogenetic symptoms of *Arsenic* were present, especially where the tongue was dry and very red, showing great irritation of the mucous membrane, *Arsenicum* 6, or higher, would do good. When intense burning is present he (Dr. Bayes) has found *Rhus Venenata* 3 or 3^x of the greatest use. Other remedies, such as the *Sulphate of Potash* 6, are also very useful, as also is the *Bichromate of Potash* 3, but the selection of the remedy must be made in exact accordance with the symptoms. In addition to medicines, soothing applications should be made to the skin. His (Dr. Bayes's) favourite application is a bath containing a decoction of linseed. He related a case in which an old gentleman, over eighty years of age, had been wholly cured of a gouty eczema covering him from head to foot, by a treatment based on the above indications.

Dr. YELDHAM, in rising to thank the author for his very interesting paper, said he would reserve any remarks he might have to make on the therapeutic virtues of *Arsenic* in skin diseases until Dr. Blackley read his promised paper on that subject. He would, however, add that he could not agree with the author in what he said about the frequent and lamentable failures of homœopathy in the treatment of skin diseases. On the contrary, he (Dr. Yeldham) had found that when the right remedy was given in the right dose, most of these diseases were very amenable to treatment. *Belladonna*, for example, was an admirable medicine in some cases of acute eczema, when given in from three to five drop doses of the mother tincture, three times a-day, whilst, in the dilutions it had but little effect, or failed altogether. He related a striking instance of the curative action of large doses of *Belladonna* in a chronic and most aggravated case of eczema of the hands and wrists that had resisted much previous treatment both allopathic and homœopathic.

Dr. WOLSTON said, though his question was rather aside from the interesting and suggestive paper of Dr. Blackley upon *Arsenic* in scaly skin diseases, that he should like to ask Dr. Yeldham upon what principle he conceived the somewhat mas-

sive doses of *Belladonna* that he had found so useful in eczema acted. Was it as a vaso-stimulant, and thus improving the nutrition of the skin, or was it a sedative allaying irritation and causing sleep and thus improving the general health? His special reason for asking this question was that he had lately read a paper by Dr. Clifford Albutt, of Leeds, strongly advocating the use of sedatives in irritable skin diseases. Many of the cures given were most striking, and the theory of cure was that sedatives by simply removing sleeplessness take away the cause of much constitutional depression, and prevent scratching, by means of which the general health is improved, and a natural cure, so to speak, is induced. He (Dr. Wolston) himself had certainly found *Hydrate of Chloral* of great service in the treatment of eczema. He remarked that, apart from its sedative action on the nervous system, *Chloral* had a very marked action on the skin itself of a decidedly urticarious kind, and thus was truly homœopathic to urticaria. He had also found that one of the best topical applications in eczema was *Chloral* dissolved in *Glycerine*.

Dr. YELDHAM intimated that he had no theory to explain the curative effect of *Belladonna* beyond that of its well-known action on the skin. He did not think it acted as a sedative.

Dr. COOPER regretted not being in time to hear Dr. Blackley's paper. He was surprised to find the previous speakers expressing themselves so strongly in favour of the use of *Arsenic* in the moist eruptions; for himself, he had found it of greatest service in dry, scaly varieties of skin affections. In moist eruptions, and also in the treatment of obstinate ulcers of the legs, he had found a lotion of common whiting and water of great use; *Castor oil*, too, laid on upon cloths possesses decided soothing properties, and is invaluable in the treatment of the intertrigo of infants. *Belladonna* seems to possess a controlling power over the glands of the skin; Dr. Sydney Ringer has given some extremely decisive experiments, in his last edition, showing its powers of lessening, and even preventing all discharge from eczematous surfaces, and as confirmatory of this, Dr. Yeldham's case is very positive.

Dr. JAMES JONES said he had taken *Arsenicum* 3 drop doses for six weeks four times a day; the result of which was, that he lost flesh, had some acidity and heat at stomach, thirst, and two patches of squamous eruption, over the external malleolus; which eruption he now has (the proving took place about ten years since), the skin is darker than that of the other part of the body, and occasionally itches. Dr. Jones also related a case of acute eczema, which covered the whole body, except the face and hands, in a lady, who had been under many homœopathic practitioners, amongst others Wilson, of Brook Street, and Dr. J. Kidd. She did not get a bit better, she then went to Startin who gave her a mixture of *Mag. carb.*, *Mag. sulph.*, and *Tart. emetic.*, the

patient was cured in six weeks. Dr. Jones believes that *Tart. emetic* is not sufficiently used in eczema.

Dr. BLACKLEY, in reply, after thanking the members present for the very kind manner in which they had received his paper, regretted that want of time had prevented his doing more than barely allude to the more practical aspects of the question. Under the circumstances, therefore, instead of replying seriatim to the very interesting remarks which had fallen from the lips of those who had spoken, and more especially as the hour was so far advanced he willingly took up the gauntlet thrown down by Dr. Carfrae, and had much pleasure in promising them a paper in continuance of the same subject for the next session.

Annals of the Hospital.

LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management, in presenting the Twenty-sixth Annual Report of the London Homœopathic Hospital to its Governors and Subscribers, cannot but congratulate them on the generally improved state of the Hospital, and of the internal arrangements. Some alterations are still in progress, and are being executed from the plans of Mr. Pite the architect, our colleague, whose services are now, as formerly, entirely gratuitous. When completed there will be little left to desire in a sanatory point of view.

The number of In-Patients treated during 1874 was 428; in the last year 395. In 1874 the Out-patients numbered 7129; in 1875, 6696,—a diminution of Out-patients of 433. The attendances of Out-patients are limited solely by the staff prepared to treat them, and the long illness of Dr. Wardale last year seriously affected the numbers attending on the days of the week when he should have been on duty.

The Balance at the Bankers on the first of January, 1875, was £461 10s. 10d., and when the Balance Sheet is before you, you will see that the total expenditure of the Hospital during the past year on account of Income was £3108 0s. 7d., against £3209 5s. 8d. in 1874. Of this amount £170 13s. 9d. was expended in repairs. As, however, £400 had to be deducted from the expenditure of 1874 for repairs and alterations, it follows that the real expenses, irrespective of repairs, were in excess of 1874 by £130, a sum almost entirely disbursed on provisions.

Turning to Income, it appears that the sum of £91 8s. 6d. has been further received on account of the Bazaar of 1874, making the total amount of Bazaar receipts to the end of 1875, £2010 17s. 7d.; excluding from the receipts of Income both in 1874 and 1875 the amounts received on account of the Bazaar, it would appear that the Income of 1875 reached £2612 1s. 7d.

against £2116 12s. 7d. in 1874; the difference, £495 9s. Od., was thus made up:—increased donation from the Hospital Sunday Fund of £130, the receipt of 1874 being only £117 4s. 8d., whereas that of 1875 was £247 18s. 4d.: then the donations from the Hospital Saturday Fund comprised the distributions of two years, amounting to £96 12s. 7d.; from the Nursing Fund we had an increase of £20, being £180 during 1875, against £160 in the previous year. The Donations show an increase of £265, being £487 in 1875, against £222 in 1874. The Subscriptions and Registration Fees alone show a diminution in 1875 as compared with those of 1874, the former being £8 less, the latter (the Registration Fees) £20, variations which from time to time will occur. Of the Donations £100 has been invested in Consols, and £181 in furniture.

It will thus be seen that the Income of the Hospital has not been during 1875 equal to the Expenditure by £504 11s. 6d., being—Income £2703 10s. 1d., Expenditure £3108 0s. 7d., and £100 invested, and consequently a Balance was due to our Treasurer and Bankers on the 31st December of £223 5s. Od. Although a matter of satisfaction that the Subscriptions have so nearly maintained the amount of preceding years, it will be clear to all that but for the increased Donations the deficit would have been more serious, and the Board take occasion to press earnestly on the Governors, and Subscribers to the Hospital to obtain fresh aid from their friends. The Hospital can hardly be in a safe condition until the subscription list be doubled.

£4327 : 13 : 4 Consols	at cost of £4007 : 9 : 0
4757 : 17 : 10 New Three Per Cents	,, 4352 : 12 : 11
£3085 : 11 : 2	£8360 : 1 : 11

The Board have conveyed, on the part of the Governors and Subscribers, their sincere thanks to the various donors for their continued kindness during the past year. Amongst these donations were those of Mr. and Mrs. Jones Gibb of £50; the Misses Smith, £50; W. H., per T. F. M. Ingall, Esq., £50; Friends of Mrs. Cockburn (our respected Hospital Dispenser), £52 10s. Od.; The Duchess of Grafton, £21; and others whose names are too numerous to be mentioned in a brief report. The Board have intentionally used the word "continued," as many of these donors have before given largely to the Hospital, and the donations have been spontaneous. The Board desire here also to thank most cordially the thoughtful contributors in kind to the needs of the Hospital:—Old linen (always needed) from Lady Dunmore, the Rev. Mr. Brown, Miss Loring, Miss Florence Knox, and Mrs. Rutherford Russell; from Lady Ebury and Lady Dunmore, evergreens; from Mrs. Ripley, flowers, and a weekly supply of the same from the Honourable Mrs. Holland;

from Mrs. Drury, a perambulator; from Mr. Justice Kindersley, a bed rest, water and air pillows, etc.; from Miss Pope, of Sloane Street, an air pillow and dressing gown; a handsome screen from Mrs. Challis; another from Miss Barton, from whom also we had scarlet blankets for all the beds in the Hospital, a wheel chair, easy chairs, and tables for all the wards: whilst Miss Isabella Barton contributed toys, etc., for the children. The Board cannot here enumerate the various gifts of other friends, but they desire to express their deep gratitude for this considerate succour.

The Board have spoken of the Bazaar of 1874 as yielding, to the close of 1875, £2010 17s. 7d. About £30 or £40 will still have to be added to this.

In the last report the Board mentioned the recent appointment of a Lady Superintendent in lieu of Miss Bendall. This lady, Miss Brew, has most worthily replaced the late Superintendent, and the Board have the testimony from without, in addition to their own constant watchfulness, of the devotion of Miss Brew to her work, of her unremitting care of the patients, and of her thorough knowledge of the arduous duties of her post.

It is still judged expedient by the Medical Council to limit the number of the Internal Medical Staff, and the Board therefore again seek the authority of the Governors and Subscribers to permit them not to fill up at present the vacancy caused by the retirement of Dr. Madden.

There have been several changes in the Medical Staff during the past year. Dr. Wardale, who had been only recently appointed as a Medical Officer in charge of Out-patients, was obliged by illness to desist from his duties for a long period, and finally found it necessary to vacate the appointment. Dr. Ryan, who for several years had filled a similar post with great credit to himself (his unremitting attention to his patients being most marked), found it also necessary from ill health to retire. Dr. Wheeler vacated his position as Medical Officer in charge of Out-patients from increasing demands on his attention from his private practice. To fill these several vacancies the Board of Management have nominated Dr. Buck, Dr. Allshorn, and Dr. Blackley, which latter gentleman had only resigned his position at the Hospital to fill a temporary engagement abroad. These appointments, sanctioned by the Medical Council, will need the confirmation of the Governors and Subscribers this day.

Two changes have occurred in the Internal Staff of the Hospital,—namely, that of Dr. Vaughan Hughes, the late Surgeon, who retired after many years of service, and whose place is filled by Dr. James Jones, many years since House Surgeon to the Hospital, and the confirmation of whose appointment, sanctioned by the Medical Council, will also be sought

from you. The Board have conveyed to Dr. Hughes, on the part of the Governors and Subscribers, their grateful thanks for his constant attention during the period that he held the post of Surgeon.

Finally, Dr. Matheson, who was appointed at the last annual meeting to the post of Physician in charge of the Diseases of Women, resigned that position, and the Board have appointed Dr. Carfrae in his place. An explanation of the latter appointment is necessary. It will be remembered that the Board at the last Annual Meeting referred to some difficulties which had arisen between them and Dr. Quin. The Board at an election, on 4th August, 1874, of a Physician in Charge of the Diseases of Women, when Drs. Burwood and Carfrae contended for the post, had declined to receive the votes of anonymous donors, friends of Dr. Quin, in favour of Dr. Carfrae, believing such votes tendered on behalf of anonymous donors to be, according to the Laws of the Hospital, not valid. The Board were confirmed in this view by the opinion of counsel. But on the representation to them that these votes had been formerly recorded by the Board, and further, on consideration that without the gifts of these anonymous donors the Hospital would hardly have been in existence, it became a question whether a Court of Equity would not have ordered votes so tendered to have been recorded. The Board deemed it right to lay this further view before counsel, whose opinion was that, though the Board had acted in accordance with the strict letter of the laws of the Hospital, Equity would decide in favour of Dr. Quin's view. The Board, therefore, took occasion to notify to Dr. Quin the opinion of counsel, expressing their regret at the unintentional error into which they had been led, and they would have at once placed Dr. Carfrae in the position he would have attained had the votes tendered on behalf of anonymous donors been counted but for a difficulty to which they are about to advert, namely, that, Dr. Matheson who, it will be remembered, was elected at the last Annual Meeting had, according to counsel's opinion, legally received the appointment. This difficulty was fortunately removed by the spontaneous generosity of Dr. Matheson, who, in order to disperse any remains of unpleasantness, resigned the post. It therefore remained only for the Board to install Dr. Carfrae into the post of Physician in Charge of the Diseases of Women. Dr. Carfrae has accepted the post, and is now in office. The Board subjoin the resolution in which they thanked Dr. Matheson for his goodness in pursuing the course he had taken. The resolution, as the Governors and Subscribers will perceive, speaks for itself, and fully records the views of the Board.

“That Dr. Matheson having voluntarily offered to resign his present post as Physician to Diseases of Women at the London Homœopathic Hospital in order to enable the Board to induct

Dr. Carfrae into the office, from which he had been excluded by the rejection of Dr. Quin's votes on the 4th of August, 1874, the Board accept with sincere thanks Dr. Matheson's generous offer, which enables them to perform an act of justice to Dr. Carfrae.

"In accepting the voluntary resignation of his present post, the Board desire to express their sense of the good feeling shown by Dr. Matheson in thus sacrificing his position in furtherance of the interests of the Hospital. The Board further desire to testify their entire satisfaction with the kind attention and skilful care with which Dr. Matheson has treated the patients in his department during the period through which he has so ably filled the post of Physician to Diseases of Women at the Hospital, which they hope he will kindly continue to fill till Dr. Carfrae is prepared to commence his duties. They further hope that Dr. Matheson will not long be severed from his connection with the Hospital."

Whilst regretting deeply, as the Board always have done, that any differences should have arisen, they have pleasure in congratulating the Governors on (they trust) a termination of them, a termination which it is fully hoped will open the door to a return of the good understanding which has existed for so many years between the Board and Dr. Quin, Dr. Hamilton and Mr. Cameron.

The following Members of the Board of Management, Mr. Boodle, Mr. Bulmer, Mr. Pite, Mr. F. Rosher, and Mr. Williams, retire by rotation, and being eligible, offer themselves for re-election. The Board will also solicit your suffrages for three gentlemen who have at the Board's request joined their councils: Dr. Yeldham, who retired some years since from active duty in the Hospital, and who has been from its foundation one of its most earnest friends and supporters; Dr. Bayes, who by his high standing in the profession, and by his extensive acquaintance, will bring support to our cause; and Dr. Pope, who from his position as one of the Editors of the *Monthly Homœopathic Review*, commands the attention of the Homœopathic public. These gentlemen, the Board fully expect, will not only aid them in their deliberations, but will bring moral and material support to the Hospital.

The custom of thanking the Medical Staff for their services is, the Board trust, not merely a custom. The Board desire earnestly to pay their tribute to those gentlemen who have attended so unremittingly to the duties which they have taken on themselves. To such full thanks are due.

Warm thanks are also well merited by the ladies who have so constantly attended in the wards, and kindly administered sympathy to the sick.

Before concluding our Report, it becomes our pleasing duty to record the success of the Lectures in Homœopathy, which

have been delivered in our Hospital during the past two years. These Lectures were instituted under the auspices of the British Homœopathic Society, which appointed a committee to arrange for their delivery. Two courses of Lectures on Homœopathic *Materia Medica* and Therapeutics have been delivered by Dr. Richard Hughes. Other shorter courses of Lectures on subjects connected with the practice of Homœopathy have been delivered by Drs. Hale, Matheson, and Mackechnie, as well as introductory Lectures on the principles of Homœopathy by Drs. Dudgeon and Bayes; and further Lectures are announced by Drs. Drury, James Jones, and Drysdale.

The Board, always believing that in aiding the cause of Homœopathy they were advancing the interests of the Hospital, had great pleasure in forwarding this movement by giving the use of the Board Room to the Lecturers. The Hospital has since its commencement borne on the title page of its Laws the name of "London Homœopathic Hospital and Medical School," and they welcomed with pleasure this revival of Lectures which at an earlier period of its history were delivered within its walls by Drs. Quin, Yeldham, Leadam, Hamilton, and Russell.

The success of the present movement is shown by the fact, that during the present session thirty-two tickets of admission to the courses of Lectures have been sought for by Students and Practitioners of medicine desiring to learn the tenets and practice of our system. It has become a question whether the time may not have arrived when this scheme of Lectures may be consolidated into the nucleus of a School of Homœopathy, thus carrying out the original full intention of the founders of the Hospital.

It has been suggested by those who have been most actively interested in this movement, that the Hospital should co-operate with the British Homœopathic Society in the carrying out of this scheme, which would contemplate the appointment of a Lecturer on *Materia Medica* and Therapeutics, perhaps also of a Lecturer on the Principles and Practice of Homœopathy, and of Clinical Lecturers within the Hospital.

But, above all, it would in such case become our special duty to enlarge the Hospital from its present capacity of sixty-five beds to the full number of one hundred and twenty. This is the lowest number of beds which is required to enable a Hospital to claim that its certificate of Hospital practice shall be recognised by the examining bodies; and it is therefore fair to infer that this number of beds at least will be required to make the Hospital a good Clinical School.

If funds be placed at the disposal of the Board for the carrying out these important new developments, we shall find ourselves able to afford to such Students and Practitioners as desire to add the knowledge of our system to their other acquirements, an opportunity of obtaining a thorough knowledge of

the Theory and Practice of Homœopathy. The very large number and influential position of the families who have elected to follow the Homœopathic method of medical treatment in their households, render it of social, and even of national importance that such a systematic and authoritative method of instruction shall be devised, and carried out, as shall ensure that the Practitioners of Homœopathy shall have the means of obtaining a fair proficiency in its art and science before entering on their professional duties.

It must be borne in mind that the scheme contemplated in the foregoing observations does not profess to establish a new Medical School, but simply to teach a science which is, at present, untaught in any of the Universities or Medical Schools, and which is yet most extensively practised throughout the length and breadth of the United Kingdom.

The carrying out of this new development will necessitate an urgent appeal for hearty support both from the Practitioners of Homœopathy and of those interested in the providing of well-instructed Homœopathic Practitioners for our future; and toward this object, we are happy to say, several sums of money have been already promised.

The Board, in thanking Almighty God for the continuance of support which the Hospital has received during the past year, desire to express their earnest hopes that the Governors and Subscribers will do their utmost to aid the Board by their earnest efforts to uphold and increase the usefulness of the Hospital.

Minutes of the Annual General Meeting.

THE Annual General Meeting of the Governors and Subscribers was held on Thursday, April 27, 1876, in the Board-room of the Hospital, 52 Great Ormond Street.

The Right Hon. Lord EBURY, Chairman of the Board of Management, presided.

The Rev. the CHAPLAIN having opened the proceedings with prayer.

The Secretary, Mr. G. A. CROSS, read the Notice convening the Meeting, and the Minutes, which were confirmed.

Mr. C. TRUEMAN, Official Manager, then read the Twenty-sixth Report of the Board of Management.

The noble CHAIRMAN, in moving the adoption of the Report, said: Ladies and Gentlemen, We are assembled to-day on a very interesting occasion, inasmuch as it is for the purpose of receiving from the Board, whom you entrust with the management of your affairs, an account of the way in which they have transacted the business allotted to them in the management of

the Hospital during the past year. I remember that last year I commenced my observations by stating that I often had had the honour of occupying the position which I again fill to-day, and always with gratification, for the history of this Hospital is now one of continued progress; but I added that I never rose with greater pain in consequence of the differences that had arisen between those who may be considered as the founders of this Hospital and the Board of Management. I will not enter more into that matter now, but it is my intention to recur to it in the course of my remarks. You will have observed, from the Report, that there was a falling off in the number of patients last year as compared with 1874—that is, putting both in-patients and out-patients together, more were treated in the Hospital, and fewer outside. Well, I am glad there were more in-patients, and do not so much care about the decrease in the out-patients—6,696 last year, as compared with 7,129 in 1874—for it is stated as to hospitals generally that the attendance of out-patients is so considerable that not more than half a minute can be allowed to each, and that is not and never will be the case here. What is more material in the Report is, that our income last year was not in such a prosperous condition as before, and at the end of the year we were somewhat in debt, both to the Treasurer and our Bankers. I have no doubt that the circumstances to which I have alluded have tended to alienate some of our friends. We have, unfortunately, not the power of putting on a penny income-tax—(laughter)—but we have three modes of increasing our finances. The first is money, the second more money, and the third more money still—(laughter)—and believing, as we do, that the science of homœopathy tends to alleviate human ills, we should use every endeavour to sustain and advance the homœopathic cause as represented by this Hospital. (Hear, hear.) All here present who were accustomed to hear all that was passing between the Board and Drs. Quin and Hamilton, and Mr. Cameron, will be glad to read the whole account as given in the Report presented to-day, but still I may have the satisfaction of stating that the matter has now, as far as we can foresee, satisfactorily terminated. (Applause.) We (the Board) may not have discharged our duty to the satisfaction of everybody, but we did what seemed to us best to bring the matter to a just and satisfactory termination. (Hear.) I cannot say that it is quite certain that we are restored to the position which we occupied before the differences which occurred between the Board and Dr. Quin and his friends. There are some things which must have created some soreness in the mind of Dr. Quin, but I learn that the differences to which I have alluded no longer exist—(hear, hear)—and I trust that in time, which steals on us with silent tread, we shall return to the former excellent state of feeling which existed amongst us. Then—as to money—it is

extraordinary how great is the power of women in raising money in the cause of charity. (Applause.) There are persons, not only ladies, who give their help with a thoughtful care. We have to thank twenty-one persons for so doing, and how many of these are ladies? Eighteen. (Applause.) So much as to the Report; but I will just say here how very glad I am that our lectures in the hospital have been continued. We have a fund of nearly £10,000, which is a guarantee of our stability; we have got an admirable hospital, and those who have visited it have pronounced most favourably of all its arrangements. In fact, it is as good a hospital, considering the number of its beds, as is to be found anywhere, and I think that the Ambassador of Louis XIV, who lived here formerly, would be rather astonished if he could see the place now. But we must go on advancing, for when we consider the number of the laity of the country who require homœopathic treatment, and the number of medical men who practise it, this hospital does not correspond with that, and needs a wider extension. (Hear, hear.) We can do that by means of lectures, and make this a good medical school. In fact, we must do that. (Hear, hear.) It was formerly said that a man had only to get a book and a box of globules in order to set up as a homœopathic practitioner. (Laughter.) We must wipe out that disgrace. I do not think that the medical practitioners throughout the country have exerted themselves sufficiently in the cause of homœopathy. I have now to move the adoption of the Report. The differences of last year have disappeared, the cloud has shown a silver lining. (Applause.) But there is one thing personal to myself. There seems to have been a sort of half-and-half attempt—I will not say where—to separate the Chairman from the rest of the Board. I beg to say, rather than take the blame off the Chairman and place it on others, that I attended all the meetings but one of the Board meetings for considering the correspondence between Dr. Quin and the Board, and that I adopt the entire responsibility with my colleagues—(applause)—and being perfectly *au fait* of the whole matter from beginning to end, I beg to say that, as far as Lord Ebury is concerned, he is either to be praised or blamed in exactly the same ratio as his colleagues. (Applause.) The Chairman concluded by formally moving the adoption of the Report.

Mr. PHILIP HUGHES, in seconding the resolution, said that in all institutions similar to that there must be fluctuations, and if there were some drawbacks to the success of last year's labours, yet, when they saw an increase in the number of patients and donations, they should give thanks for what they had, and hope that next year would make up for any deficiency. When it was considered that in that Hospital upwards of 126,000 patients had been treated, he thought it was a matter for congratulation that so much good had been done. (Hear, hear.) Some pre-

sent might remember when they were glad enough to take refuge in a hired house in Golden Square, and were content to wait until they could obtain a suitable building like the present Hospital, where the desires of all the Subscribers might be carried out effectually. When their fortunes were at a low ebb, Dr. Quin had nobly come forward, bringing in his hundreds and thousands of pounds, until they were able to get their present building, and carry on the Hospital with the success that had attended its operations up to the present time. The Report showed that there should be enlarged teaching and an enlarged number of beds. He thought they should not be intimidated by difficulties—(hear, hear)—but if they desired great things, they should look for the blessing of God, and trust that it would be accomplished. The only question was, where were they to look for funds? When they looked at their list of Subscribers, they saw they were supported by Royalty, by the nobility, and the gentry; but there were many others who could spare their hundreds to the Hospital without sacrifice, and there was no better investment than the alleviation of human suffering. He thought they need only make their wishes thoroughly well known in order to obtain a largely increased support. He begged to second the adoption of the Report, and trusted it would be carried unanimously. (Hear.)

The motion having been carried unanimously,

Dr. BLACKLEY proposed a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, for their services during the past year. He said that, with a perfect Hospital in every respect, and a full subscription list, the report of the Board of Management showed a constant solicitude in the welfare of the Hospital. Thanks to the generosity of one of the members of the Board—aided by others—they present a great addition to the sanitary arrangements of the Hospital. He thought their best thanks were due to all whose names were included in the resolution. (Applause.)

Mr. WYBORN seconded the motion, which was carried.

Mr. J. SLATEE, in acknowledging the compliment, said that the Board had conscientiously endeavoured to bring about a satisfactory solution of the recent difficulty, and he trusted they had now succeeded. When he recollected all he had paid for Medical advice under the old system, he thought he now got off very lightly, for it cost him more in two years than it now did in ten—(hear, hear)—and as Dr. Yeldham had made him a strong man under the Homœopathic system, when previously he had been a most wretched one, he thought we must enforce our own doctrines by coming out with a little coin. (Applause.) There were a number of Medical men making large incomes from the practice of Homœopathy who never sent a donation or subscription from a single patient. A man of sense would not

depend on a book and a box of globules, as Lord Ebury had said, but the book and the box of globules, if used intelligently, did save him from calling up a Medical man in the middle of the night.

Dr. YELDHAM then proposed the re-election of the retiring members of the Board of Management—Mr. Boodle (Deputy-Chairman), Mr. Bulmer, Mr. Pite, Mr. F. Rosher, and Mr. Williams, all of whom, he said, were most valuable members of the Board.

Mr. WARREN briefly seconded the resolution, which was carried unanimously.

Mr. BULMER then moved, and Mr. TRUEMAN (Official Manager) seconded, the confirmation of the appointment of Dr. Buck, Dr. Allshorn, and Dr. Blackley, to fill up the vacancies on the Medical Staff, which was carried.

Mr. BOODLE next moved the confirmation of the appointment made by the Board, and sanctioned by the Medical Council, of Dr. James Jones (formerly House Surgeon) to the internal Staff of the Hospital, *vice* Dr. Vaughan Hughes retired.

Mr. SLATER seconded the motion, which was carried.

Mr. G. G. HUMPHRIES moved the addition of Dr. Yeldham to the Board of Management, observing that Dr. Yeldham's name was almost an ensign to those who professed homœopathy. (Hear, hear.) Dr. Yeldham has been a zealous officer of the Institution years ago, and was subsequently elected its consulting surgeon—an office which he now filled.

Mr. FREDERICK ROSHER seconded the motion, observing that Dr. Yeldham would prove a most valuable addition to the Board. The motion was carried *nem. con.*

Mr. A. E. CHAMBRÉ next moved the confirmation of the appointment of Dr. Bayes as a member of the Board. To quote from the Report, Dr. Bayes, "by his high standing in the profession, and by his extensive acquaintance, will bring support to our cause," and he would add that the general respect and esteem in which Dr. Bayes was held by the profession, and by all who knew him commended him to the hearty and unanimous support of the meeting.

Mr. CRAMPEN seconded the resolution.

Dr. W. V. DRURY said that, unhappily, that hospital had a number of enemies, and a strong prejudice had existed against it from the commencement. It was greatly to be regretted that anything should be done to increase that feeling. Some years ago it was thought desirable that the Medical Staff should be represented on the Board, and Dr. Bayes took a leading part in that movement: but the Board did not see their way to it, and the proposal was declined. Dr. Bayes afterwards resigned his appointment, but not in consequence of such refusal, although at the time it was supposed it was. There it rested, and the Medical Staff were unwilling to press the matter, hoping that in

time the Board would see the advisability of admitting some of their number to its councils. Then, as a sort of compromise, it was proposed that three of the Medical Staff should be allowed to appear before the Board, and state their views upon giving reasonable notice; but such a proposal could not be entertained, the wonder being how it could have been supposed that the Medical Staff would consent to occupy such a position; and now they heard suddenly that the Board proposed to nominate Medical gentlemen who were not on the Staff—namely, Dr. Bayes and Dr. Pope; the former of whom had retired at a time when he could really have served the Hospital by continuing to see the out-patients in the dispensary, as there was often a difficulty in getting medical men to act. He was himself indifferent as to the course taken, though he felt that the Medical Staff had not been considered in the way that they ought to have been. Entering into the feelings of his colleagues, and thinking of the position of those that would come after him were this precedent established, he joined in protesting against what had been done, and he might also state that the course he adopted had the approval of all the members of the external and internal Staff. Therefore he thought the Board of Management should reconsider the step they had taken. This opinion was shared in by others outside, and, therefore, the Board were bringing in a fresh element of dispute, which was calculated to injure the Hospital by keeping up another sore. When Dr. Bayes, who, he should say, was a personal friend of his, heard of the opposition, he sent in his resignation, but the Board would not accept it. He did not know that the Board were unanimous on this subject, and if not, he should ask those who were not in favour of the proposal to support him. (Hear, hear.) Three of the Medical Staff—Dr. Hale, Dr. Mackechnie, and himself—had sent in a protest against their appointments, but as their wish was that the Hospital should be supported in the best manner, they had made no attempt to get others of the Medical Staff to join in the protest, although they approved of it. As the Board adhered to their resolution notwithstanding the annoyance caused to the Staff, Dr. Hale had sent in his resignation; but Dr. Mackechnie and himself did not wish to embarrass the Board by resorting to this extreme measure. (Hear, hear.) He could only say that if he thought the course he felt it his duty to take would have been the cause of any ill-feeling between himself and Dr. Bayes, with whom he much regretted to have to differ, he would have preferred sending in his own resignation. He had now to move that the appointment of Dr. Bayes as a member of the Board be not confirmed. (Hear, hear.)

Dr. MACKECHNIE seconded the motion, expressing his concurrence in all that had fallen from the previous speaker.

Mr. H. H. MURDOCH supported Dr. Drury's amendment.

Dr. WYLD said that Dr. Bayes, who was a friend of his own, was a man of the highest culture and attainment, and his accession could not but strengthen any board. He did not think that there was a Homœopathist in England who would not rejoice at the election of Dr. Yeldham, who, from his age, common sense, and position, was pre-eminently entitled to the honour of a seat at the Board. (Hear, hear.) Dr. Bayes, however, was in a different position, for, if he had a seat at the Board, he would be placed over Dr. Mackechnie, who had been with them for twenty-seven years, Dr. Drury, who had been with them for twenty years, and Dr. Hale, whose connection with the Hospital had existed not for so long a period, but, at all events, for seven or eight years. Now, was it just that Dr. Bayes should, by a seat at the Board, be in a position to dictate to these three gentlemen? (Hear, hear.) For himself, he would say that, if he had been honoured with such an invitation to the Board, and his appointment had been memorialised against by Dr. Drury and the other gentlemen, he should have resigned. (Hear, hear.) It was true that Dr. Bayes had sent in his resignation, but was that a reality, or was it not? If it was, Dr. Bayes should have persisted in resigning. (Hear, hear.)

Mr. ALEX. J. ELLIS, F.R.S., said that when the question of giving the whole staff *ex officio* seats at the Board of Management had arisen four years ago, he had been deputed to examine the whole usages of the Hospital in respect to the relations of the Board to the Staff. He found among the "proposed rules" circulated at the dinner at which the Hospital was founded, one which forbade any medical man to be on the Board, but in *the original laws* which were afterwards passed, this restriction was abandoned, and was replaced by another forbidding any *Member of the Staff* to be on the Board during his tenure of office. Clearly, therefore, the original intention of the founders of the Hospital was that medical men in general should not be restricted from joining the Board, but that Members of the Staff in particular ought *not* to have a seat there. The Staff necessarily form the most vital element of a Hospital, for without them no Hospital could exist. But they of course constitute the executive, and should, therefore, not form part of the governing body, representing the subscribers to the Hospital. If this objection applied to the whole Staff, it was still stronger as applied to individual members of the Staff. Practically the "proposed rule" had been carried out up to last year, and no medical man, whether a member of the Staff or otherwise, had ever sat on the Board. But last October the Board felt that many matters might arise in which the help of Medical experience on points external to the Hospital would be of importance. They, therefore, passed a resolution to ask certain Medical men to join them who were not "active" members of the Medical Staff.

A VOICE : Dr. Yeldham is a member of the Staff.

Mr. ELLIS : Dr. Yeldham has retired from active duties in the Hospital, and does not see ordinary patients there.

Dr. DRURY : I am very glad to say that Dr. Yeldham is still a very useful member of the Medical Staff. (Applause.)

Mr. ELLIS continued to say that the Board had selected these gentlemen as men of influence and experience, who would give them their assistance on points external to the Hospital, and who were not active members of the Medical Staff. Dr. Yeldham was not an active member of the Staff in the meaning of the Board, when they used those words. If Dr. Drury were no longer a member of the Staff, he for one would be most happy to see him a member of the Board—(hear, hear)—and he might say the same as regarded Dr. Mackechnie; but they could not put those gentlemen on the Board without the possibility of causing offence to the other members of the Staff, and that might be an act of injustice. (Hear, hear.) There was no slight whatever put upon old and tried friends by thus apparently passing them by. They were still, he was happy to say, very active members of the Medical Staff, and as such were excluded from election to the Board by the same spirit which had animated the Founders. But the appointment of other Medical men had been expressly *not* excluded, as shown by the original when contrasted with the proposed rule. According, indeed, to the letter of the laws as now existing, there is no obligation on the Board to exclude even the active Medical Staff. Yet, as the Board had never thought of proposing the election of an active member of the Staff on to their body, the omission of such a restriction from the laws as revised when the Hospital was moved from Golden Square to its present site, was clearly accidental. It was possibly overlooked when an additional restriction was inserted, excluding those who supplied goods to the Hospital. At any rate the restriction was so wise, and accorded so thoroughly with the intentions of the Founders, that nothing but the decision of a special general meeting would justify the Board in setting it aside. When Dr. Bayes found there was this feeling entertained against him by three members of the Staff—one of whom had resigned—he at once tendered his own resignation; but as the Annual Meeting was so near, the Board refused to accept it, in order that the question of the confirmation of Dr. Bayes' appointment might come before that Meeting, and an authoritative expression of opinion be elicited.

Dr. CARFRAE reminded the meeting that there was already in existence a Medical Council to advise the Board on things Medical, and if these gentlemen (Dr. Bayes and Dr. Pope) were appointed, he would propose that the Medical Council should be abolished.

Mr. PITE felt that, on an occasion of that kind, they ought to be very explicit. It was suggested that there was some

division of opinion in the Board on the subject: but that he denied, and he had himself given his adhesion to the proposal. The Board had acted in the best interests of the Hospital; they had not invidiously passed over any one, and if they were to do anything to grieve such kind friends as Dr. Drury and Dr. Mackechnie, it would be a grievance to the Board themselves. As to the suggestion of Dr. Carfrae, to abolish the Medical Council, they might as well break up the Hospital. The Board wanted not the counsel of the Medical Staff, but the sympathy of the breadth of the Medical profession. They felt they needed the sympathetic counsel and advice of gentlemen like Dr. Bayes and others of influence, and had made these appointments entirely in the interests of the Hospital, and not to pass over the valuable services, which they fully appreciated, of the members of the Staff, even if they had the power, which they had not, to bring into the governing body those who were to be governed; and, moreover, they could not expect that gentlemen who were actively engaged on the Medical Staff would, in addition to their work in the Hospital and their private practice, be enabled to devote their time to the Board meetings. He would only add that the experience of the past three months had fully justified the wisdom of the course that had been adopted. (Hear, hear.)

Mr. CHARLES J. EDWARDS observed that, if the Board really desired to avail themselves of the services of the Medical Staff at their meetings, why could they not call a meeting and abrogate the rule applicable in such a case? He had every confidence in the Board, but he felt very much for Dr. Drury and his colleagues; so he would suggest that, as the question was a delicate one, it should be referred back to the Board, and that they should not come to an open vote on it. (Hear, hear.)

Dr. HALE said that having no personal interest to serve and no ambition to gratify, holding now an independent position, being no longer a member of the Staff, what he had to say was wholly and solely in the interests of the Hospital. The charges he had to make against the Board were—1st. Passing two medical outsiders over the heads of Drs. Mackechnie and Drury. Dr. Mackechnie, who had served the Hospital for twenty-seven years, Dr. Drury for over twenty years, and the discourteous way in which this was done. 2ndly. Neglecting to convene a meeting of the Medical Council before making the recent appointments. 3rdly. Contended against the principle of the Official Manager voting at the Board, and that he (Dr. Hale) had studiously abstained from communicating with the Board, not wishing to have such communication filtered through the mind of an Official Manager. He complained that there had been a great deal too much of a hole-and-corner influence exercised on the part of certain persons which was injurious to the interests of the Hospital, and, lastly, he expressed in strong

erms his regret that the recent act of the Board had not only alienated many of the best friends of the Hospital, but had disturbed that mutual confidence and co-operation which ought to exist between the Board and the Medical Staff.

Mr. SLATER considered it was a large concession to ask three medical men to sit at the Board, and that they had exercised a wise discretion in selecting them from the outside medical profession. It should be remembered that the medical staff had the fullest opportunities for communicating with the Board of Management, who ever desired to adopt their suggestions when possible; but it was about as reasonable for members of the Board of Management to ask to be on the Medical Council as for the members of the Medical Staff to be on the Board. As a commercial man he had never met with such jealousy, even in matters of higher moment than this, and he was surprised to find such jealousy existing in the medical profession, composed of men of the highest education. (Hear.) He for one could not stand up in a meeting and state that he admired and esteemed a man, and thought so much of him, and yet was going to oppose his election on the very Board that had been found so much fault with for not having members of the profession among its numbers. He very well remembered three years ago, when it was asserted that in Birmingham medical men were on the Board of the Hospital there, and that it answered well: now it so happened he had to pay a visit to that town, and met at a friend's house the very physician whose name had been mentioned. He told him the pressure that was being applied to us, and asked him frankly to say, if he would, what he thought of the matter. His reply was that it was true they were on the Board of Management, but hardly one of them ever attended the meetings, and the speaker had his authority to say so. Now, however, our Medical Staff can no longer debate that subject on that line; they take exception to the gentlemen we have selected, and I am surprised these appointments have been opposed at this meeting in such a small spirit, and without previous notice. At any rate, the Board were quite unanimous in their views on the subject, and trust that gentlemen of Dr. Drury's reputation will not now continue a discussion that can only result in harm to the Hospital. (Hear, hear.)

The discussion having closed,

The noble CHAIRMAN said he would now put Dr. Drury's amendment, "That the appointment of Dr. Bayes to a seat at the Board be not confirmed."

Mr. EDWARDS here handed in another amendment, to the effect that the matter should be referred back to the Board for further consideration, but

The noble CHAIRMAN declined to receive it, on the ground that it was out of order, and could not be entertained.

A show of hands was then taken, when 10 were in favour of

Dr. Drury's amendment, and 17 against it, so that the amendment was lost, and the election was confirmed.

Mr. ELLIS then said that after the discussion that had taken place on the general question he should confine himself to simply proposing the confirmation of the election of Dr. Pope to the Board of Management.

Dr. DUDGEON had much pleasure in seconding the motion. Four years ago he had endeavoured to persuade the Board of Management to add some medical men to their body, and he thought that those medical members of the Board might be most appropriately taken from the Hospital Staff. But at that time the Board of Management, though they did not convince him by their arguments, satisfied him that they possessed the power to exclude members of the Staff from being put on the Board of Management. When he heard that they had resolved to appoint medical men to seats on the Board, and that the men they had selected were such eminently representative men as Drs. Yeldham, Bayes, and Pope, he felt satisfied that the Board had done the next best thing to admitting members of the Medical Staff of the Hospital, and he thought that the Medical Staff, in place of opposing the choice of the Board, should feel pleased that the medical profession was to be represented on the Board of Management. As long as they were on active duty as officers of the Hospital they were ineligible; but when, like Dr. Yeldham, they retired from the active Medical Staff, they might hope to be put on the Board of Management. He felt that the Board of Management, by admitting those members of the medical profession among them, had conceded as far as they could to the wishes he and his colleagues had expressed on a former occasion, and that thus the cause of truth, justice, morality, and so forth, he meant the cause he had previously advocated—(laughter) had triumphed.

Mr. MURDOCK thought it was not desirable that a question involving a principle such as this should be settled at so small a meeting, and would, therefore, suggest that the views of the subscribers generally should be taken.

Dr. DRURY said that if the Board had consulted the Medical Council, and it had been left to them to recommend the proper persons to be on the Board, the whole difficulty would have been avoided. As to himself, he had no wish to be on the Board, but he would have desired to see two or three of his colleagues on it. It was said that the Medical Staff had full access to the Board through the Official Manager, who certainly always met them in the most courteous way—(hear, hear); but if Mr. Trueman differed from the views of the Medical Staff, he possibly might not enforce them on the Board of Management, as they would if they were before them.

Mr. ALEX. J. ELLIS, in reply to the observations made on his proposal to confirm the election of Dr. Pope, said that the Board

has always been ready to see any individual member of the Staff who wished to make any communication or suggestion to the Board directly, but, in point of fact, such a case had seldom if ever occurred within his own experience. The formality of a deputation from the Staff was to meet the case of the Staff's wishing to communicate as a body with the Board by word of mouth, instead of, as usual, by writing only. But the Staff had not been recognised by the laws of the Hospital as a committee which could, as a body, communicate with the Board, and hence no machinery had been devised for that purpose. In point of fact, however, the members of the Staff were wholly, or in great part, members of the Council, and had the means of independent communication with the Board. The most convenient usual channel was, however, through the Official Manager, who was by the law in that case made and provided, one of the Board appointed to undertake the management of the Hospital in the name of the Board between its sittings, and to report to the Board accordingly. His appointment, in fact, made the Board continuous, instead of only lasting for one day in each month, but the Board retained full power of approving or reversing his decisions. He was not able to "enforce" any views on the Board, he could merely report and express an opinion on them. Now, as to the medical men whom the Board had asked to join them, and who had kindly consented to do so. It did not lie within the functions of the Council to make such appointments, or even to decide upon their fitness. That could only be done by the Board itself at first, after ascertaining that such gentlemen would undertake the work—no little thing for them to do, and showing great interest in the Hospital; and secondly, by the Governors and Subscribers in Annual Meeting assembled. These had to-day already confirmed two of these appointments. In respect to the third, that of Dr. Pope, there could be no question at all as to the desirability of having him on the Board, if any medical men were to be admitted—a principle which the meeting had practically affirmed by the last vote. Although Dr. Pope had never been a member of the Staff, he had more than once officially inspected the Hospital, and was not only thoroughly well acquainted with every detail respecting it, but thoroughly well qualified to judge of what was necessary for its effective condition. As a most valuable accession to the strength of the Board, he therefore trusted that the election of Dr. Pope would be confirmed.

Dr. HALE remarked that Mr. Ellis had appealed to the fundamental law excluding the Medical Staff from the Board, but in making the best possible election in the person of Dr. Yeldham the Board had infringed the fundamental law, Dr. Yeldham being *ipso facto* a member of the Staff.

Dr. MACKECHNIE wished to draw the attention of the Meeting to a paragraph in the *Monthly Homœopathic Review*, of which

Dr. Pope was one of the editors. It appeared in page 759 of the number of that Journal for December, 1869. It was as follows:—"It is with much regret that we have to announce the recent retirement of Dr. Madden from the editorial staff of our *Review*. Having been appointed one of the physicians in charge of out-patients at the London Homeopathic Hospital, Dr. Madden has felt that his continued connection with the *Review* would impair the independence of the criticism to which so important an institution ought to be subject; he therefore at once apprised his colleagues of his desire to be relieved from all further responsibility in the management of, and all control over the editorial remarks in, the *Review*. While fully appreciating the genuine public spirit which has animated Dr. Madden in so far withdrawing from us, we cannot but regret the necessity of the step he has taken." Dr. Mackechnie would like to know how it happened that a rule which held good in Dr. Madden's case when he came on the Medical Staff should not hold good with Dr. Pope when he came on to the Hospital Board. He believed that he had not resigned his connection with the *Review*.

Dr. HALE said that he quite concurred in Dr. Mackechnie's remarks. He thought that the fact that Dr. Pope was one of the editors of the *Review* ought to have precluded his being placed on the Board. It would be impossible for the acts of the Board to be impartially reviewed while one of the editors of the *Review* was a member of the Board. He had felt this strongly himself recently, for he had intended sending Dr. Pope a letter on the subject before then, but he felt that Dr. Pope would be biased. He thought that this was a strong reason why the nomination should not be confirmed.

Mr. ELLIS remarked that the two positions, the one on the Medical Staff and the other on the Board, were essentially different, and argued that a rule might be applicable in the one case was not so in the other.

Dr. POPE said, My Lord, I had no intention of taking a part in a discussion so essentially personal as I regret to find this has been to-day. At the same time I cannot sit quietly by and hear myself accused of "bias," "partisanship," and "unfairness" by anticipation, not having given Dr. Hale, or, so far as I know, any one else any ground for such accusations. I protest against them in the strongest possible manner as a gross injustice. With regard to the principle involved in Dr. Madden's retirement, I still think that there are circumstances in which it holds good as a sound principle. At the same time it is not one which ought to be pressed to the detriment of public service. Accordingly this principle has already been abandoned. It was so in the case of Dr. Ryan, who some few years ago came on the Staff when the Hospital was in urgent need of a physician and there was great difficulty in finding a suitable man. On this occasion Dr. Ryan was requested to fill the post, and he

did so to the very great advantage of the Hospital. At the time of his appointment the question of his connection with the *Review* was discussed, and it was felt that if the principle which had been acted upon in Dr. Madden's case were pressed in his, that the Hospital would be deprived of very valuable services. Accordingly he was appointed, as I have already said, to the very great advantage of the Hospital. A better physician, one more regular in his attendance, or more acceptable to the patients this Institution never had. This rule, therefore, I may, my Lord, inform Dr. Mackechnie has been abandoned as one that will not work. That is my answer to him.

The noble CHAIRMAN then put the question that the appointment of Dr. Pope to a seat on the Board be confirmed, and it was carried by a majority of 16 against 8.

Mr. H. B. WILLIAMS then moved a vote of thanks to the Medical Staff and the Lady Visitors. As one of the oldest members of the Board of Management, and speaking from the experience of twenty-five years, he did not think there was any establishment in which such zeal was manifested by its Medical Officers. (Hear, hear.) The utility of the ladies in the management of the Hospital was very great, and their services could not be overrated; so that they deserved to be acknowledged with sincere admiration. (Hear, hear.)

The noble CHAIRMAN said he would claim the privilege of seconding the motion, for he strongly felt how unremitting had been the attention of the Medical Staff in promoting the cause, the great success they had met with, and, consequently, the position in which they had placed the Hospital. (Hear, hear.) He also felt they were greatly indebted to the Lady Visitors. The Board had the assistance of Miss Brew, the Lady Superintendent—who was a most admirable one—(hear, hear)—but still, they could not get on without the assistance of the ladies, who came there, and brought them such acceptable gifts. He could not but say how much he regretted what had passed there that day. The Board entertained the feeling he had expressed for the Medical Staff, but they had acted from a sense of duty, and were extremely sorry that what they had done had not met with the approval of the Medical Staff.

The motion having been carried,

Dr. DRURY acknowledged the compliment on behalf of the Medical Staff.

Dr. BAYES here took occasion to mention that two lady patients of his, who were well acquainted with hospital work generally, had visited the hospital singly, and had expressed themselves to him as highly gratified with all its arrangements.

The Rev. N. BROMLEY, the Chaplain, then proposed a cordial vote of thanks to Lord Ebury, not only for presiding, but for his work at the Hospital throughout the year, which was carried amidst loud applause.

	Cured.	Much Improved.	Improved.	Not Improved.	Dead.	Under Treatment.	Total.
LOCAL DISEASES—							
<i>a.—Nervous system—</i>							
Brain and its membranes—							
Cerebral softening . . . . .	...	...	...	...	1	...	1
Cephalalgia	1	1	...	1	...	...	3
Spinal cord and its Membranes—							
Spinal irritation	1	2	...	...	...	...	3
Nerves—							
Paralysis . . . . .	...	...	1	3	...	...	4
Partial paralysis	1	...	...	...	...	...	1
Diphtheritic paralysis . . . . .	...	...	...	1	...	...	1
Facial paralysis . . . . .	...	...	1	...	...	...	1
Hemiplegia . . . . .	...	...	...	2	...	...	2
Functional diseases of nervous system—							
Chorea	2	3	2	1	...	3	11
Hysteria	5	2	2	2	...	...	11
Hypochondriasis . . . . .	...	...	...	1	...	...	1
Sciatica . . . . .	...	...	1	...	...	...	1
Disorders of intellect—							
Dementia— . . . . .	...	...	...	1	...	...	1
<i>b.—Diseases of the ear—</i>							
Otorrhœa	1	...	...	...	...	...	1
Deafness . . . . .	...	1	...	...	...	...	1
<i>c.—Diseases of eye—</i>							
Ophthalmia	3	...	...	...	...	...	3
Strumous ophthalmia	2	...	...	...	...	...	2
Conjunctivitis	1	...	...	...	...	...	1
Iritis . . . . .	...	2	...	...	...	...	2
<i>d.—Diseases of the nose—</i>							
Ulceration . . . . .	...	...	1	...	...	...	1
<i>e.—Diseases of circulatory system—</i>							
Heart and its membranes							
Veins—	1	2	2	2	2	6	15
Varix . . . . .	...	...	...	...	...	1	1
Edema of leg . . . . .	...	1	...	...	...	...	1
<i>f.—Diseases of the absorbent system—</i>							
Inflammation of inguinal glands . . . . .	...	...	1	...	...	...	1
<i>g.—Diseases of ductless glands—</i>							
Exophthalmic bronchocele . . . . .	...	...	1	...	...	...	1
<i>h.—Diseases of respiratory system—</i>							
Coryza							
Of Larynx—	1	...	...	...	...	...	1
Laryngeal catarrh . . . . .	...	...	1	...	...	...	1
Trachea and bronchi—							
Bronchitis	5	1	2	...	1	...	9

	Cured.	Much Improved.	Improved.	Not Improved.	Dead.	Under Treatment.	Total.
Bronchitis, acute . . . . .	...	...	...	...	1	...	1
" chronic	2	3	...	...	...	1	6
Asthma . . . . .	...	2	...	...	...	1	3
Lung—							
Congestion	1	...	...	...	...	...	1
Pneumonia, acute	3	...	...	...	...	...	3
Debility following pneumonia	1	...	...	...	...	...	1
Broncho-pneumonia	5	...	...	...	...	...	5
Pleuro-pneumonia	1	...	...	...	...	1	2
Empyema	1	...	...	...	...	...	1
Hæmoptysis	1	...	...	...	...	...	1
<i>i.—Digestive system—</i>							
Fauces—							
Tonsillitis	5	...	...	...	...	1	6
Stomach—							
Chronic vomiting . . . . .	...	1	...	...	...	...	1
Chronic gastric catarrh . . . . .	...	...	...	1	...	...	1
Ulcer . . . . .	...	...	...	2	...	...	2
Sub-acute gastritis	4	1	...	...	...	...	5
Dyspepsia	2	2	...	...	...	1	5
Gastrodynia	1	...	...	...	...	...	1
Hæmatemesis	1	1	...	...	...	...	2
Intestines—							
Chronic intestinal catarrh . . . . .	...	...	...	...	1	...	1
Enterodynia . . . . .	...	1	...	...	...	...	1
Perforation . . . . .	...	...	...	...	1	...	1
Chronic dysentery . . . . .	...	...	1	...	...	...	1
Rectum and anus—							
Recto-vesical fistula . . . . .	...	...	...	1	...	...	1
Ulcer of rectum . . . . .	...	1	...	...	...	...	1
Hæmorrhoids	1	...	...	...	...	...	1
Liver—							
Congestion	1	...	...	...	...	...	1
Hypertrophy . . . . .	...	...	...	1	...	...	1
Jaundice . . . . .	...	1	...	1	...	...	2
Hepatic cyst . . . . .	...	...	1	...	...	...	1
<i>j.—Urinary system—</i>							
Kidney—							
Congestion	1	...	...	...	...	...	1
Albuminuria . . . . .	...	1	1	2	...	...	4
Acute desquamative nephritis . . . . .	...	1	...	...	...	...	1
Bladder—							
Partial paralysis . . . . .	...	...	...	1	...	...	1
Nocturnal incontinence of urine	1	...	...	1	...	...	2
Irritation of bladder	1	...	1	...	...	1	3
Prostate—							
Enlargement . . . . .	...	1	...	...	...	...	1
Male urethra . . . . .	...	...	...	1	...	...	1
Recto-urethral fistula . . . . .	...	...	...	1	...	...	1

	Cured.	Much Improved.	Improved.	Not Improved.	Dead.	Under Treatment.	Total.
k.—Generative system—							
Genitalium virilium—							
Orchitis	1	...	...	...	...	...	1
Hæmatocele . . . . .	...	...	1	...	...	...	1
Locorum vaginalium—							
Ovarian cyst . . . . .	...	...	1	...	...	...	1
Vaginal congestion . . . . .	...	...	1	...	...	...	1
Uteri—							
Congestion . . . . .	...	...	2	...	...	...	2
Inflammation	1	1	4	...	...	...	6
Ulceration	1	2	1	...	...	...	4
Prolapse	1	...	1	...	...	...	2
Procidencia . . . . .	...	...	1	...	...	...	1
Retroflexion . . . . .	...	...	1	...	...	...	1
Induration of the cervix	1	...	...	...	...	...	1
Pelvic congestion . . . . .	...	1	1	...	...	...	2
Uterine headache . . . . .	...	...	1	...	...	...	1
Vitæ Naturalium Actionum—							
Amenorrhœa . . . . .	...	...	...	1	...	1	2
Menstrua exilia . . . . .	...	...	...	1	...	...	1
l.—Effects consequent on Parturition—							
Milk fever . . . . .	...	...	...	1	...	...	1
m.—Organs of Locomotion—							
Bones—							
Periostitis . . . . .	...	1	...	...	...	...	1
Mollities ossium . . . . .	...	...	...	...	...	1	1
Joints—							
Synovitis	1	...	...	...	...	1	2
Bursitis	3	...	...	...	...	...	3
Acute gonitis (amputation)	1	...	...	...	...	...	1
Spine—							
Lateral curvature . . . . .	...	...	...	1	...	...	1
Caries of spine . . . . .	...	...	...	1	...	...	1
Lumbar abscess . . . . .	...	...	...	1	...	...	1
Psoas abscess	1	...	...	...	...	...	1
n.—Cellular Tissue—							
Cellulitis . . . . .	...	...	...	...	1	...	1
Abscess	9	1	...	...	...	1	11
Tumours—							
Malignant cervical . . . . .	...	...	...	1	...	...	1
Breast (operation)	1	...	...	...	...	...	1
Uterus (fibroid) . . . . .	...	...	...	...	...	1	1
External genitals (malignant) . . . . .	...	...	...	1	...	...	1
o.—Cutaneous Tissue—							
Urticaria . . . . .	...	1	...	...	...	...	1
Eczema	4	4	1	...	...	...	9
Impetigo	1	...	...	...	...	...	1
Pemphigus	1	...	...	...	...	...	1
Rupia syphilitica	2	...	...	...	...	...	2

*Classified Summary of the Results of Treatment of 395
In-patients during the year 1875.*

	Cured.	Much Improved.	Improved.	Not Improved.	Dead.	Under Treatment.	Total.
<i>General Diseases—</i>							
Section A.	12	...	...	...	2	1	15
„ B.	38	26	18	17	4	12	115
<i>Local Diseases—</i>							
a.—Nervous system	10	8	7	12	1	3	41
b.—Eye	6	2	...	...	...	...	8
c.—Nose . . . . .	...	...	1	...	...	...	1
d.—Ear	1	1	...	...	...	...	2
e.—Circulatory system	1	3	2	2	2	7	17
f.—Absorbent system . . . . .	...	...	1	...	...	...	1
g.—Ductless glands . . . . .	...	...	1	...	...	...	1
h.—Respiratory system	21	6	3	...	2	3	35
i.—Digestive „	15	8	2	6	2	2	35
j.—Urinary „	3	3	2	5	...	1	14
k.—Generative „	5	4	15	3	...	1	28
l.—Locomotory „	5	1	...	3	...	2	11
m.—Cellular tissue	11	1	...	2	1	3	18
n.—Cutaneous „	21	6	1	3	...	3	34
o.—Conditions not necessarily associated with general and local disease	2	...	...	...	...	...	2
<i>Injuries</i>	13	...	1	...	...	2	16
<i>Poisons</i>	1	...	...	...	...	...	1
	165	69	54	53	14	40	395

RETURN OF PATIENTS DURING THE YEAR 1875.

Out-patients	6696
In-patients	395
(including 40 patients still under treatment).	
Total	<u>7091</u>

Annals of the Society.

ON THE VARIOUS MODES OF TREATMENT OF LATERAL CURVATURE OF THE SPINE BY UNPROFESSIONAL AND PROFESSIONAL MEN.

By Dr. M. ROTH.

THE study and treatment of the deformity of the spine, which is the most frequent and well known as lateral curvature, is usually neglected by the so-called great and eminent surgeons and clinical teachers ; the consequence is, that the majority of general practitioners leave their schools without knowing how to treat those complaints which, although mostly curable in their first stage, are frequently progressing towards the further and incurable stages ; when independent of the painful deformity, the patient suffers from its consequences, namely, general debility, and irregular function of the thoracic and abdominal organs, which make life a burden. The ignorance of many general practitioners regarding the treatment of lateral curvatures induces the public, especially the ignorant, to apply for relief to the following classes, all of whom promise always a cure.

1. *Rubbers*, who pretend and try for weeks and months to rub or press away the deformity, especially when they are using their celebrated serpent or other oils, which, as having special virtues, are to be paid for as extras. They use also pitch plasters, which are applied in various ways in order to support the spine.

2. *Bonesetters* are frequently resorted to, who, with the sound of a snap, assert to have replaced in an instant the curved spine. Some time ago a mother asked me to examine her child ; when I told her the child's spine was

curved, the mother exclaimed, "It cannot be, because Mr. —— (giving the name of the bonesetter) assured me that he had replaced the curvature, and I thought the spine was all right." As I am mentioning only facts occurring in my own practice, I must add that a physician and colleague told me he had a lateral curvature after a prolonged rheumatic complaint, and was placed by a bonesetter for an hour and a half under chloroform; during this prolonged anæsthesia his spine was pushed to and fro, and finally replaced, but when I examined him I still found a lateral curvature. Another physician told me that the bonesetter found the sacro-iliac synchondrosis dislocated, and that the man pretended to have replaced it. I need not say that such a displacement had never taken place.

3. *Drill sergeants, dancing mistresses,* and teachers of *calisthenics* and *gymnastics* are the next class to which parents, I am sorry to say often at the suggestion of their medical advisers, resort. As one shoulder is always higher in a single lateral curvature, in consequence of the dorsal convexity, these various teachers try their best to bring down the high shoulder; little or big patients are treated as recruits and ordinary pupils, and are constantly reminded to pull the high shoulder down; and when this is finally brought down, the patients and practitioners are surprised to hear that a *double* lateral curvature has been artificially formed, which causes the more equal appearance of both shoulders.

4. *Electricians* are another class of unprofessional curers of curvature, of which the public has been, and partly still is, very fond; independent of the periodical application of electricity, they use electric chains, bands, belts, &c.; to this class may be added the *magnetine* manufacturers, who cure all complaints by their so-called "chiasma."

5. In the same manner as the ignorant public applies to the druggist for a medicine, without consulting a medical man, so does the public resort to the *orthopædic instrument maker* for an instrument to cure a lateral curvature. To inquire whether such an instrument is necessary or not, whether it is useful or injurious, is not the business of the

maker, who advertises his instruments, wishes to sell them, and therefore makes, according to his best knowledge, an instrument which he believes suitable for the case. The practice of consulting surgeons of great fame, and of a large number of such general practitioners as do not know much about the treatment of these deformities, of sending their patients to the manufacturer for a spinal instrument, without giving in each individual case the exact directions for its construction, is the reason that orthopædic instrument makers believe themselves quite competent to be consulted in these deformities, and that some actually charge a consultation fee, without possessing any medical degree, and without deeming it necessary to go through a course of medical training. I have frequently occasion to observe the mischief caused by such supports.

This is a subject to which the attention of the Medical Defence Association might be called.

I have already mentioned that those professional men who know nothing about lateral curvatures send their patients either to drill sergeants, dancing mistresses, teachers of calisthenics and gymnastics, or to instrument makers; but in some cases to a specialist or an eminent surgeon with or without a handle to his name. These eminent *consulting surgeons* may be divided into (A) those who object to spinal instruments, and (B) those who approve of them.

A. Those who object give the following advice: "Do nothing, your daughter will grow out of it." "Let your daughter romp with the boys—she will soon be all right."*

* Mr. A. Shaw is opposed to this system, he says: "Lateral curvature of the spine in a young girl, however slight, ought to be regarded as requiring immediate care; the patient ought not to be left to the chance of 'growing out of it.' When the column leans habitually, even to a trifling degree, to one side, the superincumbent weight ceases to be supported in the line of the vertical axis, and falls chiefly on the oblique processes of the side to which the patient inclines; these rapidly undergo absorption, and in proportion as they are diminished the curvatures get progressively worse."—'A System of Surgery,' edited by T. Holmes, M.A. Cantab. Second edition, vol. v, p. 875.

Another practitioner advises the horizontal position for twenty minutes, three times a day; and I am told by an eye-witness that he proves the sincerity of his advice by making his six or seven daughters lie down daily for a similar period on the floor. "Let your daughter hang daily for five minutes from the edge of the top of the door," was the advice of one of the most celebrated surgeons, combined with a prescription of rhubarb pills; a few years later the young lady to whom the advice was given had an incurable double lateral curvature. I have repeatedly had opportunities of being consulted six months, or a year, after similar advice had been given, because the mothers found, to their regret, that the renowned surgeon's advice had not had the promised and expected good result.

Many curable curvatures have changed into incurable ones, in consequence of the "do-nothing" systems advised by eminent surgeons.

B. Those who approve of spinal instruments send their patients without special instructions to the maker, who thus acts on his own responsibility. The majority of the specialists, orthopædic instrument makers, and several surgeons, see in lateral curvature a merely mechanical aberration of form from the normal line, and therefore the principal and great sheet-anchor for them is a *spinal* instrument, which should lift the weight of the head from the spine, and actually prevents the free movements and action of the spine in any direction. The principal characters of these machines are, the raising of both shoulders by two vertical crutches fixed on a horizontal waistband, to which is added a quadrangular or oval, padded, concave, steel plate, which, fixed by a spring, presses on the projecting ribs; the spring of the steel-plate is fixed either to one of the vertical crutches, or to a third vertical steel rod placed parallel and behind the spine. There are many variations in the crutches, the hip-band, the steel-plate, the springs, &c., according to the various whims and caprices of the specialist and his attendant instrument-maker, both always believing their special instrument to be the only one which is really good.

A few years ago Dr. Prothero Smith (who shares with those I have named before the false idea of being able to cure a lateral curvature by spinal instruments) transformed his abdominal into a spinal support, and upon the use of this instrument is based what is now constantly advertised, by an instrument maker, as the "*gentle treatment of lateral curvature.*"

Steel corsets, or stays with *vertical steel bands* sewn on, are only modifications of the regular spinal support, and are preferred merely because no machine is seen, and because young ladies squeezed into them show their curvature less. I am sorry to be obliged to mention that there are still many medical men who advocate such stays, and send patients to makers of such stays. At present I have a young patient under treatment who was recommended by a well-known oculist to wear a stay with vertical steels sewn on behind, as the oculist fancied these would support the back. Some surgeons opposed to spinal machines believe they can cure lateral curvature by bandages; they apply one above the *raised* shoulder, lead it obliquely across the chest and back to the opposite side of the trunk, cross it again, and fasten it on the hip of the same side. Besides this, the patient is, according to an old plan, recommended to make use of a seat slanting from one raised side to the other, in order to straighten the curves. Another practitioner, previously a great advocate of spinal instruments, a few years ago modified his views, and recommends a few exercises, which he minutely described as a panacea for the cure of all lateral curvatures.

Professor Erichsen's treatment will serve as a specimen of the treatment usually advocated in surgical handbooks: Erichsen, 6th edition, *The Science and Art of Surgery*, 1872.

"There are three principles of treatment to be carried out in the management of lateral curvatures.

"*a.* The improvement of the general health.

"*b.* To strengthen the muscles of the spine.

"*c.* To take away, as much as possible, the weight of the head, neck, and upper extremities."

“Iron and aloetics are of great moment, also nourishing food and exercise in the open air.

“The muscular power is more directly strengthened by sponging the back with cold salt water, or vinegar and water every morning, and methodically rubbing, from top to bottom, either with the naked hand or with some slightly stimulating embrocation, principally the *erectores spinæ* on each side; or, if the patient’s strength permit it, the handswing or calisthenic exercises may be allowed, but these are not to be continued if they produce a feeling of fatigue or exhaustion.*

“If there is a decided projection of the ribs on one side, and the shoulder and hip be prominent, with apparent difference in the length of the limb, more decided measures must be had recourse to;—iron, good living, fresh air, form the basis of the constitutional treatment, cold bathing and frictions of the local treatment of the muscles of the back, but it is essential to take off the weight of the head and shoulders and to prevent its continuing to keep up or to increase the deformity.

“This is done by the recumbent position, or by wearing proper supports.†

* *Methodical* rubbing. Erichsen does not mention what method he means, although the manipulation of rubbing varies according to the greater or smaller pressure of the whole hand, of the palm, or of the fingers; further, regarding the special direction and special form of the single passive movements of which rubbing is composed.

The *handswing* can be used when the body is hanging or when the whole foot or only the toes are touching the floor; further, when one or both hands are used and the legs are raised:—Erichsen does not mention the mode and time for the handawings to be used.

Calisthenics is the name of hundreds of free exercises, which, according to their author, Captain Clias, are to beautify and strengthen the healthy body.

In a book of surgery, where all operations are minutely described, we are justified in expecting to find the special exercises suitable for each patient to be described in detail, especially as the majority of medical students have not the slightest idea of calisthenics; but besides the name no further information is given in Erichsen’s Handbook.

† A *proper support* is recommended, but it is difficult to understand how a support can be called *proper* when it interferes with the action of the muscles and prevents all the movements of the spine. While Erichsen recommends in

"The recumbent position although valuable as an adjunct has been greatly abused, by being employed as an exclusive plan. The mechanical contrivances for the purpose of taking the weight* of the head, neck, and upper extremities off from the weakened spine are of various forms; however much their details may vary, they have three principal objects.

"1. To form a broad basis of support round the pelvis by means of a strong well-fitting (iron) band.

"2. To carry off the weight of the head and upper extremities from the spine, by means of lateral crutches, which transmit it to the band.†

"3. To influence the convexities of the spinal curves by means of movable plates, acted upon by means of springs or by screw-power." The best of these apparatus is, according to Erichsen, that of which the engraving is published in his book. The instrument is to be worn first only during the day, later it is to be kept on at night.‡

I may mention that it is for the important operation of screwing these movable plates tighter, or of placing them higher, an operation lasting one or two minutes, and which must be done twice a week, but at any rate once a week by the specialist or orthopædic surgeon, that a guinea is to be paid; you will therefore understand that *conscientious* general practitioners object to this practice in the interest of their patients' pockets. A few years ago the medical the slighter stages muscular exercises, in the more advanced stages he recommends a support to be worn both day and night, which does not permit any exercise.

* The *weight* of the head and neck cannot be taken away by the usual spinal supports, but these have been made spinal supports with a perpendicular iron rod curved over the head; to which bands, pulling and supporting the head, have been attached.

† It is a mistake to believe that the *crutches*, which usually only raise the shoulders, should take away any other weight than that of the arms and shoulders; they do not at all influence the dorsal and lumbar curve, the trunk hangs on the crutches when they are high enough, but if they are not high enough, the stooping of the body is still more increased.

‡ The *movable plates* press only on the projecting ribs, and act indirectly on the spine itself through the joints of the ribs, which joints have already undergone a change of position.

papers published the details of a trial where the guardians of a young lady having refused to pay several hundred guineas to an orthopædic surgeon and special friend of the patient's father for the screwing operation which was most skilfully performed twice a week, have been condemned to pay the full fee, because the plaintiff's medical witnesses spoke highly of his skill in screwing.

In cases where young ladies have worn such spinal supports for two or three years I have seen atrophy of the long muscles of the back, incapability of moving the spine freely and turning round in bed without support, the shoulders raised, the head projecting, with the chin forwards. Sometimes several months have been required to restore the usual movability and strength of the spine, and to restore the natural form of the spine which seems to have lost the natural curves ; in fact, the spine appeared to have the form of a spine as seen in the mounted skeletons of young babies, where a straight iron rod is surrounded by the vertebræ.

I will now mention the leading points which form a scientific basis of every treatment which is to be called rational ; for this purpose some of the principal pathogenetic causes of curvatures must be named first ; curvatures are frequently considered as an idiopathic disease itself, although they are, in the majority of cases, merely the symptoms or effects of other complaints.

The scrofulous, phthisical, and rickety constitutions, the stage of convalescence after any weakening illness or eruption in infancy and youth, whooping-cough, bronchitis, pleurisy, and other diseases, mental and bodily over-work of any kind, general weakness, too quick a growth, tight-dresses, bad positions, &c., predispose to lateral curvature, which for practical and curative purposes may be divided into three stages.

In the first the patient can by his own exertion replace himself into the normal position, although but for a very short time. In the second, more or less *external* help is required for the purpose of attaining the normal position even for the shortest period of time.

The third no more permits, either by the patients or by any external help, the replacement of the body into the normal position, and is consequently incurable, although some improvement is still possible, but this can only be obtained by much work and perseverance.

In the usual lateral curvatures, where the dorsal convexity on the right and the lumbar on the left compensate each other, the head is slightly bent forwards and turned to the right, the right shoulder raised and slightly pulled forwards, while the lower angle of the right shoulder-blade projects, and is more distant from the spine, which is twisted round the longitudinal axis, the chest is flat, and even concave, the patient usually stands on the right leg only, while the left knee is bent, and turned inwards, the right hip appears higher, the right longitudinal outline of the trunk is more concave in the lumbar part, and the space between this line and the right arm, hanging down, is much larger than that on the opposite side; one, or both, ankle-joints are weak; the foot frequently flat; the spine twists by degrees in order to keep up the vertical position; this scoliosis is often combined with posterior cervical and anterior lumbar curves, with various deformities of the ribs accompanied with pathological changes, partly in the tissues of the ligaments and muscles, which are retracted on the concave, and relaxed on the convex side; the intervertebral substances are depressed and wedged in the concave parts, and as long as these do not resume their natural height, a real cure of the curvature cannot be attained. When the balance of the spine is thus once deranged, it is *never* replaced except by the artificial help of the patient and the professional man.

The plan I pursue generally is first to find in each individual case the causes of the curvature, to improve the constitution, partly by strict hygienic, partly by medical means; further, to remove those causes which still continue to act injuriously on the patient, *i.e.* when a leg is short, contracted, raised or paralysed, to make use of a high sole or some artificial support, till the corresponding hip is raised to the same height as the other hip,—in one case

the artificial support will be a higher boot, in a case of paralysed leg causing the curve it will be a movable steel support; every patient is advised to stand as little as possible, to sit during the various occupations in comfortable and easy positions, to recline from the seat up to the head; for this purpose a chair with a movable back is recommended, with the addition of an easel for reading or writing. Great attention is paid in the preparatory part of the treatment to the expansion of the chest. As the general power of the patient is in proportion to his power of breathing, the power of exertion increases with his breathing capacity; good positions, special breathing and arm movements, are used for this purpose. The position of the head is improved by diminishing or removing the retraction of the platysma myoides or of the lateral flexors of the neck, which either raise the shoulder to the head, or when the shoulder is fixed, pull the head down. The usually weak ankles are strengthened, partly by special movements, partly by passive manipulations, or douches of salt water; in a similar way the knee and hip joints are strengthened, and thus a kind of strong basis is prepared, on which the body is to be carried.

After such a preparatory treatment, during which the patient begins to gain in strength and energy, the special treatment of the spine itself begins.

It is always necessary to attend first to the lower and lumbar curve; for this purpose the patient is placed into a riding position, his body is turned or bent, one or both arms are raised into different positions which are chosen according to the individual case; the spine is, partly by the patient himself and partly by the medical man, stretched in the direction of the convexity of the curve, to such an extent as can be borne without pain.

In this and similar positions, in which the lumbar curve is either diminished or entirely disappears, various curative movements suitable to the individual case are carried out, while the patient either assists or resists the movement; later, the patient, while leaning on, or supported by

some gymnastic apparatus, is placed in a special standing position, and further movements are done in order to lengthen the spine: by this time a change in the previously relaxed and retracted tissues takes place, the wedging of the intervertebral substance diminishes, and the patient begins to be able, with the help of special positions of his arms, to assume, at least for part of a minute, a more normal position.

Whenever the first stage of improvement takes place, the further and quicker progress of the cure depends upon the assiduity of the patient in carrying out the given instructions; he gains daily a greater power of retaining a good position, firstly with the aid of his arms, later without them, but merely by the effort of the will; the patient learns to walk during one minute in a good position, this minute is repeated several times a day; in a short time the number of minutes is doubled, and the period of walking prolonged. This self-acting method of the patient is combined with the ordinary treatment, and finally, although slowly, a perfect cure is obtained. The positions and movements required are minutely described and illustrated in my *Handbook of the Movement-cure*.

My object in bringing this subject before the Society was to point out that lateral curvatures are symptoms and consequences of other constitutional and weakening complaints and influences, that certain pathological changes take place which cannot be removed merely by rubbing, plastering, lying down, bandaging, hanging, dancing, calisthenics or by electricity and spinal instruments, or by special supports (which last may be used in incurable cases or in paralytic curvatures); that each case must be individually treated, and that all morbid symptoms and changes should be taken into account during the treatment just as in the selection of a specific drug; that hygienic surgical and medical means, as well as curative movements, adapted to the individual cases, and the will of the patient himself, are absolutely necessary for a rational treatment and a lasting cure, which means not only a

better and straighter appearance, but increased power of breathing and moving, better circulation, and improved general health and energy.

There is a large field open to those who besides all other hygienic, medicinal, and surgical means add the scientific application of movements according to Ling's system to their means of curing lateral curvature,—and it is to be hoped that clinical teachers of surgery and eminent surgeons in general will pay more attention to, and give their pupils more instruction on this subject, as this is the only way for preventing the public from applying to the various classes of unprofessional people pretending to cure lateral curvature.

Discussion on Dr. Roth's paper.

Dr. WOLSTON remarked, that much of the success of the so-called "bonesetters" was due, he believed, simply to their forcibly breaking up the adhesions that had been thrown out round joints, and thus setting the joint free to move. He had, in common with all present, been much interested and instructed by Dr. Roth's able paper on lateral curvature of the spine; but he noticed that, in his remarks on the subject, he had made no reference to the intervertebral cartilages. He should like to ask Dr. Roth what part he thought these intervertebral cushions played in lateral curvatures of the spine, as his own impression was that they had very much to say to the question, and that one great element in treatment was to take pressure off these cartilages; and that, for this purpose, he had found the prone couch with a considerable drop to it of great service.

Mr. ENGALL regretted that he should have to differ from the views of the author of the paper in regard to the usual causes of lateral curvature. It was evident from the mode of treatment adopted, although the essayist did not express it in words, that he believed the spinal muscles were the primary cause of it, for in his practice he depended upon the action of some antagonistic muscles for the restoration of the spine to its normal shape. He (Mr. Engall) considered that this was a wrong theory, and that it led to wrong practice. The starting point of lateral curvature he believed to be in the elastic cartilages situated between the vertebræ; these lost their elasticity by prolonged pressure; where this pressure was equal, as when the spine was in its normal shape, this loss of the elastic power in the cartilages was compensated for by an increase in the natural curves in the

cervical, dorsal, and lumbar region, as was evident by a man being shorter at night than in the morning, the elasticity being restored then, owing to the recumbency of the night. This was what occurred when the pressure was uniform, yet in some of these cases these curves became permanent, as evidenced in the case of those who assumed one position for many hours. In clerks and in the aged, where the elasticity was lost, a permanent stoop existed; where this pressure was long continued, was not uniform, but on one side, the effect was to produce unequal compression and curvature so long as the force existed; but in the case of permanent curvature another force was brought into play, the lateral ligaments on the opposite side to the compression become lengthened, and allowed the bones to recede to the convex side of the curve. That the integrity of the spine was not maintained by the muscles was proved by this, that when all the muscles had ceased to act, as after death, the spine maintained its shape; it did so even when the whole of the muscles were removed from it; that this was not due to the loss of vital force was proved by the fact, that the subcutaneous division of the whole of the muscles on the convex side of the curvature in the living subject did not allow of those on the concave side drawing the spine straighter, which they ought to have done if the curve was due to unequal muscular contraction, for here the supposed opposing force was by the cutting removed. He, however, considered that the muscles of the body would aid in producing distortion, but in these cases the intervertebral and ligamentous structures must have first yielded, and thus have removed the resistance which they offer to muscular action when in their integrity. Mr. Engall did not agree with the essayist, that those cases were incurable in which neither by the will of the individual nor by the assistance of the surgeon whilst examining the patient, could the spine be restored to its normal shape; such cases he had uniformly cured in the young, and even in adults had improved to a great extent by the means devised by the late Dr. Edward Harrison, and these he thought were the most efficient for all the classes of lateral curvature named by the essayist. By the recumbency which it enjoined, complete rest was given to the parts; and as all muscular action was removed, nature was able in the milder cases to restore the spine; and in those in which nature was unable to accomplish this, the mechanical interference necessary could be employed without calling those muscular opposing forces into play which were sure to arise in the semierect or prone positions. Twenty years had passed since he had read a paper to the Society on the subject of spinal curvature and distortion; and although the claims of other professional duties had led him to give up this special subject, he was more and more convinced that the plans devised by Dr. Edward Harrison were capable of achieving more than any other mode for the cure of these distressing maladies.

In reference to some other observations made during the discussion, Mr. Engall further remarked, in regard to those cases in which the specific treatment could not be obtained, that in those cases where the spine could be strengthened by the voluntary will of the patient, or when it disappeared when the patient lay prone, supine recumbency on a pillow of water or horsehair, or feathers, so as to give uniform support to the spine, with daily moderate exercise, and the free use of silex and lime in sensible doses, would generally aid in a cure. In cases where there was settled curvature, entire recumbency upon a pad so contrived as to give pressure only upon the protuberant parts, with, in both cases, daily friction for an hour or more by a healthy person upon the chest, spine, and abdomen, as an equivalent for exercise, would keep the patient in health and probably achieve a cure.

The very remarkable case of Sarah Hawkes, to which Dr. Yeldham subsequently adverted, was an exceptional one; here this distortion was caused by luxation of a cervical vertebra from a severe blow, that caused pressure upon the efferent nerves, if not upon the chord itself, and then unequal muscular contraction producing the monstrous deformity named. In the cure of this case no muscular action was induced. Dr. Harrison elongated the neck, the depressed bone regained its place; and, from that time, all the parts gradually regained their normal position. The subject of this horrible deformity, when last seen by Mr. Engall, was married, and the mother of two children.

Dr. DEYSDALE hoped he would find in Dr. Roth's paper, when printed, a summary of the exact kinds of muscular exercise and the direction for the amount of rest by lying down and the posture, &c., such as can be recommended by an ordinary physician without the aid of a special kinesiopathist. The latter is seldom to be had, or is too expensive to be within the reach of most patients. As physicians, our great object is to treat medically and hygienically the deranged state of nutrition which produces the yielding of the bones and intervertebral substance which is no doubt the primary cause of the disease and not weak or irregular muscular action, though that becomes an important complication afterwards. Possibly in some cases from particular occupations or awkward habits muscular action may be the primary causes, but these must be rare. The thigh bones certainly support the body in standing, and in case of their yielding from rickets nobody would expect to cure them by exclusive attention to muscular action. Medical treatment must be the chief thing in spinal curvature during the initial stage, and the question was what auxiliary means can be furnished by muscular exercises, posture, and supports. All these three he thought were useful in certain cases.

Dr. YELDHAM said, one word as to bonesetters. He knew the late Mr. Hutton who had been referred to, the most notorious of modern bonesetters, very well, and had repeatedly prescribed for

him. He was a retired upholsterer. He practised his peculiar art with great honesty and singleness of purpose. He believed that he never demanded a fee for his services, although he did not refuse a gratuity. Johnson when asked to admire some clever performance, replied "he was sorry it was possible." He (Dr. Yeldham) thought it was a disgrace to modern surgery that the superior skill of these unqualified practitioners was possible. That they made remarkable cures was undeniable. He could vouch for this from his own knowledge, but surely the qualified surgeon should be able to do as much. It was said that "fools rushed in where angels feared to tread," and doubtless these men owed a good deal of their success to the boldness of ignorance. They were unacquainted with the anatomy, physiology, and pathology of the joints, which made the surgeon hesitate to use violence for fear of doing mischief; but we might learn from them that greater boldness might be used not only without doing harm, but with great advantage, especially with the aid of chloroform, which had such a remarkable effect in relaxing muscles and ligaments, and so facilitating the reduction of dislocated bones. As regards the treatment of spinal curvature, he thought the indications were simple and palpable. From constitutional weakness affecting, he believed, principally the muscles of the back, the spine bent under its load. The object to be kept in view was to lighten the load, whilst the general health and the muscles of the back were strengthened. That the spinal column had a certain amount of sustaining power of its own was undoubted; but he was satisfied that the muscles were the principal agents in maintaining it in its proper position. He had had striking evidence of this in his own personal experiences. In former years he had suffered from acute attacks of lumbago. For two or three days afterwards he was utterly unable to hold himself upright. He moved about with his trunk at right angles with his lower limbs, not on account of pain, for that had vanished, but from temporary paralysis of the lumbar muscles. The recumbent posture, not flat on the back, not for any lengthened period at once, nor in a constrained position, but from time to time, when the patient would otherwise sit, was an important agent in these cases. He had seen great and powerful disturbance of the brain and nervous system, caused by patients being kept for lengthened periods reclining flat on the back in the horizontal position: a most painful and wearisome process. Then as to instruments, whilst the practice of loading patients with heavy steel burdens, grievous to be borne, was to be condemned, he could see no objection whatever, but the contrary, to a light steel supporter reaching from the hips to the armpits, with movable joints at the lower ends, which admitted free movement. It helped to take the weight off the spine whilst sitting and standing, as the prone position did at other times; and at the same time he always ordered friction of the back twice a day. Rub-

bing, when judiciously and persistently employed, was a most useful adjunct in these cases. It stimulated and strengthened the nerves and muscles of the back. Bathing the spine with hot and cold water was also, in many cases, very useful.

Dr. WYLD observed that *bonesetters* often effected marvellous cures after educated surgeons of the highest class had failed. By a union of energy, dexterity, and tact, they appeared to replace partially dislocated bones by apparently partially separating the bones of joints and replacing some partially dislocated synovial sac. With regard to skilled *medical rubbers*, Dr. Wyld believed if there was any one universal remedy possible, medical rubbing was that remedy. Almost every form of disease curable by medicines could be cured by medical rubbing, and spinal weakness was especially amenable to this process. Dr. Wyld knew of no other remedy in paralysis or lateral curvature equal to it. Some years ago he cured a case of incipient angular curvature from diseased bone, which had been declared incurable by several orthopædic surgeons, by gentle downward rubbings with the hand and oil. We were all much indebted to Dr. Roth for his wonderful energy in battling with the abuse of machine treatment in spinal disease, and although there were cases which seemed to demand the use of machines, still, as a rule, machine treatment was contrary to nature and common sense, and no one was more likely than Dr. Roth to be the means of abolishing this evil practice in the profession.

Dr. VERNON BELL said, he would take upon himself to answer the query Dr. Drysdale had addressed to Dr. Roth as to how patients with curved spines should be treated. His answer was, and he was quite sure it would never occur to the worthy author of the paper: Send them all to Dr. Roth. Among the opinions which had been expressed about the support of the spine he agreed with Dr. Yeldham in attributing the greater share to the muscles, for he could scarcely understand what the six layers of muscles overlying the bony column could be for, if not to keep it erect and to regulate its complex movements. Notwithstanding Dr. Roth's advocacy of scientific muscular exercise as the best corrective of curved spine, he fancied instances did now and then arise in which mechanical appliances were of service. But in the main, as far as his experience went, he was disposed to agree with the principles so ably advanced by Dr. Roth.

Dr. ROTH answered the various observations on his paper and the questions addressed to him by the previous speakers. He stated that the only purpose of his paper was to show the present state of the treatment of lateral curvature, and why the public in numerous cases preferred to apply to the various classes of uneducated and unprofessional men. He protested against the name of kinesiopathist being applied to a medical man who makes use of all medical, surgical, and hygienic means, including curative movements, and expressed his regret

that Dr. Hale could not give details of the case of curvature treated by him medicinally and by an unprofessional man by movements for years without any good effect, while in the course of a fortnight by the use of a spinal support such a wonderful improvement has taken place. Dr. Roth was no believer in wonderful cures by spinal supports, neither by the so-called medical rubbers nor bonesetters, and expressed his regret to hear medical men extolling the bonesetter's wonderful cures or recommending their patients to this class of people. Although he makes use frequently of frictions he prefers to give his detailed instructions on the mode of rubbing, on the intensity of pressure to be used, on the direction of the friction, and other points, to the relatives, servants, or nurses of the patient, in preference to the so-called professional rubbers, who have a very high idea of their skill in rubbing away every complaint, and treating every patient in the same manner; unhappily, many medical men do not know much of the scientific application of passive manipulations, and therefore they depend upon the rubbers who, without having any directions from the doctor, do what they like with the patient, and frequently use some stimulating or soothing external application without the doctor's knowledge. Regarding bonesetters and their wonderful cures he asked those present whether they really believe that surgeons of great experience do not recognise a fracture, and that the uneducated bonesetters who set bones which have never been broken or dislocated, by their "*instinctive intuition,*" make a wonderful cure in the course of a few moments by some extraordinary wrench and snap, this last being the indispensable concomitant of a bonesetter's successful operation, which snap he was lately told by a medical man, who underwent a bonesetter's operation, for the replacement of a sacro-iliac dislocation (which never existed), was skilfully produced by the operator's fingers. Dr. Roth has only seen cases where bonesetters had pretended to have replaced lateral curvatures, painful knees and hips, and where the patients continued to suffer as much as before, and in some cases even more than before. On the Continent neither the professional rubbers nor bonesetters have the status they have acquired in England with the assistance of such medical men as believe in their extraordinary intuitive powers and send their patients to them; the principal cause of their non-existence on the Continent is, that no unprofessional person is permitted to practise in any way without being heavily fined. In answer to Drs. Carfrae and Hewan regarding the self-redressing method of treatment, Dr. Roth mentioned that a Norwegian physician was the first who induced patients suffering from slight lateral curvatures to make use of their own firm will in order to place and retain themselves in the best positions for shorter or longer periods, which depended upon their powers of endurance; by the frequent repetition of this self-redressing exertion the treatment of many lateral curvatures is considerably shortened,

and if medical students would be taught at least the elements of the theory and practice of the various curative movements invented by Ling's genius, they would be able to prevent many an incipient lateral curvature from progressing to the more advanced and incurable stages. Dr. Roth admitted Dr. Yeldham and Mr. Engall's statements, that not only the muscles, but the ligaments and the intervertebral substances are affected in the more serious cases of lateral curvature; but regarding Harrison's treatment, during which patients are kept absolutely in a horizontal position for two or three years, and passive manipulations of friction, pressure, and extension are used, he stated to have inserted many years ago in his *Prevention of Lateral Curvatures*, the letter of a young lady describing the agonies and tortures caused by the violent pressure and other manipulations she had undergone; and that, after a trial of a few days, she had to give up the treatment; this case did not encourage him further to inquire into the treatment. In naming the incurability of the advanced stages of double lateral curvature, Dr. Roth did not mean that nothing can be done for their improvement; he wished only to state that a perfect recovery of the normal state of the spine is scarcely to be expected. In answer to Dr. Drysdale's question regarding what medical men are to do when consulted about lateral curvature, if hanging, lying down, spinal supports, &c., are not suitable as means of treatment, Dr. Roth answered that he himself is frequently consulted by patients who are living at a distance from town, and whose circumstances do not permit them to undergo an expensive treatment; in these cases he tries first to find out whether the constitutional and other causes of the curvature are still present, prescribes a medical or hygienic treatment or both for the removal of the causes, cautions the patient to stand as little as possible, or to remain in any position which increases the curve, advises a reclining position, with the trunk leaning on the back of a chair placed at an angle of forty-five degrees; if there is pain in the spine, and this angle is not sufficient for the relief, the trunk is still more to be reclined; extensions of the arms in various levels, with deep breathing, and some head movements, are recommended. After a period of three weeks, at a subsequent visit, the patient is shown some other exercises of the trunk, while the arms are placed in positions which elongate and straighten more the spine; if the patient returns after a few weeks, some exercises while walking are recommended, and thus a general improvement is obtained. In more advanced cases Dr. Drysdale was advised to do what he would do when he requires his patients to be operated on, in an eye or other disease, namely, to apply to a specialist—a course which has been advocated and adopted by several of the previous speakers.

**LUNG REST AND LUNG EXERCISE CONSIDERED
AS THERAPEUTIC MEASURES.**

By EDWARD T. BLAKE, M.D., M.R.C.S.

MR. PRESIDENT AND GENTLEMEN,—It is doubtless a fact, that in this country systematic lung exercise considered as a remedial means in affections of the chest of a chronic character is much neglected.

On the other hand, it is equally true that enforced lung rest, during acute disease of the chest, has not, until quite recently, received at the hands of the profession that amount of attention to which so important a subject may justly lay claim.

The efforts of nature to suspend the functional activity of acutely diseased organs we may with advantage both assist and imitate. Much more can be done in this direction than we are in the habit of supposing. We know well that the inflamed eye can be closed, the torn muscle rested, the ulcerated stomach deprived of the irritating presence of food. Why do we not more frequently apply the same physiological law to thoracic disease?

On approaching one of the chest-organs with this idea we are baffled indeed. The heart cannot rest. Nay, during the existence of acute disease that unfortunate organ is deprived, in great measure, of the scanty modicum of four brief diurnal hours of quiescence allotted by its hard task-mistress Nature.

By means of certain remedies and by attention to posture we may undoubtedly diminish in degree the frantic haste of the over-driven heart ; but we cannot at any cost purchase peace for an organ with the cessation of whose rhythmic beat the slender thread of life is snapt !

Not so with the other pectoral organ. Over the activity of the lungs we have a peculiar power of control. Sur-

geons employ this influence in the treatment of fractured rib ; physicians would do well to remember more frequently so valuable a resource.

We will first consider the dynamic or mechanical therapeutics of ACUTE LUNG DISEASE.

In *acute pneumonia* I am in the habit of encasing the affected lung in stout plaster, over which any desired dressing may be applied. When *crepitus redux* is audible I usually direct the plaster and poultice to be removed, and the skin to be rapidly sponged with cold water ; then to be thickly enveloped in Lairitz's fir wadding (made from the fibres of the pine tree) or in medicated wool, and systematic inspirations, steadily increasing in depth, to be taken. Thus I endeavour to promote the free passage of air into the obstructed pulmonary vesicles.

But it is in *Pleurisy* that we witness the most striking effects following the use of physical therapeutics.

In acute pleuritis, especially when it involves the central or lower zones of the thorax, we should completely inclose the chest in a tightly-strained girth of stout plaster. In the case of female patients apertures should be arranged for the mammæ ; and if the sufferer be an adult male, it is an act of mercy to remove any hair that may exist on the chest. Here we may earn the deep gratitude of the patient and of the patient's anxious friends, for the rapid relief that follows this plaster-cuirass is truly remarkable.

Of course, poultices may still be applied *à discrétion* ; these should be covered with some impervious material to prevent external radiation of heat.

Dr. Hale, in his admirable *clinique* on pleurisy, delivered in this room on the 27th of April of last year, drew our attention to a practical consideration of the last importance. He observed " An important fact to recollect in connection with this local inflammation is, that the cessation of pain, instead of being a sign of amelioration, may be a very significant sign of increasing mischief, especially if a rapidly increasing effusion of serum, by separating the opposed surfaces of the membrane, has caused the absence of pain. So that cessation of pain and '*frottement*' become nega-

tive signs of a positive increase of inflammation and its products."

In another part of the same lecture Dr. Hale made an observation the truth of which I have had many opportunities of putting to practical proof. He says, "Friction-sound does not, as a rule, extend over a large extent of surface, but we must not, on that account, conclude that the inflammation exists only under the spot where we hear the *frottement*, for it generally extends further than we can detect by merely stethoscopic signs."

Bearing, then, these points in view, it is a good plan, however limited the pleuritic patch appears to be, to cover the whole affected lung with meal, and to persevere with poulticing for at least three days after all physical signs have disappeared. At this point the poultice may diminish daily both in area and in thickness, the denuded chest being covered with pine or medicated wool. I then order the trunk to be sponged daily with cold water. This must be done with great rapidity, the surface of the thorax being immediately covered with a hot, dry towel. The patient may be directed to tear off and throw away a piece of the wadding day by day; in this way the skin will accustom itself to the loss of the covering.

What is the most ordinary sequela of pleurisy?

Effusion, to any marked extent, is not common. Adhesion associated, under varying conditions, with recession of the chest-wall, with lateral curvature or with cardiac dislocation, is essentially the enemy most to be dreaded. These conditions may become sources of the gravest inconvenience and disfigurement; even if nothing worse supervene, it is bad enough to have a chronic "stitch in the side" when, perhaps, with a little thought on the part of the medical attendant, that unpleasant reminder of one's frailty could have been easily avoided.

How then can we escape these evils? Simply by taking care that the visceral and parietal layers of pleura shall not be permitted to remain long enough in close coaptation to produce short and rigid adhesions. So, as the friction-sound diminishes we may direct the patient to take

gradually increasing nasal inspirations. By this simple measure adhesion may, in many cases, be obviated.

We turn now to the consideration of CHRONIC CHEST DISEASE. Here *Pulmonary Phthisis* will engross our attention.

In this extensive field I believe that much, very much, may be effected by mechanical measures.

This being essentially a clinical paper, it is not necessary that I should consider the numerous widely different conditions, now distinguished by pathologists, formerly huddled together under the comprehensive title "consumption." Suffice it to say that my observations will relate principally to typical pulmonary tuberculisations.

Pathologists are curiously divided as to whether tubercle more frequently commences on the left side or on the right; but all are agreed that there is an elective affinity for the apices. But why should the apices be primarily affected? Is it from the converse of the condition which gives rise to congestion at the bases? The gravitation of blood which produces hypostatic phenomena tending to leave the apices anæmic, or, what is more probable, is it because functional activity, owing to anatomical peculiarities, is least marked at the apex? When we consider respectively the environments of the higher and of the lower portions of a lung, we are struck with the dissimilarity of their physical conditions; whilst the lower segments move freely, the motility of the upper parts is gravely impaired in order to afford, when needed, a fixed basis for the action of the muscles of the upper extremity. Add to this the consideration that the ribs here are short, fixed, and inelastic. We see then how different are the unyielding structures which surround the highest portions of the lung, from the elastic, mobile and unresisting parietes which inclose the lower lobes.

If active tuberculosis be an example of tissue of low type unable to undergo retrograde metamorphosis, then we can readily understand why tubercle should select as a favourite site that part of the lung where the blood-supply and functional activity stand at their lowest points. I need not

here work out the evidence which supports the view that tuberculosis is connected with an arrest of decay rather than with decay itself. This has been admirably done in the charming *Clinical Lectures* of Dr. Chambers, with which fascinating work you are all doubtless familiar.

If, then, there be any truth in the preceding propositions, what obvious corollary springs from them to aid us in encountering that terribly prevalent scourge of our race, "pulmonary consumption"? Leaving the question of an improved blood-nutrition, which we effect by free supplies of such physiological *pabulum* as *Iron*, *Cod-oil*, *Cream* and *Glycerine*, the digestion and assimilation of which we insure by certain remedies, *Bryonia*, *Arsenicum*, *Calcarea*, *Iodine*, *Phosphorus*, *Pulsatilla*, and *Lycopodium*; we turn to the point more especially connected with this paper, viz. How can we render more active the torpid apices?

The most important means to secure this end is undoubtedly by what is known as "lung exercise" This consists in the performance of protracted inspirations, each followed by a brief, abrupt expiration. I recommend this to be done in pure air and with the stomach void. The patient, having emptied the lungs, stands and places a hand on each knee, gradually drawing up the hands as the air enters the chest so that they reach the hips as inspiration terminates. The air should be drawn very slowly inwards through the nose, and should be expelled sharply by the mouth. We may, if desirable, exercise one lung alone, by permitting the hand belonging to the opposite side to remain clasping the knee.

Much, too, may be done towards forwarding our object by attention to simple means of exercising the affected side—means connected with the routine of ordinary daily life.

For example, we may direct the umbrella or cane to be carried in the hand corresponding with the side of the diseased lung. Various manœuvres will suggest themselves to each man's ingenuity.

In conclusion, let me say, gentlemen, that I feel certain I need not remind *you* that we have not fully performed our duty when we take leave of a patient, having eased

wearisome pain, warded off dreaded death, conducted to apparent convalescence, and it may be accepted a heavy pecuniary acknowledgment of our invaluable services!

Our duty, gentlemen, is a deeper thing; it is nothing less than to cure in the safest, speediest, and most pleasant way possible; and to leave the body committed with such perfect confidence to our care as totally free from the after effects of disease as it is possible for human science to do—science supplemented by unwearied kindness—by self-denying and conscientious assiduity.

Discussion on Dr. Edward T. Blake's paper.

Dr. ROTH begged to thank Dr. Blake for having called the attention of the Society to the importance of lung rest in acute, and lung exercise in chronic, diseases of the thoracic organs. He mentioned that he had scarcely any experience regarding the importance of lung rest in acute cases, but he had daily opportunities for observing the beneficial influence of respiratory movements in chronic cases, especially the first stages of phthisis, in the secondary effects of pleurisy, in chronic catarrh, and asthmatic complaints, in compression and deformities of the chest. The application of respiratory movements for curative purposes, although at present much neglected, had been known for 2000 years before the present era, by the Chinese, who, under the name of Kong-Fu, have cured many chronic diseases by breathing-movements. The French missionaries have, in the *Mémoires sur les Chinois*, published in 1779 a chapter of Kong-Fu, illustrated with twenty drawings. The followers of the Tao-Se have made use of this treatment, and prepared the patient by various religious ceremonies, since the time of Hoang-Ti (2698 B.C.). The breathing-movements were done either through the nose, or through the mouth, or through both simultaneously, slowly or quickly, interrupted or rhythmical; and the missionaries describe a considerable number of different modes of breathing which have been used by the patients in a lying, sitting, or standing position, with the arms, feet, and trunk placed in the most varied postures imaginable. The speaker had translated the chapter on the Kong-Fu in the *German Athenæum for Gymnastics*, published in Berlin about eighteen years ago, and republished in *Dally's Cinesology*, Paris, 1875. It is known that in some of the large Chinese encyclopædias there are long treatises, with woodcuts, published on the Kong-Fu, but as these works contain several hundred volumes, Dr. Roth had not yet succeeded in finding the originals, published about 800 years

ago. Dr. Roth mentioned that owing to the kindness of his friend, the Chevalier Scherzer, the well-known traveller, he was brought into connection with Dr. Dudgeon, of Pekin, who has sent him a treatise on Hygienic Gymnastics, and a series of drawings of the positions in which the patients are directed to practise the breathing-movements. The speaker promised to bring these drawings and other books on this subject to the next meeting of the Society for the inspection of the members. During the last twenty years Dr. Neumann (who was sent by the Prussian Government to Stockholm for the purpose of studying medical gymnastics, based on Ling's principles) has published in Berlin, 1859, the *Art of Breathing, in its Application to the Cure of many Diseases*. Another Berlin physician, the Sanitary Privy Councillor, Dr. Bicking, published, in 1872, a little pamphlet on *Respiratory Gymnastics*, in which the author recommends breathing through a kind of apparatus similar to the oriental "chibuck," or Turkish water pipe. Dr. Paul Niemeyer published in 1872 his *Atmiatry (the Science of Curing by Breathing and by Air)*; the motto of his preface is Eulenberg's phrase—"In ordinary life we forget to breathe." In this country Dr. Ramage made use of a kind of tube which permitted only slow breathing in and out. In New York the homœopathic chemists have, during the last year, constantly advertised a glass tube for similar purposes. As Dr. Roth's attention has for many years been directed to the importance of enabling all chronic patients to breathe always to the fullest extent, he described the mode of his proceeding. He places the patient into half-lying, or reclined position, advises him to close his lips, and to breathe through the nose as slowly as he conveniently can; to retain the air in the well-filled chest for a period of from five to twenty seconds, and to breathe out very slowly through the mouth, while the lips are placed in the position required for whistling. The breathing out should, and can, be done very slowly, while the patient permits only a very small stream of air to pass through the small opening of the lips. As the apices of the lungs are frequently inactive, the patient is directed to place his fingers on the concave places under the clavicle, and is recommended to direct his will while breathing to these parts, and to fill them as much as possible. The lateral and anterior sides of the chest are frequently compressed, especially in women accustomed to tight lacing, tight dresses, tight bands, and tight petticoat strings; all of which interfere with the free action of the floating-ribs. If another person gently places the hand on these compressed parts, and encourages the patient, while breathing, to push the hands into a lateral direction through the expansion of these parts, the lower part of the lungs will be filled to their full extent, because they take-up as much place as the expanded thorax offers. Although the will has only a partial power over the respiratory movements, it is pos-

sible to influence one side, or one part, of the chest more than the rest: for this purpose the body is either bent or turned to one side, or one arm raised into a position more favourable to the expansion of the part which is to be more developed. In many cases the movements required for the expansion of the chest must be made by the operator, especially when the patient is too weak to move his limbs. The North American traveller and artist, Catlin, has published his observations on the advantages of breathing always through the nose, and if patients or persons liable to catch cold by breathing cold air would adopt the practice of shutting the mouth and of breathing through the nose, they would save not only the expense of a respirator, but also prevent many a cold.

At a later period of the discussion Dr. Roth, in answer to the observations addressed to him by the previous speakers, mentioned that the corsets usually worn at present are bad; they consist of two separate parts, which are laced behind by a cross-lace, and are hooked together in front, where the steel or whalebones are, by four or six hooks or fastenings of various constructions; the laces used to be elastic, and permitted the expansion of the chest during breathing, but the speaker was told that the manufacture of the elastic lace had ceased, and the ordinary lace not only interferes with the expansion of the chest, but even serves for tightening the compressing corset; the wearer is, therefore, even without feeling much the pressure of the corset, obliged to breathe in a longitudinal direction, while the transversal or lateral breathing ceases entirely as long as the corset is worn; after a shorter or longer period, this immovability of the lower part of the chest continues even when the corset is taken off, and the expansion takes place only when the wearer intentionally takes a deep breath. Dr. Roth recommends, therefore, the insertion of so much elastic webbing on both sides, and on the back of the stays, as is sufficient to permit deep and full breathing. Instead of the stiff whalebones or strong inflexible or slightly flexible steel, several small whalebones of about a quarter of an inch wide are made use of, which, although preventing the wrinkling of the corset, are not sufficiently strong to prevent the forward flexion of the body. All those who are weak generally have narrow and flat chests, are round shouldered, and round backed; in all these cases the breathing-movements, in positions most suitable to the individual case, are very useful. Regarding the advantages of wind instruments mentioned by Dr. Hale, he confirmed the good results produced by these instruments, especially for preventive purposes, and Dr. Roth mentioned the prevalence of east winds, the dust from the granite pavements, and the imperfect watering of the streets, as the principal pathogenetic causes of phthisis in Vienna, which could not be counteracted by vocal gymnastics. Finally, Dr. Roth protested against the indiscriminate use of any system of gym-

nastics, and against the hanging from the trapèze; he advocated for healthy persons the use of free exercises, where no gymnastic or other apparatus are required, except the floor to stand on, and the brains to carry them out. As for patients, special exercises in suitable lying, sitting, standing, kneeling, or hanging positions are recommended; and as to the exercises adapted to the patient's general condition as well as to his special complaint, the selection of these should depend upon the medical man only, but this is at present left to the empiricism of teachers of dancing, calisthenics, and gymnastics, all of whom have not the slightest notion of the complaints and deformities they are expected to cure.

Dr. BAYES said the subject brought forward by Dr. Blake is one of much importance, and that the mechanical treatment of disease where motion is the ordinary function of a part is one that requires grave consideration. Undoubtedly one ought not, in such a case, to trust to medicine alone; but there exist one or two objections to plastering the chest. It is very desirable in these cases to use poultices, and this cannot be done effectually when the skin is obstructed by plastering. One of the greatest uses of poulticing is the action of the warmth and moisture on the skin, inducing free local diaphoresis, and this cannot be done when the chest is covered with an adhesive plaster. Bandaging might prove of service in some cases. Passing on to the treatment of chronically flattened chests by movements, Dr. Bayes agreed in the great advantages to be derived by simple gymnastic exercises, which improve the voluntary muscles and promote a more rapid metamorphosis of tissue. Much has been said against the use of corsets in ladies' dress, but the result of his experience is that really well-fitting corsets are very serviceable, tending by their gentle pressure on the lower part of the thorax to expand the upper, and also tending to distribute the effects of pressure from the bands by which the other garments used in ladies' dress are fastened below the waist. The good development of the voluntary muscles of other parts has a great effect in a secondary manner on the expansion and contraction of the lungs, and the alternate action of the diaphragm by the respiration will have a distinct bearing on the abdomen, increasing the functional action and remedying many of the diseases of the abdominal viscera.

Dr. DUNDON thought that the plan recommended by the author of strapping the side of the chest affected with pleurisy and pneumonia was likely to be attended with advantage. Nature pointed out the necessity of limiting the movements of the affected side as much as possible, and so we often find that patients affected with pleurisy and pneumonia were easiest when lying on the diseased side, or that they pressed their hands upon the inflamed side to obtain relief. It might be that the prevention of the chest's movements might in pleurisy occasion short

adhesions between the costal and pulmonic pleura, and thus give rise to chronic stitch in the side. A mode of exercising the lungs not alluded to by the author was diving, in which act the air was forcibly retained in the lungs and acted powerfully on the air-cells, which might be useful in some cases. In the taking of exercise many persons are content with walking slowly, only the inferior extremities being brought into play. He considered it of great importance to insist upon exercising the superior extremities, whereby the lungs were much more acted on. If the patient could not play rackets, cricket, or some other such game he might, at all events, use the dumb-bells, which was an excellent form of exercise and a useful supplement to walking.

Dr. EDWARD BLAKE then said, in replying to the objections raised by members to the use of enforced lung rest in acute disease, he would remind them that poultices themselves arrested the chief functions of the skin; and it was curious, certainly, that the only member who disliked the idea of interfering with the play of lung, admitted that they were actually in the habit of restraining that play by either poultice or compress. Dr. E. Blake would answer the suggestion of the Vice-President that the plastering might cause adhesions, by reminding him of the very short time (sometimes a few hours only) that the plaster was necessary. The acute, stabbing pain of pleurisy is not of long duration. Dr. Bayes had spoken of the indirect benefit of lung exercise on other organs more or less remote, especially of the influence of this agency over the abdominal viscera. Perhaps even more marked is the effect of pulmonary exercise in giving tone to an enfeebled right heart. This is the more valuable, because it is notoriously more difficult to modify by medication the right side of that organ than the left. The heart being viewed as an appendage to the lungs, it can be readily understood that agencies beneficial to the one organ would react favourably on the other. Dr. E. Blake thought the *trapèze* admirable, but it was good, as Dr. Roth had observed, to be independent of all machinery, because poor patients could not, and idle friends would not, provide even the most simple contrivances. Doubtless the reason why the poor make better nursing-mothers than the rich, and why the mamma is seen so much better developed in the lower strata of society, as in domestic servants, is because the arms are so much more freely and continuously used. Dr. E. Blake would conclude by asking the members if they had tried prone *decubitus* in the basic pneumonia of the aged, so often merely hypostatic in character.

ON THE METHODS AND THE INSTRUMENTS
USED IN INVESTIGATING THE CAUSES OF
HAY-FEVER, WITH NEW EXPERIMENTS ON
THE WEIGHT OF POLLEN NECESSARY TO
BRING ON THE DISORDER, AND NEW
OBSERVATIONS ON THE ACTION OF OZONE.

By CHAS. HARRISON BLACKLEY, M.D.

Mr. PRESIDENT and GENTLEMEN.—As most of you will be aware, I have for some years been investigating the phenomena and causes of hay-fever, a disease from which I myself suffer. At the time my work was published in 1873 * there were some points that remained unsettled, and it is only recently that I have been able to finish my investigations on these points. I propose this evening, therefore, to show you some of the instruments and the methods I have used, and more particularly to bring under your notice the results of experiments made with one or two instruments not described in my work. In order to make my observations intelligible to those who are not acquainted with what has been already published it will be necessary to sketch rapidly the course hitherto pursued. To such experiments therefore as have been previously described I shall only briefly allude, but to such as may be new to you I shall devote as much time as we have at our disposal.

When my investigations commenced in 1859 all was obscure and uncertain, and I had to tread my steps slowly and carefully. Bostock, who was the first writer on hay-fever, believed heat to be the cause of his attacks, and I for a time believed mine to be due to the same cause. The fact that dust seemed to bring on attacks was the first circumstance that made me to doubt, and when it was noticed that dust had this effect only at one time of the

* Experimental researches on the Causes and Nature of Hay-fever. London: Baillière, Tindall, and Cox, 1873.

year I felt that the subject would need a careful investigation. A microscopical examination showed that dust contained pollen, but as it also contained other organic bodies pollen might or might not be the cause of hay-fever.

In 1859 I was brought accidentally into contact with pollen in a way that precluded the possibility of the attack which followed being due to any other cause. Many experiments were subsequently tried and almost invariably ended in bringing on attacks of sneezing and coryza when pollen was applied to the mucous membrane of the nares. At this time and for some years later I believed that I was the first to discover the principal cause of hay-fever, but I found subsequently that Elliotson had in 1831 * intimated that pollen might probably be found to be the actual cause of the malady ; he had not, however, proved it to be so. In all my experiments on the effects of dust it was found that when pollen was absent there were no symptoms of hay-fever produced.

In addition to heat, pollen and dust, other agents, such as light, coumarin, benzoic acid, odours of various kinds, and also ozone, had been supposed to bring on the disorder. It was therefore necessary to put each of these agents to the test of experiment before we could be sure that pollen was the sole or even the principal cause of the ailment. The influence of heat was soon determined. It was only necessary to note the changes of temperature in the atmosphere during and after the prevalence of hay-fever to prove that these did not run parallel with the changes in the intensity of the symptoms of the malady and could not therefore be a cause. Precisely the same thing may be said of light.

Benzoic acid volatilizes only at temperatures much higher than any we ever have in the atmosphere and why it should have been thought of as a cause of hay-fever I cannot understand. Coumarin, the odoriferous principle of the *Anthoxanthum odoratum*, (one of the meadow grasses) is a volatile body of a very penetrating odour, and may well have been thought to produce hay-fever, but neither this

* London: 'Medical Gazette,' vol. viii, 1831, pp. 411—13.

120 *New Experiments and Observations on Hay-fever,*

nor any of the other odoriferous substances experimented upon would bring on the disorder with me.

Schönbein had stated that atmospheric ozone seemed at times to bring on catarrh and the inference drawn by some writers on hay-fever was that ozone might be a cause of the malady. In order to determine this test papers (Schönbein's), procured from one of the London dealers, were exposed at the sea-side, but when half-a-dozen slips were exposed together, the depth of colour was never the same in all.* A second lot of test paper, made on Schönbein's method under my own superintendence, was better, but was by no means perfect, and it occurred to me that I would try the effect of covering one surface of the paper with unboiled starch and solution of potassium iodide.† This plan answered much better, but on account of the difficulty of covering the paper evenly it did not meet all my requirements.

Strolling one day by the sea-side during one of my summer holidays I noticed what is often seen on the sea shore, namely, a stretch of sand that had been left by the receding tide as smooth and flat as it would have been if trowelled by a careful and skilful hand. The idea at once struck me that if water would deposit grains of sand in this manner it might be made to deposit granules of starch in the same way. On my return home I had a very simple apparatus ‡ constructed by means of which I was enabled to deposit a thin layer of starch on one surface of a sheet of blotting paper.

This plan answered admirably. In the evenness and smoothness of the surface it gave it far excelled the work of the most skilful hand. The surface is a pure white and so delicate is the power of adjustment by this method that the quantity of material laid upon a given area, say of half an

* From a communication I had from the late Dr. Daubeny, it would appear he had had a similar experience.

† Schönbein's paper is soaked in *boiled* starch and solution of potassium iodide.

‡ This consists of a thin frame of brass with a frame of wood attached to it to strengthen it. The method of using this, the formula for the starch mixture, and also an account of the plan followed in constructing a scale, I hope to be able to give in another place.

inch square, can be regulated to the $\frac{1}{1000}$ th of a grain. The surface presented to the atmosphere has also the important advantage of being composed only of the two substances to be acted upon, namely, the starch and the potassium iodide. When acted upon by ozone, unlike Schönbein's or Moffat's paper, the colour produced varies from the palest yellow to a deep cinnamon brown or even a brownish black.

I had now a test paper that answered well the objects I had in view, namely, 1st. To determine in what ratio the quantity of ozone increased in ascending a given scale, and 2nd. To ascertain what relative quantity of this body would have to be inhaled to bring on catarrh if it was found to have the power to do so.

You are aware that in this test the ozone liberates the iodine from its combination with potassium and permits the former body to act upon the starch and thus to produce the characteristic colour. Free iodine operates in a similar manner but acts directly upon the starch.

The simple instrument shown in Fig. 1* exhibits this mode of action and it is by the use of this apparatus that I have been able to form some notion of the relative quantity of ozone at various points of a given scale. To the use of this instrument I shall refer again presently.

By experiments at the sea-side it was found that the quantity of ozone needed to produce each succeeding degree of a given scale increased in a somewhat rapid ratio, and that to produce the deepest tint on a scale of thirty degrees it would require from five to six hundred times the amount of ozone necessary to produce the lowest degree. Ozone is seldom present, even at the sea side, in this large quantity, but is often found in quantity sufficient to produce the middle tints, and these require from two to three hundred times as much as suffices to produce the lowest degree. Even in the largest quantity, however, ozone did not at any time bring on hay-fever and two of our most experienced meteorologists tell me they have never known it to bring

* The instrument exhibited when this paper was read was more elaborate than that shown in Fig. 1. This is, however, much more simple and is easily worked, whilst it is at the same time more reliable.

on catarrh. Moreover, when we consider that the spot where ozone is most abundant is the place where hay-fever patients are most free from their ailment, we cannot but wonder that this substance should ever have been thought to bring on the malady. There are, however, one or two other points to which I wish to draw attention and which together form the chief reason for my having gone somewhat into detail on this question of the action of ozone.

We have seen that ozone does not seem to bring on catarrh or hay-fever, but if ever it should be proved to do so it must be by the inhalation of exceedingly small quantities. The amount in the atmosphere necessary to develop those tints which correspond to the quantity which was thought by Schönbein to bring on catarrh are, as I shall be able to show, very small. But a much more important consideration arises from the circumstance that it is almost universally believed that an atmosphere in which ozone is moderately abundant is one that is favorable to health. I shall I think be able to show also in this case that so far as this health-giving property is dependent upon the presence of ozone it must in most instances be an exceedingly small quantity of the active agent that produces this condition.

I have said above that free iodine acts upon the test paper somewhat in the same manner as the iodine liberated by ozone, and that the instrument shown in fig. 1 exhibits

FIG. 1.



A. A square glass tube formed of four slips of glass, two inches long, cemented together, and to the foot-piece by Canada balsam. The opening of the tube is exactly half an inch square.

this mode of action. Iodine dissolves freely in proof spirit, but pure water has the property of giving up rapidly a

large portion of its iodine when a minute quantity of the alcoholic solution is placed in a small quantity of water.*

In using this apparatus we take advantage of the above-named circumstance. Ten grains of distilled water are placed in the tube, as shown at A, and to these are added one grain (by measure) of an alcoholic solution of iodine, which contains one grain in one thousand. This mixture is allowed to stand until it gives no perceptible tinge of colour to a piece of the test paper when placed over the opening of the tube and covered with a slip of glass for twelve hours. If we now add one grain of the same alcoholic solution of iodine and keep the opening of the tube covered with a slip of the test paper until the iodine is exhausted we shall find the paper coloured a deep cinnamon brown. We can now determine with tolerable accuracy the quantity of air that is necessary to be brought into contact with the surface of a piece of test-paper in order to liberate sufficient iodine to colour the paper up to the point attained by the expenditure of $\cdot 001$ of a grain of iodine. In a brisk wind the air travels at the rate of rather more than twelve miles an hour, but if we take it as moving at the rate of ten miles per hour for a period of twelve hours, 1,900,800 cubic inches of air will pass over a square half inch of test-paper set with its face to the wind for the time named. Dr. E. Smith calculated that a hard-working labouring man would in twenty-four hours pass into and out of the lungs 1,568,390 cubic inches of air, whilst an ordinary adult in a state of rest would only take in 686,000 cubic inches. If we take the average consumption to be 1,000,000 cubic inches in twenty-four hours, it would take nearly forty-eight hours for an adult to inhale as much ozone as would liberate $\cdot 001$ of a grain of iodine from its combination with the potassium. It is, however, highly probable that only a certain proportion of the ozone is absorbed from the air which passes over the test-paper, but if we allow *nine tenths* for waste it would still be necessary for an adult to inhale

* Possibly some portion of the iodine is converted into hydriodic acid also. The alcoholic solution will evaporate and colour the test, but is not so regular in its action when used alone.

124 *New Experiments and Observations on Hay-fever,*

for nearly five hours, in order to take in as much ozone as would suffice to liberate the weight of iodine named. Even at the sea-side it rarely happens that an exposure of twelve hours will give the depth of colour obtained by the expenditure of .001 of a grain of iodine. The average will probably be not much more than one fifth of this quantity.

In some situations the quantity of ozone present in the air is excessively small, only the faintest tinge of colour being seen after a prolonged exposure of the test. By following a similar method of experimentation to that detailed above, we can form some notion of the exceeding minuteness of the quantity of ozone that produces this change in the test-paper at the lowest points of the scale.

As in the former case we first place ten grains of distilled water in the tube (fig. 1). To this we add one fourth of a grain of the alcoholic solution of iodine* (one grain in one thousand), and allow this to stand until it gives no perceptible tinge of colour to a slip of test-paper placed over the opening of the tube for twelve hours. We now add one quarter of a grain of an iodine solution, which contains one grain in 5000. If we cover the opening of the tube with a piece of test-paper for twelve hours, a delicate pale yellow tint is produced, the expenditure of iodine being .00005 of a grain.† When we take into account the fact that two million cubic inches of air will sometimes pass over the test-paper in bringing about this change we shall be able to form some idea of the excessive minuteness of the quantity of ozone in the atmosphere, but which is yet capable of being detected.

It is, however, possible for ozone to be present, and yet to escape detection in the ordinary method of using the test. If we expose a slip of paper when the amount of ozone in the air is very small, a considerable time will elapse before any change of colour is perceived, and if this

* This may easily be done, without the trouble of weighing, by using the instrument shown at fig. 7.

† By operating with a tube of very small diameter, say the $\frac{1}{16}$ th of an inch, it is not difficult to show the reaction of so small a quantity as the $\frac{1}{1000000}$ th of a grain of iodine.

time should go beyond the usual period of exposure, it will seem as if no ozone were present. But this want of action is often only apparent and not real. This may be demonstrated in the following manner. A slip of test-paper is exposed, so that one third of its surface is covered from the wind; at the end of a given time and before any tinge of colour is seen the slip is moved, so that the covered part is

FIG. 2.

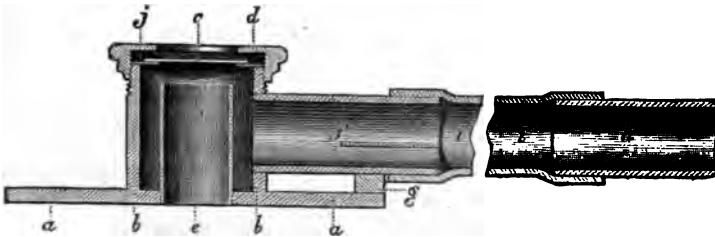


FIG. 2.—A perpendicular section of the instrument represented. *a, a*, brass plate to which the brass cylinder *b, b* is soldered; *c*, a square of thin microscopic glass, on which a cell one centimètre square is made with black varnish; *d*, a loose cap, which screws on to the cylinder *b, b*. When screwed down, the under and inner surface of this cap rests on small pins, which surround the square of thin glass. *e*, a smaller cylinder, which is made to screw into the plate *a, a*; *f*, a brass or glass tube cemented or screwed into the cylinder *b, b*; *g*, brass step screwed to the plate, *a, a*, the tube *f* being cemented into a semicircular recess on the upper surface of *g*; *h*, a short length of glass tube to be used as a mouthpiece; *i, i*, caoutchouc tube attached by one extremity to the tube *f*, and by the other to the mouth-piece *h*. This tube should be sufficiently long to reach the mouth of the operator when the instrument is placed in position on the stage of the microscope, and the eye of the operator is in position at the eye-piece. A slip of thin glass is shown to be inserted in the tube *f*; *j*, a disc of thin brass perforated, with a square opening rather larger than the cell on the thin glass. This disc is made to rest upon the upper edge of the cylinder *b, b*.

Drawn to a scale of $\frac{1}{3}$ rds.

exposed and one half the other portion is covered. It is now exposed for the same length of time as before, and if ozone is present the middle portion of the test will show a change of colour, whilst the two ends remain unchanged. In this way an undercurrent of unperceived action may go

on for any length of time. What part this kind of action may, in this case, play in the economy of nature it is impossible now to say; nor yet is it possible at the present time to determine how far it prevails in other departments of nature. It is, however, probable that in some it plays a very important part.

It had been shown that pollen would bring on some of the symptoms of hay-fever, but it was not certain that the yearly attacks were caused by pollen in the atmosphere. To determine this various methods of experimentation were

FIG. 3.

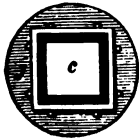


FIG. 4.

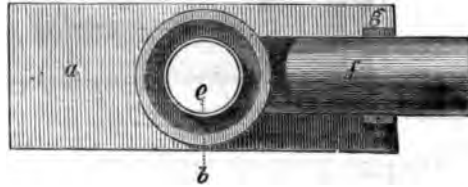


FIG. 3.—A view of the upper surface of the disc of thin brass *j*. The square of thin glass *c* is also shown in position.

FIG. 4.—A view of the upper surface of fig. 3 (the cap *d* and the disc *j* being removed). *a*, brass plate to which the cylinder *b* is soldered, and into which the smaller cylinder *e* is screwed; *f*, glass or brass tube cemented into the cylinder *b*, and to the step *g, g*.

When in position the disc *j* rests on the upper edge of the cylinder *b*, as shown in fig. 5. The thin glass *c* is kept in position by the short pins along its edge, these being screwed into the disc *j*. The india rubber tube *i, i*, and the mouth-piece *h*, are supposed to be removed.

tried. Several different forms of aspirators were used; one of these is shown in figs. 2, 3, and 4. If, whilst the instrument is on the stage of the microscope, the operator inhale through the mouthpiece *h*, whilst the thin glass is kept in focus, the solid matter in the air will be seen to deposit itself on the under surface of the glass, if this has been covered with a thin layer of glycerine and spirit.

These various modes of testing the atmosphere readily detected the presence of pollen, but were not to be depended upon in determining the quantity, and consequently the simpler and more reliable plan of exposing glass slides to the open air was adopted. The daily examination of the

slides under the microscope showed that the rise and fall in the quantity of pollen in the atmosphere, and the intensity of the symptoms corresponded very closely.

Observations made in 1867 showed that pollen was sometimes carried over the city, and deposited on the glasses after being carried three to four miles. Further experiments of this kind were made by means of a kite to which were attached instruments that collected the pollen at high altitudes. One of these is shown at figs. 5 and 6.

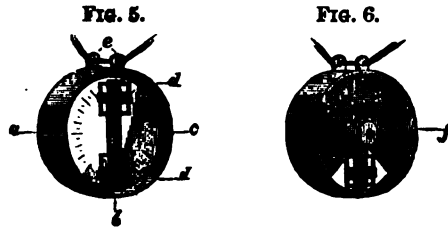


FIG. 5.—A view of the instrument with the cap *f* (shown in fig. 6) removed; *a*, a case of thin brass in which the wheelwork is placed; *b*, an arm of thin steel or brass, which is made to fasten on to the pivot shown at its centre. The pieces which project beyond the cross bars at each end are small steel springs, which are turned up at right angles at the ends, so as to keep the squares of thin glass in position. At each end the cross bars are turned over the glass in the form of hooks; *c*, the dial plate, marked so that each division represents a period of fifteen minutes when the central arm is moving; *d, d*, squares of thin microscopic glass bordered with black, so that a cell one centimètre square is formed upon them. These cells are charged with the prepared fluid, as in the other experiments; *e*, small rings attached to the case: through these the piece of cord passes which is attached to the cord used to raise the kite.

FIG. 6.—A view of the instrument with the cap *f* in the position it is when in use. This latter should be so constructed that it will not sink below the anterior margin of the case, *a*, as shown by the termination of the dotted line at *a*.

Drawn to a scale of $\frac{1}{4}$ rd.

This instrument was devised for the purpose of detecting the presence of pollen at high altitudes only, and is so constructed that it can be raised to any desired altitude before the glass on which the pollen may be deposited is exposed to the wind. The average of the observations made in

different years showed that we have *more than nineteen times the quantity* of pollen in the upper atmosphere than we have in the lower. The highest altitude attained was two thousand feet, but on the method adopted there is no assignable limit to the height that may be reached, and what may be the result of more extensive experiments in this direction it is impossible to say. The upper atmosphere is at present almost an unknown region. One of my reviewers in speaking of these observations has said "they supplement the experiments of Dr. Angus Smith, and if repeated may give us that information about the upper air which Carpenter and Wyville Thompson have obtained, and are obtaining about the depths of the ocean." I hope some day to have time and opportunity to penetrate further into this almost unknown region.

So far pollen had been applied only to the mucous membrane of the nares, but it was found by subsequent experiments that wherever applied it produced disturbance. A decoction of pollen applied to the conjunctiva brought on congestion of the vessels, and this after a time was followed by severe chemosis. When fresh pollen was applied to an abraded portion of the skin œdema of the subcutaneous cellular tissue was produced, but there was no inflammation of the true skin. An important and interesting question is how pollen produces all this disturbance. When placed under the microscope and breathed upon as it is when in the nares, the pollen grain first begins to swell, then the granular matter alters its position and eventually escapes by bursting through the *intine* or inner membrane, and whilst this is going on it will frequently move half way across the field of the microscope.

At the time my researches were published I had not fully determined the special cause of some of the symptoms of hay-fever. After repeating many of the experiments to which I have briefly alluded, and after closely studying the subject anew I have come to the conclusion that the influence which pollen exercises upon the mucous membranes and other tissues is of a mixed kind. The sneezing is, I think, due partly to mechanical and partly to physiological

action. The inflammation of the conjunctiva is probably due to mechanical action entirely. The chemosis of the conjunctiva as well as the œdema of the submucous and subcutaneous cellular tissues are, I believe, entirely owing to the physiological action of the granular matter. When, however, pollen is applied to the skin after this has been abraded there is this curious anomaly in its action, namely, that whilst œdema of the subcutaneous tissue is produced the *cutis vera* apparently escapes its action altogether. It is this œdema of the various tissues which constitutes the great peculiarity in the influence of pollen.

Another question that remained unsettled at the time my work was published was the determination of *the actual weight of pollen necessary to bring on an attack of hay-fever*. The solution of this problem I found to be more difficult than that of any with which I had had to deal. The whole matter hinged upon the average weight of single pollen grains. If this could be ascertained the rest would be comparatively easy. Again and again attempts had been made to weigh on the balance a number of pollen grains, such as could be counted under the microscope, but again and again I had failed. The largest number that could be counted accurately in a space of one square centimetre was three thousand, but this number did not affect a balance that turns easily with one *two hundredth of a grain* (one of Oertling's). I began to think I should have to give up the task without accomplishing anything more. I did not like to acknowledge this, however, and still persevered in my efforts and by the aid of the microscope, the balance, and the instrument shown in fig. 7 I have I think been enabled to solve the problem satisfactorily.

In using this instrument the screws $\kappa \kappa \kappa$ are first adjusted so that the points are about *one line* below the mouth of the graduated tube (equal to four turns of the screws). The screw ι is now turned down until the compressor \jmath has driven the air from the india-rubber tube. We now weigh on the balance $\frac{1}{100}$ th of a grain of pollen and place it in one hundred grains of a fluid composed of *six parts of alcohol* (proof spirit) *two of glycerine* and *two of*

FIG. 7.

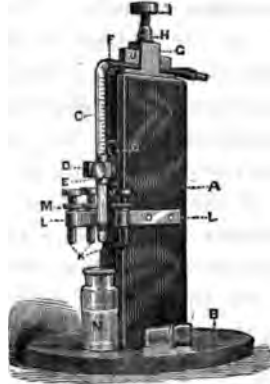


Fig. 7.—A, a broad flat pillar of wood, to which is attached the foot-piece B. C, a glass tube with an internal diameter of about $\frac{1}{16}$ th of an inch, and graduated so that each division will contain $\frac{1}{16}$ th of a grain of distilled water. D, a brass nut, into the posterior portion of which is inserted the small brass tube which carries the graduated tube C. The nut and the tube are slit perpendicularly, so as to permit the glass tube to be clamped by the screw E. F, a caoutchouc tube attached by one extremity to the graduated tube C, and closed at the other by a glass plug. G, a brass box open at each end for the passage of the compressor J. To the top of the box G is attached the nut H, through which passes the screw I which acts upon the compressor J. K K K, three screws which pass through nuts cut in the bars L L. Two nuts are seen in the posterior bar and one in the anterior one. These screws are used for regulating the distance of the microscopic slide from the mouth of the graduated tube C. On the upper part of the screws K K K are seen three lock-nuts M used to fasten the screws in any given position. N, the fluid containing the pollen. O, a flat plate of brass into which is rivetted the nut D. This plate is screwed to the edge of the pillar A. The lower part of the graduated tube is ground with fine emery powder, so as to cause a constant amount of capillary attraction. The ring of black varnish shown at the lower end of the tube prevents the fluid from rising beyond the lower margin of the ring. The screws K K K and I are cut with fifty threads to the inch, and the heads are graduated with twenty divisions on each, so that each degree gives a rise or fall of $\frac{1}{1000}$ th of an inch.*

* In the first form in which this instrument was used the graduated tube was placed on the top of the pillar, whilst a plain tube occupied the place of the graduated one. The compressor was in this case fastened to the posterior edge of the pillar A.

distilled water. After this has been well shaken so as to distribute the pollen evenly through the liquid, the bottle is placed under the tube c and raised until the point fairly dips into the liquid. The screw j is now turned up until the fluid rises to the uppermost mark of the graduated tube. If the screw is now turned gently down again until the upper surface of the fluid has passed *five divisions* a drop of the fluid equal to one fourth of a grain will hang from the mouth of the tube. This drop will contain 0·000,025 of a grain of the pollen. A microscopic slide with a circular cell of varnish upon it, half an inch in diameter, is now made to touch the points of the screws κ κ κ and the fluid will at once be distributed over the surface of glass within the ring of varnish. The slide is now placed in the horizontal position and kept at a temperature of 100° or 120° Fahr. until the alcohol and water have evaporated and the glycerine is left as a thin and smooth layer. By placing the slide under the microscope with a good $\frac{1}{4}$ in. objective of moderate angle the pollen grains can easily be counted on any microscope that has a mechanical stage attached to it, if the method described at p. 126 of my work is followed.

On this plan the average weight of several species of pollen grains was ascertained. In each case ten slides were counted in order to neutralise possible errors. Ten slides of the pollen of *Lolium perennè* had an average of 150·8 on each slide; thus it was found that one grain, by weight, of this pollen would contain 6,032,000. Ten slides of the pollen of *Plantago lanceolata* contained 253·8 on each slide, so that it would require 10,124,000 to make up one grain by weight. Ten slides of the pollen of *Scirpus lacustris* gave an average of 620·5. Thus one grain by weight would contain 27,802,000 pollen grains. The pollen of the *Vacua* (an exotic) contained 37,888,000 in one grain.

It is necessary to remark here that the weight of the single pollen grain differs in different years. In a number of experiments tried in 1874, one grain of the *Lolium perennè* was found to contain 4,400,000. At § 234 of my work I remark that “in addition to those influences which make pollen more or less capable of fulfilling its own proper

132 *New Experiments and Observations on Hay-fever,*

function in the vegetable world, there also seems to be some influence at work which, independent of the quantity of the *materies morbi*, or condition of the patient, alters its power of producing hay-fever." I believe now that this difference is mainly owing to the difference in the size of the pollen grain, and that this again is dependent upon the kind of season. In late and cold seasons we shall have ill developed pollen. In warm seasons we shall on the contrary have large and vigorous pollen, and just in the same proportion will the intensity of the symptoms vary in any given year. The calculations which follow are based on the results of experiments specially made this summer.

We are now in a position to determine the weight of pollen necessary to bring on the malady. For this we have already some data collected. We know for example that the quantity of pollen deposited as compared with that inhaled in a period of twenty-four hours is as 1.0 to 4.4. But as a patient is not in the open air exposed to pollen more than eight hours out of the twenty-four, it will be necessary to reduce the 4.4 to 2.0, or less than one half.

The quantity of pollen collected on the day when the disorder was fairly commencing was 74, and if we multiply this by 2.0 we have 148 as the product. The pollen of *Lolium perennè* contains 6,032,000 in one grain by weight, and as this is a fair average of the size of the pollens of the English meadow grasses we may take it as a standard. If the number inhaled be divided by the number contained in one grain of this pollen we get the exact weight of pollen that will bring on the disorder. Thus
$$\frac{148}{6,032,000} = .0,000,245 \text{ gr.}$$
 or in other words less than $\frac{1}{40000}$ th of a grain inhaled in each twenty-four hours suffices to bring on the malady in its mildest form.

When the quantity of pollen in the atmosphere was the largest and the symptoms of the disorder were the most severe of any day in the season the deposit was 880 in the

* I have also weighed the spores of two or three of the cryptogams. In one case one grain contained rather more than 500,000,000. Of these, I may have something to say at another time,

twenty-four hours ; $880 \times 2 = 1760$; and $\frac{1760}{6,032,000} = 0.00029$ grain. Thus rather less than $\frac{1}{3427}$ th of a grain of pollen inhaled in each twenty-four hours will keep up hay-fever in its severest form.

The way in which pollen is distributed on the mucous membrane when inhaled may partly account for the effect which so small a quantity produces. And here it is important to notice two facts to which Mr. Darwin kindly drew my attention in 1873. 1st. Pollens have been divided into two classes, namely, into *coherent* and *non-coherent*. The pollen masses of the orchids may be taken as a type of the first class, whilst the pollen of the grasses may be taken as a type of the second class. 2nd. Delpino has also divided plants into two classes according to the mode in which they are fertilised. In the one case they are fertilised by the agency of the wind and are termed "*anemophilous*" plants. In the other they are fertilised through the agency of insects, and are termed "*entomophilous*." The grasses are examples of the first class and the orchids of the second.

Coherent pollen is seldom or never found floating in the atmosphere, and cannot therefore be a cause of hay-fever. The grains of incoherent pollen are always found floating in the atmosphere singly. In no case have I ever found a number massed together or one pollen grain over-riding another on the exposed slides. It must, therefore, be that the pollen grains will be distributed in the same manner on the mucous membranes. Each one will have its own separate sphere of action in which it can expend its full power without let or hindrance, and without waste of power. We cannot with any means we have at present at command show the exact nature of the action which pollen has upon the mucous membranes ; nor do we know whether the œdema which it sets up in the submucous and subcutaneous cellular tissues is due to its action upon the capillary blood-vessels or upon those of the lymphatics. But upon whichever set of vessels its power is exercised we know that the granular matter of each individual pollen grain will have its

134 *New Experiments and Observations on Hay-fever,*

own sphere of physiological action, and that the quantity of the *materies morbi* which operates within this sphere must be exceedingly small.

The interest shown in some of the questions I have brought under your notice has led me to give not only my new observations, but also to sketch briefly the course I have pursued in former experiments, and thus to some extent to go over old ground. This will, however, have made my object more clear to you, and will have grouped together most of the facts on which my latest conclusions are based. With one solitary exception in the matter of the genesis of hay-fever I have tried to avoid forming hypotheses. I have simply endeavoured to interrogate nature, and as faithfully as I could to record her answers. I might now legitimately draw what seem to me important conclusions from the facts I have given, but this I will not attempt to do because I feel sure that each individual mind will be able to do this for itself in a more forcible and suitable manner than I can hope to do, and I shall therefore leave each one to draw such lessons as the facts seem best calculated to teach.

Discussion on Dr. Blackley's paper.

Dr. VERNON BELL said Dr. Blackley's paper was certainly one of the most original that had been delivered at these monthly meetings, and one he ventured to say which would have met with a more appreciative audience in the "Royal Society." Before he read the published observations of Dr. Blackley on the causes of hay-fever, he had regarded heat and dust of all sorts as among the agents most to blame in producing this distressing affection. But it was now evident, he said, from Dr. Blackley's researches, that pollen, especially of certain kinds, had a remarkable effect on some Schneiderian membranes. What the physiological action was, he observed, seemed difficult of explanation, for of the many thousands of people inspiring pollen every year, there were only a few who presented symptoms of catarrh of the nose. It is possible that pollen impinging on a predisposed membrane may transmit an obscure specific irritation to the nervous centres and reflexly paralyse the nerves controlling the quantity of blood in the nasal mucous membrane. He fancied the engorgement of the membrane and abnormal dis-

charge of mucus might be explained in some such way. But in all cases of hay-fever there were, he observed, two factors, the irritant and the susceptibility of the person affected by the irritant. He imagined that every case of this peculiar form of nasal catarrh could not be induced by the impact of pollen alone. Some persons manifestly had a predisposition to be affected by pollen, but was its power over the same persons in any degree modified by atmospheric moisture? That very morning a French gentleman had consulted him for a severe attack which had recurred every summer since he was a boy, except during three years when he was with his regiment in Algeria. During the whole of that period the gentleman told him he was perfectly free, but no sooner had he landed at Marseilles than he was violently seized by his old enemy. He (Dr. Vernon Bell) would be glad if Dr. Blackley could throw any light on such an anomaly. Was the increased proportion of moisture at Marseilles responsible for the recurrence, or was there some noxious property in the pollen of exogenous plants which was absent in that of the Endogenæ of the dusty Continent of Africa? Facts like this, and the not infrequent occurrence in *winter* of that which closely resembles the hay-fever of summer, he considered threw some uncertainty on pollen being the exclusive origin of every case. With respect to ozone, Dr. Vernon Bell would also like to hear whether, Dr. Blackley had verified the recent statement of an allopathic writer that it ceased to produce a nasal catarrh when the temperature was raised to 75° Fah.? As to the treatment of this enfeebling complaint, though the author of the paper had not touched upon that, he (Dr. Vernon Bell) had often been well satisfied with medicines which strengthened the nervous system, and with the topical application of medicated sprays; and this summer he had afforded relief in two instances when he followed the suggestion and practice of Binz and Helmholtz, the injection of a solution of *Quinine* into the nostrils.

Dr. Roth thought that the most interesting instruments invented by Dr. Blackley should be sent to the Scientific Instrument Exhibition in the Kensington Museum, and to the French Academy, to compete for one of the Monthion prizes; he pointed out the great importance of a good graduated ozonometer which has been for several years a desideratum both for scientific and sanitary purposes. Dr. Blackley's researches were another proof of the power of so extremely minute substances producing pathogenetic effects, and those who object to the external application of homœopathic medicines must reluctantly admit the possibility of their curative power while applied externally. Dr. Roth mentioned that people call various complaints of the mucous membrane of the nose and of the conjunctiva "hay-fever," although entirely different from this disease; he named the case of a lady who had suffered frequently and at various seasons from all the symptoms of hay-fever, which

136 *Address delivered before the Annual Assembly.*

he relieved by the internal and external use of *Bichromate of Potash*, and at a later period after the return of the paroxysm by the external application of *Tannin* which was injected into the nose.

Dr. DUDGEON some years ago was enabled by Dr. Blackley's discovery of the dependence of hay-fever on pollen to effect a complete cure or rather prevention of the disease in a lady. She informed him that for some weeks every year in the month of May she suffered severely from hay-fever. As she lived in the country he inquired if there was any shrub or plant near the windows of the rooms she chiefly occupied which was in flower at that time. It turned out that there was. On cutting down the plant she lost her annual hay-fever completely.

ADDRESS

Delivered before the Annual Assembly of the British Homœopathic Society, June 29th, 1876.

By Dr. DUDGEON, Vice-President.

GENTLEMEN,—It is the custom in this Society that the acting vice-president of the year should close the session with an address. Whether this custom would be more honoured in the breach than in the observance it is not for me to say, but I think each vice-president, as his turn came round, would unhesitatingly pronounce for the breach; unless he happened to be from the other side of the Tweed, where they are popularly believed to have no great liking for the observance of *breeches*. But the custom, be it good or bad, dates from the hoary antiquity when vice-presidents of this Society were first called on to fulfil the duties of non-presiding Presidents; so, *noblesse oblige*, and I meekly conform to the time-honoured institution.

Having thus made up my mind to do as my predecessors have done, and as they have all delivered addresses, to deliver one also, I will not say *likewise*; the next question I have to consider is: what shall I address you about?

I might, following illustrious precedents of vice-presidents, deliver a discourse like the last occupier of this chair on the intricate relationships of the old to the new school. But with all the will, the ability to do this is wanting to me. I must needs say, in the favourite phrase of another Pope, "non possumus." Or, following other examples, I might cast a retrospective glance at the labours of the past session, and enumerate, with a felicitous diversity of encomium, all the papers that have been read before you, crowning in imagination each essayist with immortal bays. But on the occasion of our final meeting of the session I think your vice-president should endeavour to send all his audience home for the holidays with happy and contented minds, and in order to secure that desirable end he should constitute the assemblage for the nonce into a society for mutual admiration. I feel it would be a departure from the spirit of such a society to confine my praise to those who have instructed and delighted us with their learned essays. Besides, the authors of papers have already received numerous thanks and much praise on the reading of their papers. For it is one of the admirable customs of our Society that each member as he rises to comment on a paper read first of all passes a cordial vote of thanks from his own individual self to the author of the excellent essay he has had the pleasure of listening to, before he proceeds to refute the author's statements and cut up his views. Like the champions of the P. R.—

We first shake hands before we box,
Then give each other plaguey knocks.

Any praise I could concentrate in a presidential address would necessarily sound flat, secondhand, and perfunctory, and would certainly be altogether supererogatory after the warm encomiums of individual members dealt out all hot at the meeting where the paper was read. Then you know it was said by the wise man that if speech is silvern, silence is golden, and I am sure that those of us who did not speak take credit to themselves, like a certain famous parrot, for having thought the more. Moreover, now that the papers and the discussions on them are regularly published, first

quarterly in the *British Journal of Homœopathy*, and then annually in the book of the chronicles of the Society, termed *Annals*, there is no occasion for me to make any remark about them. I need only refer you to those two periodicals where you can study them for yourselves, and I may say this *en passant*, that you will find them well worth a serious perusal ; for they do great credit to our small Society and compare favourably with any essays published by any other homœopathic Society, whether in Europe or America. To be sure we last night determined that their publication in the *British Journal* shall cease, whereby our authors will lose a considerable number of readers and admirers, but we shall still continue them in the *Annals*, where, of course, they will only be seen by members of our Society. But in this we show our wisdom, for we know how good the papers are, and having such good things we do right to keep them all to ourselves. As, then, the publication of these admirable essays exempts me from the necessity of passing a separate eulogium on each,—as indeed they have only to be read to be admired—their publication naturally is their reward ; it may be thought that to restore the balance of impartiality I should bestow the tribute of my praise on those who have no such reward, I mean on those members who have done their best to add to the pleasantness of our meetings by not reading papers. But I fear that were I to do so I should incur the wrath of our excellent Secretary, or if not his wrath (for he is much too amiable to indulge in such a debasing passion), his displeasure or, at least, his dissent, for it is well known in this Society that what our valued Secretary most dislikes is a non-contributing member, whether the non-contribution be of the literary or the pecuniary kind. But I believe he would almost forgive a member for being a week or two in arrear with his subscription provided he was prompt in the production of a paper when called upon.

But silver speech and golden silence have not constituted our whole work during the past session. Thanks to the indefatigable industry of our energetic Secretary, the second edition of the *Pharmacopœia* is now ready, and it is to be

hoped that our allopathic friends will study it before rushing into print and endeavouring to fasten on homœopathy the suspicion of a recent case of poisoning by means of that fearfully potent, though to us unknown homœopathic preparation "the mother solution of tartar emetic"—a most unnatural mother surely to perpetrate such wicked infanticide, or "pædoctony" as our witty satirist would call it. A proper study of this—the authoritative official pharmacopœia of this Society—will dispel several illusions that are to be found in a recent paper by a lecturer on allopathic materia medica published in the *Practitioner*. If the term "antiquated" seems to him a fitting epithet to be applied to our first edition, published in 1870, he can scarcely be so unreasonable as to use it in speaking of our second edition, published in 1876. But possibly our learned critic applies the term "antiquated" to the old *Pharmacopœia homœopathica* published forty years ago, to which it is undoubtedly applicable; but if so, then for an eminent lecturer on *Materia Medica* at an illustrious medical school, who undertakes to write about homœopathic pharmacy, he is singularly ignorant not to know that the only authoritative homœopathic pharmacopœia in this country is the one of which the second edition has just appeared. Dr. Farquharson has evidently acted on the maxim of a celebrated wit, that it is much pleasanter to write on a subject you know nothing about than on one you are thoroughly acquainted with. Indeed, he quite plumes himself on his ignorance, and evidently thinks it a great advantage that "he knows nothing of the principles of those who practise homœopathy." Had his modesty allowed him he might have added: "nor of the processes employed in the making of homœopathic medicines." But no doubt he thought that that piece of ignorance on his part could not fail to be obvious to every reader of his paper, so he did not consider it necessary to make a special boast of it. There is this advantage in his entire ignorance, that he can give free rein to his fancy in his account of homœopathic medicines, which he could not do were he trammelled by the bonds a knowledge of his subject would impose.

The British Homœopathic Society may further take to itself the credit of the School of Homœopathy, which has this year completed its second session. In the establishment of this School, the Society has taken a very active part. It has furnished the great and indefatigable promoter of the School, our esteemed colleague, Dr. Bayes, who at a considerable outlay of time, and I suspect of money too, has kept all up to the mark and, I may say, has been the main-spring of the whole affair. It has given the lecturers to the School, for are not Drs. Bayes, Hughes, Hale, Drury, Mackechnie, Matheson, Jones, and Drysdale, all members of the Society? It has provided a large portion of the funds required for advertising purposes and this with an alacrity and spontaneity which were the admiration of all. Lastly, it has supplied a considerable portion of the audience to each lecture, but this act of benevolence was not altogether disinterested, for if the lecturers were encouraged and supported by the presence of their colleagues, the latter were well rewarded by the words of wisdom that flowed from the lips of the lecturers.

The authorities of the Hospital also deserve all praise for the readiness with which they gave the use of the large and commodious board-room for the purpose of the lectures, and for the willingness they have always expressed to assist the lectures committee in establishing a real school of homœopathy.

Another work of the Society during the past session has been in connexion with the great World's Homœopathic Convention, to be held in the United States, on the occasion of the Centennial Commemoration of the American Declaration of Independence. At the invitation of their Transatlantic colleagues, who sent a deputation of two of their most illustrious men, Professor Talbot, of Boston, and Professor Ludlam, of Chicago, the Society appointed several of its members to compile a historical and statistical account of homœopathy in this country, and you have had an opportunity of judging how well this task has been executed by the gentlemen you selected for it.

Three members of this Society, Dr. Hughes, Dr. Hay-

ward, and Mr. Clifton, have crossed the Atlantic to attend the great homœopathic gathering at Philadelphia, and you will agree that the Society will be worthily represented by those members. We were all impressed by the cordiality of the invitation given to British homœopathists by the committee of the World's Homœopathic Convention, through their excellent ambassadors Drs. Talbot and Ludlam. I lately read, in some newspaper, that Philadelphia in the month of July is about the hottest place on the American continent, so we may be sure that our colleagues will have a warm as well as a fraternal reception in the City of Brotherly Love. When what is left of them after being overwhelmed by American hospitality and melted by American sun, shall return to the bosom of the Society that now mourns their absence, we shall hope to receive from them a vivid account of the state and prospects of our cause in the centenarian but still youthful States.

My list of the achievements of our Society during the past session would be incomplete were I to omit all mention of the Homœopathic Benevolent Fund which originated among members of this Society; foremost among whom in promoting its organization and usefulness is our estimable colleague Dr. Yeldham. The necessity for such an institution refutes the common reproach addressed to us by our orthodox opponents, that the profession of a belief in homœopathy is made because it is a sure road to wealth. I think it would be found on investigation that we have amongst us an undue proportion of practitioners who have failed to realise a competence by the practice of their profession. Whatever may have been the case in former days, it is now very evident that an acknowledgment of the truth of the great therapeutic principle discovered by Hahnemann is far from being a sure passport to a large practice. The virtue of standing up for what we believe to be the truth is often its own sole reward, and I believe it is frequently more difficult to succeed by professing faith in homœopathy than by steadily sticking to the old routine, as we are heavily handicapped with professional ostracism

and exclusion from all the honours and emoluments of the profession. Moreover, our so-called orthodox brethren have been, and still are carrying on such wholesale pilfering from our homœopathic treasury that probably before long, if this system of spoliation goes on unchecked, we may all have occasion to be thankful we have a Benevolent Fund to save us from the workhouse.

The proposition made last session by Dr. Wyld has borne no fruit, the situation remains unaltered, the opposition to friendly intercourse being as great as ever on the part of our old-school colleagues; in fact, if we may judge from an article by some anonymous practitioner in the January number of the *Monthly Homœopathic Review*, called "An Allopathic Double-shuffle," there is more unwillingness than ever to accord professional courtesies to those who acknowledge Hahnemann to be a great teacher in therapeutics. Though it is no doubt annoying to find ourselves treated *de haut en bas*, and denounced as fraudulent quacks and ignoramuses by colleagues who are not very clearly so much superior to ourselves in scientific acquirements and morality, we may perhaps console ourselves by the reflection that these brethren are only pursuing the usual tactics of the envious and seeking to exalt themselves by disparaging their neighbours. We, of course, require to resort to no such disloyal methods of exalting ourselves. It is curious, but at the same time perfectly natural, that while our old-school colleagues, who love to call themselves *regular*, *κατ' ἐξοχὴν*, because, like *lucus a non lucendo*, they have no *regular* or rule of practice (just as the Serpentine river is so called, because it is not a river and not serpentine, or as the Crystal Palace is so called, because it is not a palace and not made of crystal)—while, I say, they are daily assimilating more and more to us by abandoning their traditional methods of treatment for ours, and by advocating the investigation of the physiological properties of drugs, they continue to denounce the open profession of homœopathy as fiercely as ever. We have seen it stated that theologians hate one another in the inverse ratio of the divergences of their doctrines, so we are not surprised at

witnessing the same phenomenon in the medical world. The assimilation of the doctrines and practices of the two schools has become so great, that there is a border land where dwell our bitterest friends and dearest enemies, who are only distinguishable from one another by the fact that the former bless while the latter curse the name of Hahnemann. In fact a division of the medical profession into anti-Hahnemannists and non-anti-Hahnemannists would be much more consistent with facts than the ordinary accepted division into allopathists and homœopathists; for the so-called allopathists, though they have registered a vow in their colleges and societies never to practise homœopathy, do indeed practise a deal of conscious or unconscious homœopathy, and the so-called homœopathists are most improperly so called, for they have never taken any vow to abstain from the practice of any method, be it allopathic or any other, by which they think they may benefit their patients. Every day shows that it is merely the blessing or cursing of Hahnemann that constitutes the difference betwixt the two great parties in medicine, for we have seen how Ringer can re-stock the orthodox shelves with homœopathic drugs amid the applause of all the adherents of old medicine, and we have seen how a second-rate practitioner of homœopathy of twenty years' standing has only to curse Hahnemann in public to be at once acknowledged as a first-rate luminary in the firmament of traditional medicine, and to be appointed a lecturer on *Materia Medica* at a famous orthodox medical school, where he teaches the rising generation of doctors the homœopathic *Materia Medica* interspersed with insincere and ungrateful denunciations of its author.

During the past session the Society has been joined by a good many new members, and it has honoured itself by electing several distinguished foreigners as corresponding members, among these the venerable Dr. Constantine Hering, of Philadelphia, and Dr. John Gray, of New York, on the occasion of the fiftieth anniversary of their reception of the doctor's degree.

Beyond the precincts of our Society the history of

homœopathy in this country during the past session has not been very eventful. The chief incident worth mentioning is the sensible conduct of the Medical Institute of Birmingham, which decided by a large majority that members of the profession who professed a belief in the homœopathic therapeutic law were not on that account ineligible as members of the Institute. This is a great advance on the famous Brighton Resolutions of thirty years ago, though but a slight instalment towards the fair treatment we have a right to expect from our colleagues. But we must be thankful for small mercies. This very sensible conduct of the medical practitioners of Birmingham, so different from what past experience in other places, and notably in the metropolis, has led us to expect would be the behaviour of members of the old school when brought in contact with homœopathy, teaches us that the wise men do not invariably come out of the east, but possibly in another thirty years or so we may find that the western civilisation may have penetrated to metropolitan orientals, and that the medical societies of London may not keep their doors shut against all who venture to differ from their actual members on therapeutic subjects.

The "conspiracy of silence" among the medical periodicals has been broken by fierce denunciations of the liberal conduct of the Birmingham Medical Institute.

The *Lancet* did me the honour to say I had given the death-blow to homœopathy because I insisted that our proper designation was "physicians and surgeons" and not "homœopaths;" but the *Lancet* has so often announced the death and burial of homœopathy that one more similar announcement will not send us rushing off to our tailor's to order a decent suit of mourning in order to show our respect for the dear departed. Cremation rather than burial would probably appear to the *Lancet* the more appropriate mode of disposing of homœopathy and its professors.

The *Practitioner*, too, has lately broken the conspiracy of silence by admitting a very silly paper on homœopathic pharmacy by Dr. Farquharson, which proved nothing but the author's own crass ignorance of the subject he undertook

to write about. A refutation of his errors by Dr. Bayes was of course refused insertion by the impartial editor. You have all doubtless read this masterly refutation in the pages of the *Monthly Homœopathic Review*.

Our allopathic critics on the Continent are not behind their English brethren in the sagacity of their comments on homœopathic affairs. Thus the editor of the *Archives Belges de Therapeutique* lately announced that one of the medicines employed in homœopathy was "virgin's milk," and in proof of this assertion produced a prescription by a homœopathic practitioner which ran thus :

" R *Lact. mammal. virg.* 30, gtts. iij,"

the Latin here being evidently an abbreviation of *Lactis mammalis virginis*, which being translated means "breast milk of a virgin." This the editor qualifies as "an embarrassing prescription." But if the Belgian chemist had been worth his salt, and had possessed the fertility of resources indispensable for the dispenser of ordinary prescriptions, he would not have been the least embarrassed by such a prescription, but would at once have concluded that the words in question were merely a free rendering in medical Latin of the name of that famous Rhenish wine called "Liebfrauenmilch" or "Blessed Virgin's milk," which the prescriber wished to order for his patient. The figure 30 might have proved slightly embarrassing, for he could not suppose that the most rabid infinitesimalist would prescribe such a delectable liquor in the thirtieth dilution, unless he were a teetotaller, and then even the thirtieth dilution would be too strong. His acumen would have led him to infer that 30 referred to the year of the vintage of the wine. A similar freedom of construction would have interpreted the "three drops" in a figurative manner; and, like a sensible man, he would have considered three bottles as not a drop too much. But the embarrassment of the prescription was cleared up by a correspondent, who pointed out that the editor had simply misread the prescription, which was the prosaic *Hamamelis virginica* or Virginian Witch Hazel, and no virgin's milk

at all of any kind or description. The prescriber had probably not written his prescription as legibly as those documents are or ought to be written. Of course the editor took no notice of the rectification, as it might have been embarrassing to himself to confess to any lack of infallibility. His mistake reminds me of an allopathic physician on this side of the Channel, who gravely assured an awe-struck audience that the homœopathists had a medicine composed of broken cups and saucers; he had seen the medicine himself in a homœopathic chest, and read the label "*China*," so there could be no doubt about it. If this exquisite plan of criticising homœopathy by evolving the meanings of our contractions from the inner consciousness without any reference to our *Materia Medica* is to be generally followed, we may yet see some charming revelations of the wonderful drugs we employ. We may fancy some allopathic discoverer of mare's nests getting hold of a chest of homœopathic medicines, and sagaciously interpreting some of the abbreviated names as follows:—" *Lac. vir. φ.*" This is evidently short for "*lac viri*"—"milk of a man"—a fitting pendant to the "virgin's milk" of the Belgian commentator, and perhaps a still more embarrassing prescription for the sorely tried homœopathic chemist. The Greek letter might prove a puzzler at first, but reflection would soon show our critic that φ is a contraction for "fie for shame," a most appropriate ejaculation after such a nasty medicine. "*Viol. o.*" doubtless stands for a drug made from the scrapings of an *old violin*, evidently the homœopathic remedy for the *Scotch fiddle*. "*Nic. 1^x*" means some diabolic elixir obtained from the arch-fiend himself, familiarly called by his intimate friends "Old Nick." The x that follows the figure is of course the sign of the cross, a very proper form of exorcism when dealing with such an infernal preparation. "*Ver. vir.*" must mean something *very virulent*," and "*Coff.*" significantly stands for "*Coffin*," and has doubtless sent many a poor patient to that last receptacle of the homœopathically tortured body. In this fashion our imaginary allopathic Smellfungus might go through the

whole of our *Materia Medica* and make out a fine case against homœopathy, which would only have the trifling defect of being entirely destitute of the slightest foundation in truth, but certainly not erring in that respect more than the real examples of allopathic commentation I have cited. As long as our hostile critics continue to consult their imaginations for their facts relating to homœopathy, so long shall we see the ludicrous mistakes their want of knowledge of the subject leads them into. With our hospitals, dispensaries, periodicals and handbooks, and even our school of homœopathy confronting them at all moments, the majority of our opponents are at this moment as ignorant of homœopathic doctrines and practice as they are of the annual mortality from hydrophobia in the dogstar. I fear that the ingenious bathometer of my friend, Dr. Siemens, would be incapable of measuring the depth of their abysmal ignorance on the subject of homœopathy, and I suspect that even Crookes's radiometer would fail to detect the faintest scintillation of wit or sense, in what they write regarding our doctrines and practice.

Parliament has been occupied with passing a bill at first entitled "to prevent cruel experiments on animals," and subsequently altered so as to impinge less painfully on the sensibilities of the vivisectors and their friends in the medical profession. Suppose that the anti-vivisectors, fired with their recent success, should in some future Parliament bring in a bill to prevent cruel experiments on a higher class of animals than they have hitherto sought to protect. Suppose that they should endeavour to suppress the painful practices that still abound in old-school treatment, such as the application of blisters, caustics, moxas, and the actual cautery, and the administration of griping purgatives and nauseating emetics, unless proof can be given that these painful experiments are of service to the subjects of them, or tend to advance the sciences of physiology and therapeutics. Surely innocent human beings are as worthy of being protected against needless pain as the dogs and cats, the horses, mules and donkeys, which have been lately legislated for. Or would it not be a good thing to protect

by Act of Parliament the numerous followers of Hahnemann from psychical vivisection by their old-school colleagues? Why should these defenceless animals be subjected to the cruel and totally unnecessary persecution of being expelled from societies, refused professional intercourse, denounced as pestilent quacks, and held up to the scorn and derision of the world in journals that steadily refuse to grant the slightest redress for the most grievous wrongs? It may be thought that the vivisection of dogs and cats is a kind of retaliation for the cruelties practised by these animals on their victims. We have all witnessed with more or less repugnance the frightful tortures the dog inflicts with keen enjoyment on innocent hares, rabbits, rats, and such small deer; and pussy's objectionable practice of prolonging the tortures of the terrified mouse, should steel our hearts against her own occasional vivisection. But *we* surely have done nothing to deserve the cruel treatment administered to us with evident gusto by our allopathic brethren. May we not hope that those who have secured by legislative means the cessation of needless cruelty towards the inferior animals, will one day turn their benevolent attention to the unnecessary torments inflicted on homœopathists by their powerful and malevolent enemies? We have all been subjected to the moral tortures of allopathic ingenuity, some to a greater, some to a less degree. We have seen members of a medical society rise up and, growling an indignant protest, quit the society in a huff, because we rose to reply to some erroneous statements respecting homœopathy made by one of the members. We have been subjected to the annoyance of coroners' inquests at the instigation of allopathic colleagues who were, of course, actuated by no personal motives, but performed a painful duty on public grounds. We have been degraded before our patients by the refusal of physicians and surgeons to hold professional intercourse with us, or even to examine or operate on a patient unless we were discharged. We have been attacked generally and individually in medical journals, and refused all defensive reply in their columns. In short, we have been morally vivi-

sected in the most cold-blooded and heartless manner, and not one useful purpose, either to physiological or medical science, has ever been alleged to have been served by the psychical tortures to which we have been subjected. Our tormentors imitate the fiendish practice attributed to the vivisectioners of administering *Curare* to their victims, which, while suppressing all expressions of pain and struggles of resistance, allows the sensibilities to exist in all their painful intensity. So do our persecutors prevent our cries of agony and indignation being heard by the *Curare* of exclusion from their societies and periodicals, but our sufferings are only aggravated by their denial of the relief of giving utterance to our painful sensations. Here, then, is a glaring instance of cruelty to animals that has not even the shallow excuse of utility to science, which may be recommended to the earnest attention of those who have so successfully agitated against the indiscriminate vivisection of the lower brutes. Those human legislators who have secured a close time even for the sparrow might, one would suppose, obtain a cessation of the indiscriminate and unceasing onslaught on the practitioners of homœopathy, for are we not of more value than many sparrows?

There is not much to record respecting the internal development of homœopathy in this country during the past year. No new medicines have been proved, nor have there been any noteworthy studies of old remedies. What we may call aberrations from the purity and simplicity of Hahnemann's doctrines and practice have cropped up in certain quarters. Thus we have seen attempts by self-styled Hahnemannists to set aside the Hahnemannic selection of the remedy from the totality of the symptoms and to substitute the American innovation of so-called "key-note" symptoms as the guide to the remedy; but to my thinking these key-notes are clumsy skeleton keys, which are but a poor substitute for the real keys, and they rarely succeed in unlocking the casket of our *Materia Medica* so as to enable us to make a right use of our treasures of homœopathic remedies. From the same quarter proceed the extravagant dilutions of medicines up to the 100,000th

and even the millionth and higher degrees of attenuation. The advocates of these etherial potencies seem to me to attach far greater importance to the alleged degree of dilution than to the drug diluted. In fact, the most innocuous substances only need to be sufficiently diluted to become most potent drugs. Thus, we have read quite lately of marvellous cures effected by the 100,000th dilution of *Sugar of Milk*, and a homœopathic chemist lately told me that he had been requested by a notorious high dilutionist to prepare an exalted attenuation of *pure water*! The chemist declined to comply with this request on the ground that he could only dilute the pure water with impure water, but I imagine his real reason was that he was afraid of the Pharmacy Act, which imposes restrictions on the sale of virulent poisons.

The famous tissue medicines of Schüssler have been adopted to some small extent in this country. According to this method the predominant fixed salts of each tissue of the body are used in the 6th trituration for the cure of the diseases of the respective tissues. It seems to me that the surest way to obtain these salts in their exact chemical form and combination would be to incinerate the separate organs of a healthy human being and to employ the resulting ash as the remedy. A healthy body might be obtained through the instrumentality of Mr. Calcraft's successor, or by employing astute agents to watch some of the battlefields of the day; for there seems to be always fighting going on in some corner of the Continent, if not in Spain, then in Turkey, or some other part of Europe, where life seems to be held very cheap, and doubtless dead bodies would not be very dear. We might, perhaps, carry Schüssler's principle further than he has done and employ the ashes remaining from the combustion of the whole body as a sovereign panacea for all diseases. The partisans of cremation have brought the process to such perfection that there could be no difficulty in obtaining the ashes of a complete corpse for therapeutic purposes. I offer this suggestion to the disciples of Schüssler, and in order that

they may be able to take full advantage of it, I will forbear to take out a patent for the invention.

I think that in our corporate capacity as a Society we should endeavour to keep homœopathy free from the extravagant deviations into which it may be tortured by the wild speculations of fanatical idealists. Let us imitate the latest fashion of the superior sex, and casting aside the artificial chignons of airy theories and the disfiguring trimmings and trailing adornments of erratic practices, let us present homœopathy in its own fair proportions and graceful outlines, when it cannot fail to obtain the admiration of all who are capable of appreciating the comely simplicity of a beautiful and unadorned truth.

REPORT OF THE LECTURES COMMITTEE

Appointed by the British Homœopathic Society, passed at a meeting held at 4, Granville Place, Portman Square, 27th June, 1876. Dr. YELDHAM in the Chair.

YOUR committee have to report that during the present session the Lectures appointed were duly delivered as follows :

The Introductory Lecture by Dr. Bayes on Thursday the 7th of October.

Next followed, on succeeding Thursdays, fifteen lectures on the Homœopathic Materia Medica, by Dr. Richard Hughes.

Four lectures on Diseases of Women, by Dr. Matheson.

Four lectures on some Forms of Chronic Bronchitis, and on the early diagnosis of Tubercle, and on Pericarditis, by Dr. R. D. Hale.

Four lectures on Diseases of the Digestive System, by Dr. Mackechnie.

Four lectures on the Exanthematous Diseases of Children by Dr. Drury.

Two lectures by Dr. J. Drysdale, on the Theory of the Homœopathic Principle. And, finally,

Two lectures on Ulcers of the Lower Extremities, by Dr. James Jones.

In addition to the above course of lectures, clinical instruction has been afforded to such inquiring medical men and students as have, from time to time, frequented the hospital.

The attendance on the above lectures has varied greatly in number ; but on the whole there has been an evident increase of interest manifested in the lectures, during the past session, as compared with that of the preceding year.

The number of medical men and students applying for admission to the lectures has amounted, during the past session, to thirty-four ; of these thirteen are medical students from one or other of the medical schools of London.

It was decided at the committee meeting of April 26th of the current year to recommend that the present lecture scheme should be embodied into the foundation of a Homœopathic School of Medicine, and a resolution asking for the co-operation of the Board of Management of the Hospital with the British Homœopathic Society in this effort, was laid before a recent meeting and was passed. This resolution was submitted to the Board of Management, but practical difficulties having arisen in the way of any immediate settlement of the kind of co-operation which would be feasible in accordance with the laws regulating the hospital, it is felt by your committee that this question must stand over for the present.

It is therefore proposed that the committee as at present constituted shall be authorised by the British Homœopathic Society to arrange for the delivery of lectures for the session of 1876-7, and that such lectures shall consist of a course of *Materia Medica* by Dr. Hughes, and of such other lectures as the committee may see fit to recommend.

The whole advertising account for the past session has not yet been obtained ; a small number of accounts still are outstanding. Up to the present date a sum of £41 11s. 3d has been paid. Towards this item of expenditure £30 was

voted at the last annual meeting, and it is proposed to ask the Society to vote an additional sum of £15 toward the larger sum expended, which was chiefly owing to the method adopted of sending a circular announcement of the lectures to every medical man whose name appears in the directory as residing in the London district.

It is also recommended by the committee that, in consideration of the expenses incurred by Dr. Hughes, in his journeys to and from London, in order that he might deliver these lectures, the Society should vote him a donation of £21 toward the expenses and loss thus incurred.

Signed on behalf of the meeting,

WILLIAM BAYES, M.D., *Hon. Sec.*

ON THE RE-PROVING OF SEPIA BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY.

By RICHARD HUGHES, L.R.C.P., &c.

RE-PROVING is one of the most urgent necessities in the present stage of the history of homœopathy. It is, I believe, of much greater importance than the proving of new substances. I would not depreciate this labour; it often gives us useful remedies. But it hardly less often proves futile. A number of disturbances of sensation are produced, but without local determination or characteristic features: the drug finds no place in organic lesions or functional disorders, and soon drops into desuetude. If any one will look over the American literature of the last ten years, or at the volumes of Allen's *Encyclopædia*, he will see what a "Love's Labour Lost" has been enacted of this kind.

On the other hand, re-provings select substances already known to be efficacious as medicines, but whose pathogenetic

action is as yet imperfectly ascertained. It is impossible that their results should be otherwise than fertile. They will illuminate uses of the drug hitherto resting on clinical experience only; they will show us what is its *modus operandi*, enabling us either to convince opponents or (it may be) to correct ourselves. They will also indicate new directions for its employment; for there is nothing that a drug can do in health but what it can undo in disease. These have been the results of the Austrian re-provings, and of those of Lembke, Koch, Hoppe, Molin, and others, as now made available for the English reader in Dr. Allen's great work.

No medicines are more suitable for this process than the bulk of those contained in Hahnemann's *Chronic Diseases*. The symptoms which make up their pathogeneses were mostly observed on patients taking the drugs, and all (save those cited from authors or transferred from the *Materia Medica Pura*) were produced by infinitesimal doses. From these causes, and from the extreme copiousness and similarity of the lists given, there is to many minds a sense of unreality about these pathogeneses which makes them averse to their employment. Our uses of the medicines are (I think) the result mainly of clinical experience: the symptoms considered most characteristic of the drugs—to say nothing of pathological conditions—are often undiscoverable among their physiological effects. Nevertheless, they are (mostly) good medicines, and in frequent employment. We have a very fair clinical knowledge of their sphere of action; and we only want the outline filled in by exact and trustworthy information as to their pathogenetic effects to give them place among the most satisfactory remedies we possess.

To obtain such information in the case of one of them—*Sepia*—was the task set itself by the "Bureau of *Materia Medica*, Pharmacy, and Provings," appointed by the American Institute of Homœopathy at its meeting in 1874. The chairman of this bureau—committee we should call it—was Dr. Carroll Dunham, and his coadjutors were Drs. Conrad Wesselhæft, Allen, Hale, W. E. Payne, McGeorge, J. P.

Dake, Heber Smith, and Baxter. Several of these gentlemen are lecturers on Materia Medica at the homœopathic colleges of the United States, so that ample proving materials could be furnished by their students. The result of the labours of the bureau was presented by Dr. Dunham at the meeting of the Institute in 1875, and is printed in its *Transactions* for that year—a copy of which, by the courtesy of the Treasurer, Dr. Kellogg, I have been able to present to the Library of this Society. The report in question forms the subject-matter of the paper I have the honour of reading to you this evening.

I will say a few words first upon the previous history of *Sepia*, the medicine now re-proved. *Sepia*, more properly *Sepiæ succus*, is, as you know, the inky fluid which the cuttlefish has the power of ejecting, to the confusion of its pursuers. It is largely used by artists, and is accordingly—in its dried state—a familiar object and article of commerce. It had never been applied to medical purposes, and perhaps never would have been, had not Hahnemann ascertained (in the case of the metals, charcoal, and some other substances) the remarkable medicinal activity developed by the process of trituration. *Sepia* seems to have suggested itself to his mind as a substance from which virtue might possibly be thus elicited; and in his retreat at Coethen he began to give it at first in small portions of the third trituration, and then in a still more attenuated form, to the patients suffering from chronic disease who resorted to him there. The dose was yet, he thought, too large; and in the third volume of his *Chronische Krankheiten*, published in 1828, he states that *Sepia* should never be given in lower dilution than the 30th. He gives here 1242 symptoms as observed by him as pathogenetic effects of the drug in the patients who were taking it. In the fifth volume of the second edition of his work (1839), the symptom-list has swelled to 1655. He here acknowledges five fellow-observers—Goullon, von Gersdorff, Gross, Hartlaub, and Wahle. But some 160 only of the additions are furnished by these: the remainder—like the original 1242—are his own.

In the re-proving thirty persons took part, all of whom tested the drug on their own (healthy) bodies. Ten of these were women. The experiments were superintended, and their faithfulness and accuracy are vouched for, by the lecturers on *Materia Medica* in the homœopathic colleges of New York, Cincinnati, Philadelphia, and Boston. The attenuations from the third to the two hundredth were employed. Uterine examinations and urinary analyses were made when required. Out of the thirty persons twenty-six experienced effects, more or less decided, from the drug; and the total register shows 517 symptoms to have been elicited.

This brief statement is sufficient to show that an addition of no ordinary value has been made to the homœopathic *Materia Medica*. I will now sketch the results obtained in somewhat more of detail.

1. Ever since its introduction into the list of medicaments, *Sepia* has been reputed a valuable remedy in disorders of the female sexual system. Since now we have for the first time an undoubted proving upon healthy women, we look with great interest to see what symptoms are manifested in this sphere. They are of much importance.

a. The catamenia were always diminished in quantity, and either dark or pale in colour. The one exception to this rule was a woman whose menses for some time past had been scanty and dark; in her case, under the influence of the drug they flowed freely, and were brighter in colour. The period was often, but not always, delayed; sometimes, indeed, it anticipated.

b. Considerable pain was experienced by several of the female provers in both ovaries and uterus. In the former the pain was sometimes a dull and heavy ache, sometimes a series of sharp shootings. The uterine pains are commonly described as a general sense of distress within the pelvis, with bearing downwards; they were relieved by pressure from without or by crossing the thighs. One prover had severe uterine cramps before each of the two periods which occurred while taking the drug.

c. With three of the female provers the effect on the

uterus seems to have been very intense. The first was a widow, *æt.* 41, who took doses of the 200th dilution, at intervals, between January 5th and 24th. She was examined by Dr. Emma Scott, an intelligent young "lady-doctor" of New York, whose acquaintance I had the pleasure of making during my stay there, and whose competence I can attest. She was perfectly healthy at the commencement of the proving; but at its close, after experiencing a great deal of dull pelvic pain, with pressure to pass water, a yellowish leucorrhœa appeared. Dr. Scott examined her, and reports, "uterus congested, and a yellowish leucorrhœa pouring from it; beginning to prolapse; slightly displaced." The second case was that of a married woman, who took six doses of the third trituration on three successive days. The only effects seemed to be a sense of prostration and "goneness," especially referred to the stomach. After an interval of nearly four weeks, of which no account is given, she again took a powder, with the same results, and also much aching in the pelvis. The uterus was then (it would seem) examined, and found prolapsed, with inclination of the fundus to the left side; there was also tenderness of the os. This report is too scanty; but, as it is presented by Dr. Conrad Wesselhœft, there can be no doubt of its validity. The third case, though given on the same authority, is less satisfactory. Dr. Wesselhœft notes,—“This patient (Miss H—) has suffered from enlargement of the womb, ‘a tumour cured by galvanism,’ at our hospital.” He does not say when, or in what state the uterus was left after the disappearance of the tumour. We must therefore take the proving provisionally for the present. Its subject took four doses of the third trituration on as many successive mornings. Flushing of the head and face, with frontal headache, followed each dose; and there gradually supervened weight and bearing down in the pelvis, which lasted some days after the proving ended. It was resumed a fortnight later, and a dose of the same potency taken every morning for thirteen days. The pelvic symptoms reappeared, but more severely, and on the eighth day leucor-

rhœa set in, at first yellowish, then creamy, then glairy and offensive—with the last two kinds blood also being intermingled.

These effects of *Sepia* show its power of congesting the uterus even to inflammation, and hence of favouring its prolapse or displacement. The provers in whom they appeared report many of such sympathetic sufferings as would be expected to occur in these conditions. But they are best marked in the case of the first in order of the female provers, who took *Sepia* 200 for three days together. Pelvic distress, of an out-pressing character, speedily set in, and with it came vesical irritability, feverishness (temp. 99½ at noon), thirst, tenderness of the mammæ, and sensitiveness at the epigastrium. The urine was strongly acid, and of sp. gr. 1030 nearly throughout the proving.

Such facts confirm the appropriateness of *Sepia* to affections of the female sexual system which is so generally recognised in the school of Hahuemann. Some observations on the drug appended to the proving would seem to extend its virtues beyond those commonly ascribed to it, at any rate in this country. They are from the pen of Dr. Mercy B. Jackson, of Boston. I had the opportunity of a good deal of conversation with this lady during my visit to America, and can quite corroborate the high estimation in which she is held by her colleagues of the other sex. She is advanced in life, and has had large experience in the maladies of women and children. Her remarks are so brief and to the point that I will ask you to allow me to read them to you in full.

“For more than twenty years,” she writes, “I have found *Sepia* indispensable in the treatment of uterine diseases. There has been no other medicine used by me that has been beneficial in so many cases.

“The symptoms and conditions which most surely call for *Septa*, in my opinion, are 1st, *misplacements*, whether by prolapse, or flexion to one side, or retroversion, or anteversion, or flexion on itself forward and backward; *Sepia* will in most cases restore the uterus to its normal position, if given in the 30th or higher potencies, daily or every second

day, and persisted in for sufficient time, without manual interposition, and the cure is generally permanent.

“ But in order for it to be useful in any case the subjective symptoms must correspond to its pathogenetic symptoms.

“ Those most characteristic are turns of prostration and sinking weakness running suddenly over the patient, resembling fainting, but not going so far as to destroy consciousness. I have rarely, if ever, found a case of uterine disease in which these turns were frequent, in which the other symptoms of *Sepia* were not found, and when it did not do a great deal for the sufferer.

“ Another characteristic symptom is a burning pain in the small of the back, accompanied by a dragging sensation there, continuous or often recurring.

“ Bearing down in the pelvis is another symptom that calls for *Sepia*, and when this and the first-mentioned symptom are wanting, it will rarely or never be useful.

“ Yellowness of the skin and brown spots on it corroborate the other symptoms and make the choice more easy.

“ Profuse leucorrhœa, rather watery and offensive, is almost always improved by *Sepia*, and if to these indications are added a brownish colour, and acrid character of the discharge, it is still more sure to be successful.

“ I have felt it in procidentia restore the uterus so rapidly that its movement was plainly felt returning to its place, as if raised by a power within the pelvis, and have often seen cases restored by it in a few minutes, in my practice, and so great is my confidence in its power to do this that in recent cases of prolapsus I never resort to manipulation, but prepare some in water and give one teaspoonful every few minutes till the sufferer is relieved, and then continue it at longer intervals, until it is given only once a day to complete the cure.

“ Of course the patient is placed in a favorable position, on the back with the knees elevated and the feet resting on the soles. In many cases of recent origin, *Sepia* will entirely cure, but in cases brought on by lifting, *Calc. carb.* is often needed to aid the *Sepia*.

"I have found in many cases of chronic disease in women, where the symptom first mentioned of sudden prostration with sinking faintness was often experienced, that *Sepia* was a very important remedy, and I think that symptom is the most characteristic of any one in its pathogenesis."

2. Of other results of the re-proving, the most important are those which show the alteration in the urine induced by *Sepia*. This point was specially studied by Dr. Allen, who made the six provers of his class examine their urine daily. All noticed a great increase of urates in the secretion, which was very acid, deeply coloured, and of high specific gravity. An amorphous sediment, either of brick-dust or whitish colour, was deposited, and examination proved it to consist of urates. The provers' health was not much disturbed during the continuance of these symptoms: catarrhal troubles (which might have resulted from the cold weather present at the time) being the chief things noted.

3. *Sepia* has always had some repute in cutaneous affections. This proving has displayed a considerable action of the drug on the skin. Perspiration was increased in one person, having an unpleasant odour; abrasions were slow in healing in two; and in five a rash appeared. It was generally vesicular, but a tendency to pustulation showed itself; itching accompanied the vesicles, and the pustules in one case were painful.

Among other marked symptoms I would note much dulness of the intellectual powers and diminution of energy, bloating of the abdomen, and constipation. Amelioration of most of the subjective symptoms was usually observed from eating and after repose.

I have now given an outline of this pathogenesis, and I hope it may lead (as it has in my own case) to wider, more accurate, and more successful use of the medicine. A word in conclusion as to the doses used. *Sepia* being a substance which is inert in the crude state, no fault can be found for the absence of any experiments with full doses. I think, however, that it is a pity that no trituration lower

than the third centesimal was taken. It would have been a fine opportunity for ascertaining at what point of attenuation the drug begins to show activity. The three potencies used—the third, the thirtieth, and the two hundredth—displayed about equal activity; the uterine symptoms were as marked after the third as after the two hundredth, and the urine was as much altered by the thirtieth as by the third. While this fact makes for the positive activity of the higher potencies, it is rather against any relative superiority on their part, so far as activity is concerned. And if low potencies and high are equally effective, there are numerous reasons why we should prefer to use the low.

At the same time the power of so high a potency as the 200th, not to cure disease merely, where abnormal sensitiveness of the affected parts might be supposed to exist, but to disorder healthy function, is a fact which cannot be passed over lightly. What is the effective agent here? Can we suppose that matter is capable of subdivision to this extent? Its ultimate molecules, however minute, must be reached at last; and then—for we cannot deal with the hypothetical atoms—all further attenuation would only diminish the number of molecules contained in each successive phial, till at last none were left. If recent conclusions as to the size of molecules are valid, we reach them at about our 9th centesimal dilution; and it is noteworthy that Davaine, in his recent experiments with septic blood, could get no effects when he went beyond this point, *i. e.* when he introduced into the organism less than the ten-trillionth of a drop. And yet there can be no doubt of the activity of the 12th and 30th, not to speak of higher potencies. It has been argued that the power of drugs to affect the living organism is a “force,” and as such capable of being transferred to their vehicle. This is, I believe, of doubtful scientific plausibility; and, were it true, it would make all attenuations beyond the 12th or 15th useless, as no particles of matter then remains to be further subdivided. The philosophy of the high potencies must, I think, make some advance ere we can be led from ground which at present seems firmer into their mystic regions.

A surer inference to be drawn from the proving is the power of internal medicines upon the uterus. Many are inclined to regard this organ as something extra-vital, not amenable like other parts to constitutional medication, and requiring local applications, even of a caustic character, to recover from morbid conditions which elsewhere are readily curable without them. As long as, from the lack of female provers or skilled observers, we had no certain evidence of the power of drugs to affect the uterus or of the kind of action they exerted there, such treatment might have been necessary. But a proving like this of *Sepia*—and I may say the same thing of that of *Lilium tigrinum*—shows that drugs given internally can cause substantive changes in the uterus as in other organs. What they can cause they can cure. As such investigations proceed they will give us a number of well-defined uterine remedies on which we can rely with all confidence; and even now they encourage us to use the drugs we have, when indicated by analogy or by the subjective symptoms present, with every hope of satisfactory results.

Discussion on Dr. Richard Hughes' paper.

Dr. DUDGEON remarked that Dr. Mercy Jackson, in addition to taking the *Sepia* simultaneously, adopted a position calculated to favour the return of the uterus to the normal direction. Possibly the movement she felt was due more to the posture she assumed than to the medicine she took. He knew cases of retroversion which always returned to the normal position more or less quickly when the patient lay on her back with her knees up, as Dr. Mercy Jackson did.

Dr. WOLSTON remarked that he should have been more satisfied with Dr. Hughes' interesting paper on "The Recent Provings of *Sepia* by the American Institute" had some of the provings been made with more material doses of the drug in question—say, in the 3rd decimal trituration. He was in the habit of using *Sepia* in this potency for uterine congestion and leucorrhœa with the best effects; and he believed that as marked curative results followed its administration in the diseased, its pathogenetic effects on the healthy would be equally well marked, and certainly more conclusive in the way of cause and effect than

provings made with the 200th dilution. Dr. Wolston said he must confess to being very sceptical as to the effects produced by the 30th dilution, not to speak of the 200th. He related that some years ago, at a large dispensary, he made for his own satisfaction a crucial test as to the value of the 30th dilution in the following way:—To alternate patients he gave pure *Sugar of Milk* and the 30th dilution of the medicine indicated in the particular case, and after the lapse of some time he compared the results, when he found that they very fairly balanced one another. He then gave to alternate patients for the same period pure *Sugar of Milk* and the 1st dilution of the medicines indicated, and again compared the results, when the balance in favour of medicines was very well marked. He believed that much had to be learned as to the natural history and progress of disease before medicines in the 30th dilution were credited with their cure. He said it was easy to be deceived as to this, and gave the following instance in point:—On one occasion he had been giving *Pulsatilla* 1^x in a case of amenorrhœa, where it was fully indicated, but without any result. Meeting a medical *confrère* who was a believer in high dilutions, he named the case to him, and was told that he was using the drug in too low a dilution, and that if he would only try the 30th he would soon see results. Accordingly the 30th was given, and at the end of a week the patient reported that the last medicine had done her a great deal of good, and that the period was fully re-established. Here at last he thought he had found a good instance of the power of high dilutions, and was congratulating himself accordingly; but, unfortunately, as the patient was leaving the room he inquired how soon after taking the medicine the period had made its appearance, and was informed that it began to show "just a little" a few hours before beginning it.

Dr. HEWAN, having had some experience of *Sepia* as a medicine with a fairly wide scope, was glad to be able to say a word in corroboration of its good and decided effect in the pain and feeling of swelling in the groin alluded to in the paper. He has had for the last fortnight an illustrative case under his care. The patient is a medium-sized married lady, aged about 44, who has had several children all living, and one or two very early abortions. She has all her lifetime enjoyed good health. Never had leucorrhœa, and is at present, other than this uterine affection, in capital health. For several weeks she has had a feeling of swelling, and a dull heavy pain in the left groin, accompanied by a sense of bearing down and pressure downwards. The discomfort of the pain and swelling was much relieved by pressure with the hand or a doubling-up of the thigh on the abdomen, and, therefore, this had been often resorted to for relief. Examination externally by the hand discovered a very slight swelling in the left iliac region. Internally the cervix felt only, rather lower than normal, considerably enlarged, hard, and resisting, and communi-

cated a rough gritty feeling to the touch, the os being thrown considerably back into the sacrum. Through the speculum there appeared a large congested mass, ready to bleed on wiping away with soft cotton wool some glairy mucus that seemed to ooze from the os. Dr. Hewan put the patient on *Sepia*, 6 dec. trit. *Sepia was the only medicine employed. Neither injections nor any other treatment or directions whatever were prescribed.* To-day, only a fortnight since the treatment began, the feeling of swelling and the pain are gone; there is now no need for relief by external pressure; the cervix, though still large, is somewhat smaller; much of the congestion remains, but there is no sense of bearing down, and the patient altogether is greatly relieved.

ON THE TREATMENT OF INTRACTABLE FORMS OF DISEASE.

By DR. GUTTERIDGE.

MR. PRESIDENT AND GENTLEMEN,—At the onset, I would briefly state my reasons for choosing the treatment of intractable forms of disease, as the subject of a paper.

I consider, that the results of individual practice should be made common property, whether such practice result in failure or success.

We are all (and the all is none too large; would it were increased tenfold) investigators in one field of inquiry, inspired by common aims, devoted to the attainment of a common end—the elaboration and extension of the best means the world has yet seen; for lessening the sufferings and curing the diseases of humanity.

Our adopted method of practice, is sufficiently old to have gathered a very rich experience in almost every department.

The time has not arrived, for us to have many specialists amongst us, and perhaps we are less likely to have them than almost any other system, since it is often deemed

a sufficient answer when a patient is urged to try a practitioner of our method, "Oh, I have tried homœopathy," thus reducing us all to one level. This, I suppose, we may take as one of the extra disabilities to which we are subject for being homœopaths.

Notwithstanding, it often happens that we get a series of cases, especially in taking a succession of years, which are most valuable as a matter of experience and as a ground for data.

Or, we may have a single case that stands out pre-eminent for its success—success achieved where we little expected it, and by the use of means that we scarcely deem adequate to the result.

Or a rare form of disease may come under our notice, rare both in its occurrence and issue, so as to justify a passing notice.

The treatment of intractable forms of disease requires to be recorded and discussed because it must be shaped by cures which lie outside the operation of the homœopathic law.

We have to fall back, upon so-called specific medicine, to avail ourselves of the inherent affinities of certain drugs or plants for certain organs and certain conditions or diseases of those organs. It is something less, than specific medicine with our present knowledge, because it is anything but uniformly successful; it is something more than organopathy, because it acts upon constitution as well as upon the component parts of the body, upon diathesis as well as upon disease. It may hereafter be proved to be homœopathy, but it ought not fairly to be styled so as yet. A good deal of our practice falls under this category. It is not pure empiricism, because it can be shown to proceed on the infallible data of cause and effect. The effect does not always follow; sometimes through defect in the means employed, sometimes through a wrong selection on our part, sometimes through a fitful, a distrustful, a dishonest application on the part of the recipient, or through his possessing such a vitiated constitution that nothing however curative can even patch it up.

Whilst, we are prepared implicitly to follow the homœopathic law as far as it can fairly guide us and enthusiastically carry forward our investigations into the precise scope and incidence of remedies, never fearful that we can be brought to allopathic conclusions; our stand-point, our aims, our method of regarding medicines, are wide as the poles from that of the most advanced allopath, unless he surreptitiously wanders into the enemy's camp. If you mention a medicine to an ordinary allopath, he at once asks, is it a tonic, a sedative, or a styptic, and so on.

I purpose giving you two isolated cases of intractable disease, and the results of treatment and deductions therefrom in a series of cases of one class extending over a period of years, such cases being various forms of cancer. Before reverting to the cancer cases I will ask your attention to a case of encysted dropsy of the liver, with hydatids, or what is otherwise called hydatid tumour of the liver, or hydatid disease of the liver.

This was in every respect a typical case. It had been in existence for nine years, and had resulted from a blow which was followed by jaundice. At the time of my seeing the patient, April, 1875, he looked slightly anæmic and very worn, but not at all jaundiced, the conjunctiva not even injected. He complained of a foul taste in the mouth, but otherwise suffered but little inconvenience except from the size of the enlargement. The abdomen generally was swollen, not so much prominent or bulging, and on being struck on one side with the flat hand placed on the other a peculiar sensation was experienced, best described as Flint puts it, like the agitation of semifluid jelly in a bag. There was no marked depression below the ensiform cartilage. The man was 30 years of age, stoutly built, fairly well nourished, and of dark sallow complexion.

He had been twice tapped; the withdrawn fluid when examined under the microscope had given unmistakeable evidence of the presence of hydatids. He had been in St. Thomas's Hospital, and had been the subject of a clinical lecture there.

He knew what was the matter with him and despaired of

relief, much more of cure. He was assured that his life was not worth a month's purchase. That if he were operated on again it would almost certainly be fatal, and that if he remained as he was, he might die suddenly any minute by rupture of the cyst.

"The prognosis of hydatid tumour of the liver, says **Begbie**, is always most serious. It is only, unfortunately, in the smallest hydatid tumours, inappreciable during life, that a favorable termination, owing to the spontaneous death of the hydatids, is alone likely to occur."

I prescribed gentle friction night and morning, no stimulants, the greatest care as to exercise, exertion, and diet, a quiet, regular life, and prescribed *Tinct. of Conium* 1^x, 36 Drops to ℥iv Aq., a teaspoonful three times a day, and *Trit. Phytolaccin* 2^x, gr. iij night and morning. He had this prescription constantly renewed until July. When I saw him again he felt better in health and spirits, and the swelling had considerably subsided. He was ordered to continue his medicines. By November of the same year he had quite regained health; there was but little increase of natural size. In March of this year I had occasion to prescribe for him for indigestion and nervous debility, the liver remained somewhat enlarged, but there was no fluctuation. Patient continues quite well up to the present time.

He had the prescription dispensed forty-four times, so that he cannot be charged with neglecting his medicine.

Both *Conium* and *Phytolacca* are said to exert considerable influence over the liver, especially the latter; but I am, I must confess, at this time unable to state what determined my choice of these two medicines; suffice it to say they were effectual.

The next case is one of Bright's disease, which I saw in consultation with our most esteemed *confrère* Dr. Bayes. It was as unpromising as it well could be, and I utterly despaired of his life; this was in the middle of February of this year. I had been attending him since the beginning of January. He was syphilitic, and had tubercle at the apex of left lung. He had reduced his strength to a minimum previous to his illness by endeavouring to live on

Nichol's "food of health," oranges, chestnuts, and small quantities of soup. He had, since the end of December, been passing a quantity of blood with his urine, which at this time was, when tried in a test tube, nearly one third albuminous. With but very little hope of success he was put upon *Tinct. Arnica* 1^ʒ and *Terebinth.* 3; under these he gradually improved, continuing them until the beginning of May, by which time there was no trace of either albumen or blood. The heat of the summer trying him a good deal I put him upon a course of *Hydrastis*. He has resumed his post as manager of a large city business, and at the present time is quite well.

Now, gentlemen, I come to the series of cases of cancer which have come under my care during the last eighteen years, and comprise epithelioma of the vulva, cauliflower excrescence of the axilla, canceroid ulceration of the stomach and rectum, cancer of the lower bowel, and scirrhus of the breast.

In epithelioma of the vulva by *Hydrastis* externally and internally, and *Arsenic*, I have afforded considerable relief, but no apparent arrest of the disease. The whole vulva of that side was soon implicated, and the inguinal gland not only involved but destroyed by cancerous extension. I generally find that such cases before they come under our care are treated almost exclusively and solely by the solid lunar caustic.

In cauliflower excrescence of the axilla, under *Thuja* and *Arsenic*, there appeared to be a slight check in the progress of the disease and the quantity of the discharge; the surrounding erythema was also lessened; still the results were not satisfactory.

In cancer of the uterus I have relied on *Hydrastis* and *Arsenic* and injections of *Acetic acid*; the disease and pain alike have appeared to mock my every effort. Richardson's styptic colloid arrests the hæmorrhage at once.

Of canceroid ulceration of the rectum I have had two notable examples. One, in a young lady, where an ulcer situated about two inches up, and of the size of a florin, had perforated through the walls both of rectum and vagina,

fecal matter and flatus passing as freely and frequently by one channel as the other. There was constant diarrhœa, excessive pain, and great exhaustion and emaciation. A rectal bougie smeared with a weak ointment of *Oxide of Zinc* and *Hydrastis* was passed every night from the beginning of February until the end of December. *Hydrastis* and *Arsenic* were the principal internal remedies, combined as occasion arose with *Pulsatilla*, *Nux vomica*, *Chamomilla*, *Ignatia*, and *Gelseminum* from time to time as special circumstances seem to indicate. The progress of the ulceration was arrested, the constitutional irritability and pain greatly controlled.

From unavoidable circumstances this patient was removed beyond the reach of homœopathic treatment, when the progress of the local mischief was rapid and the constitutional irritability and suffering greatly intensified.

In the early stage, when most good could hope to be effected, the disease was treated as hæmorrhoids.

The second case of cancrioid ulcer of the rectum was accompanied by stricture, and the greatest difficulty in getting anything to pass the bowel; from this circumstance the patient was unwilling to trust implicitly to any new means; still in proportion as *Hydrastin*, hydrastin bougies and *Gelseminum* were tried, an encouragingly corresponding amount of relief was obtained.

The third case was cancer of the rectum in a gentleman of sixty, of sedentary habits, who had devoted his life to intellectual pursuits; this may also be regarded as a typical one, as it exactly corresponds to the description given by Mr. Curling in *Reynolds's System of Medicine*. His aspect was sad, his complexion cadaverous, he was considerably emaciated, and rarely out of pain, which was felt in sacrum, up the back, down the legs and thighs, in both groins, and in the region of the bladder. On examination a hard, irregular, nodulated mass of some size was found protruded beyond the orifice, which was difficult to find. The slightest touch caused the mass to bleed. There was a constant oozing of fecal matter, and at irregular intervals a violent spasmodic audible voiding or squirting of it entirely beyond

the control of the patient; sometimes solid or semisolid matter is passed, preceded by a good deal of griping. There was fistula and a sinus on right nates communicating with it.

There were two large swellings, one in the groin on the right side, the other on the thigh of the same side; they almost touch. Little or no pain arises from them. A similar swelling is forming on the left side, but it is small as yet. The first swelling in the groin began about a year ago about the size of a pea or bean. It has steadily enlarged ever since. They are now as large as walnuts.

Until about two years ago the patient could retain his water for many hours, but since then he gradually lost this power, so that now it often rushes from him uncontrollably. This is always attended by downward pressure in the rectum, and the passage of wind, mucus, or fæces. If the water comes involuntarily then the pain ceases in the bladder, but if he has to wait for its passing then there is great tension in the region of the bladder, while a feeling of this tension and slight pain in the bladder until the water has all passed and for a minute or so afterwards.

The first question which presents itself in connection with a case like this is, Is it worth while to undertake it? Is there a possibility of doing a sufficient amount of good to justify interference? I decided that there was, and I have no occasion to regret that decision. I ordered *Hydrastis* injections night and morning, *Hydrastin* to be taken three times a day, and *Silica* night and morning, with *Hamamelis* to be applied if any bleeding set in.

Results.—General health and appetite improved, both days and nights much more comfortable; in a short time, to use his own expression, "he was able to enjoy life again;" pain and griping much less. *Hamamelis* at once controlled either bleeding or simply oozing of blood.

Patient continued to do well until the very severe weather 11° of frost which we had at the end of October, when on getting out of bed at night with insufficient clothing on to cold oilcloth, he took a severe chill and had pericarditis; from this he recovered, but he has never regained lost ground, but has been gradually getting weaker ever since.

In *confirmed cancer of the stomach* the success I have met with has been but scanty. I had recently three so-called cases of cancer of the stomach which did remarkably well, one on *Baptisia* and *Hydrastin*, with revalenta and milk diet exclusively, beginning with teaspoonful at a time, the other two on *Ignatia* and *Arsenic* and a milk diet, no sugar, no meat, no vegetables, or beef tea, oatmeal porridge, bread and milk, cocoa, tapioca and sago without sugar and no rice.

I come now to treat of the most common form of cancer, *scirrhous* of the breast or stone cancer, where I may first of all mention that we must all meet with many cases called *cancer* which are nothing of the kind, only glandular enlargements easily cured by *Conium* and *Iod. merc.* with a little friction. The difficulties we have to contend with most often are (1) that patients who have cancer do not complain until it is far advanced, and has been one, two, or even three years in existence; (2) that of inducing patients to carry out instructions fully, to continue the treatment, or to depend solely upon it. They are very fond of alterative treatment, ours when they have nothing more attractive, or that of the first old woman they meet, who has a reputation for curing sores.

As to the diagnosis of cancer: age, character of pain, general appearance, family history, must all be taken into account. Next, on examination true cancer gives an unmistakable sign when felt; it is like handling the imitation fruit made of Derbyshire Spar: it is by no means always adherent, even in an advanced stage; sometimes it can be freely moved about, retraction of the nipple usually ensues, but by no means always. If any fluid exudes cancer-cells are distinguishable under the microscope. The veins on the surface of the breast are, as a rule, considerably enlarged. The breast does not always pucker.

A patient may present two dissimilar forms at the same time. One breast may be a large, heavy mass with the skin unbroken over it, shining, and made up of a fine network of dark engorged capillaries, by-and-bye a small aperture makes its appearance, from it a fetid sanious fluid oozes in abundance, completely saturating that side. The

other breast smaller, harder, and about a third of its surface, with an irregularly round patch of ulceration, secreting thick matters; sometimes the edges of the wound bleed. Again, at other times the breast is made up of a series of rapidly increasing cancerous nodules varying from the size of a walnut to that of a pea, all deeply injected and gradually ulcerating. Or the ulceration may from the first partake of a gangrenous character, the surface getting leathery or black, covering broken-down tissue of an ashen grey, the edges of the ulceration easily bleeding. All forms are apt to be accompanied by erythema which now and then runs rapidly down the arm of the affected side. *Glycerole of Starch* quickly removes this inflammation. Occasionally the ulceration begins below and penetrates, leaving a considerable chink or fissure, with angry bleeding edges. I have had two patients with scirrhus having severe sciatica of the opposite side of the body.

The treatment I have adopted has been this for glandular tumour: *Conium* and *Iod. merc.* or *Iod. ars.*; if any cancerous appearance in the countenance *Hydrastis* internally occasionally and *Hyd.* lotion always to breast. For engorgement and bleeding *Hamamelis* lotion and ointment. Ointment seems to suit some parts, lotion others. *Baptisia* arrests ulceration and diminishes fœtor, in some cases *Hydrastis* and *Carbolic acid*, in others *Comocladia* and *Sanguinaria*; both exert considerable influence on cancerous ulceration. *Condurango* relieves pain traceable to cancer; for example, patients sometimes complain that any movement of the thumb and fingers on the affected side gives pain, *Condurango* relieves this. I have found it of no further service. *Galium* certainly retards the progress of nodulated cancer. For gangrenous ulceration I employ poultices of yeast.

The two chief remedies are *Hydrastis* and *Arsenic*, but chiefest of all *Hydrastis*; *Hydrastis*, pure and above suspicion, as it is largely adulterated with turmeric, or turmeric is substituted for it. For internal use I employ equal parts of *Hydrastis* and *Hydrastin*. Pure *Hydrastis* acts as an escharotic if applied locally.

Hydrastis improves the appetite and condition of the patient generally; under its use the complexion alters, the state of the blood improves. *Hydrastis* is a great constitutional remedy, notably in epilepsy, and counteracts the effects of *Bromide of Potassium*. It acts on the skin by producing papulous eruptions, and on abrasions and ulcers secreting foul pus. It marvellously allays the pain of cancer, in this respect altogether surpassing *Opium*, *Morphia*, or any other so-called anodyne. It retards the growth of cancer. I once had an opportunity of proving this on a patient of one of the council of the College of Surgeons, and as shrewd an observer as he was a skilful operator. He wished to operate on his patient, but deferred it as her health was not good enough; he was, however, apprehensive that the cancer would rapidly increase. She was put under *Hydrastis* and *Hydrastis* lotion used for five months. Her health gradually improved as he from time to time noted without suspecting the cause, and at the end of the five months he pronounced the cancerous tumour considerably lessened.

If there be any truth in the power of *Hydrastis* it goes to prove the constitutional nature of cancer, hence the irrationality of extirpation.

Cancers always returns after extirpation, each time after a less expiration of time, and they are more speedily fatal.

I have at the present time a patient who came to me from Dr. Marsden seven years ago. He assured her then there was nothing for it but the knife. Her breast has been ulcerated, but it is not ulcerated now, only puckered where the ulceration was, and it is only a little larger than the other. The nipple is not retracted.

Finally, *Hydrastis* can be used to retard cancer when no one would dream of using the knife; after the cancer has ulcerated, and the glands in the axilla are implicated. It can reduce pain to a minimum and prolong life almost indefinitely, so that patients shall die of some other disease. Where *Hyd.* and *Ars.* cannot be taken deterioration is much more rapid.

I should therefore contend, led by my own experience, that

the *Hydrastis* treatment is the very best yet known for this dire disease. I would not contend that it is a specific that may have yet to be discovered, as discovered it will be, for this as for every other known disease. As medicine progresses it will get more simple, and as a consequence more effective; whilst we seek for complication and multiplicity of medication we are travelling on an unsuccessful journey.

The real specific for cancer will doubtless be found in some plant which grows commonly in the district marked out by Haviland as most noted for its production.

Discussion on Dr. Gutteridge's paper.

Dr. DYCE BROWN remarked that, although there was a good deal of evidence to show the value of *Hydrastis* in cancer, he in his own experience had never been able to satisfy himself of any real benefit derived from it. He was inclined to suspect that some of the so-called cases of cancer cured by *Hydrastis* were not really cases of this disease at all. He had found *Arsenic* relieve more than any other medicine. Under its use the pain is eased, the sore looks more healthy, the appetite improves, as also the general health, and the patient sleeps better. As a local application to an open cancerous sore, he had found *Conium* of great service in relieving pain. Dr. Brown could not agree with Dr. Gutteridge in believing that cancer was not a local disease. Primarily he believed it was so, and such was the general opinion of the best authorities at the present day. Of course there is a predisposition to the disease in patients affected by it; still in the early stage it was local. This was proved by many cases on record, when after operations there was no return of the disease, after an interval of sixteen or twenty years.

Dr. WOLSTON thanked Dr. Gutteridge much for his interesting and instructive paper, which had given him some useful and practical suggestions as to the treatment of cancer that he hoped to be able to turn to account with advantage to his own patients. While fully believing in the specific action of medicines in cancerous diseases, and mainly relying on them in their treatment, he believed it was of the utmost moment to relieve pain, and give the patient rest by means of well-selected anodynes. These, while conserving the general health of the sufferer, he found in no way interfered with the action of medicines given on the homœopathic principle for the cure or arrest of the local disease. He remarked that when beginning to practise homœopathy he had been under the dread of one medicine interfering with the

action of another, and especially had thought that while the system was under the influence of opiates no good results could be expected from small doses of medicine given homœopathically. This dread, he said, had been entirely dispelled by his experience of the action of medicines in a patient who was habitually under the influence of opium, of which he took daily some ninety or more drops, and whom no considerations could induce to give up the habit. This patient, who was the subject of rheumatic gout, he found responded more readily to the action of the medicines indicated in his case than any patient he had ever treated. Indeed, it seemed as if the opium sharpened the sensibility of the system and tissues to the action of other medicines. He had found the same thing true recently in the case of a lady suffering from extensive scirrhus of the uterus and vagina. She had been for twelve months nearly using every night a suppository containing half a grain of morphia. Her general health, previously worn down by pain and sleeplessness, had improved greatly since he had adopted this treatment, and the cancerous disease at the same time had been very much ameliorated by the action of arsenic, the medicine that of all others he had found of most use in all forms of cancer. Dr. Wolston said that his experience of *hydrastis*, contrary to that of Dr. Gutteridge's, had been anything but encouraging.

Dr. BELCHER, of Brighton, much regretted time would not admit of his saying as much as he should wish in support of Dr. Gutteridge's views on and experience in the value of *Hydrastis* as a remedial agent of great value in scirrhus disease, therefore he would content himself by briefly relating one most successful case which came under his observation. A lady having, as she described it, discovered a small hard lump in her left breast which at once aroused her fears from the fact of her having lost a sister from this complaint some years before, at once consulted several eminent surgeons and great authorities of the day, and they all confirmed her fears by pronouncing it to be a most decided case of scirrhus, at the same time advising her to have it at once removed in order that she might be spared the horrors of the usual course this disease generally takes, but having heard homœopathy could boast of a remedy for this most assiduous enemy she at once applied to him, Dr. Belcher, who put her on *Hydrastis* 1st, and also applied it externally with the most marked and satisfactory results, always relieving the pain and irritation for between five and six years. When the usual symptoms of dissolution from old age set in and she passed away, having only the day before she died expressed in strong terms her full appreciation of the value of this remedy, which although it did not cause the tumour to disappear, it most certainly kept it in abeyance, and always relieved the pain and irritation.

Dr. WYLD believed cancer to be a blood disease, and he believed the fact of any tumour disappearing under medicinal

treatment proved that tumour *not* cancerous. Some time ago he had in consultation given it as his opinion that a certain hard nodulated tumour in the breast was cancer, but this tumour disappeared under *Hydrastis*. Some speakers had advised the early removal of tumours supposed to be cancer, for at the present time Dr. Wyld had under treatment a case in which early operation had been performed and a small tumour removed, but the tumour regrew in three months. Under *Hydrastis* this tumour became at first softer, but lately the tumour had much increased in size and was now an open sore. A patient of Dr. Wyld's had last year placed himself under a celebrated practitioner in cancer cases for enucleation. She paid a large fee and was promised a cure, but the cancerous matter immediately began to regrow after the tumour had been enucleated, and the patient suddenly died of apoplexy. Judicious cancer quacks often declined to operate in open cancers on the plea that the case was too advanced; but the true reason no doubt was that such ulcerating tumours are beyond questioning cancerous, and therefore incurable. As to homœopathic medicines operating in spite of opium being taken, Dr. Wyld some years ago had a patient an old captain in the navy, who to relieve the agony produced by a lodged ball in the leg took laudanum by the wineglassful, and yet at the same time derived benefit from homœopathic medicines.

Dr. GUTTERIDGE said, "To the criticisms on this paper I would reply: 1st. That the case of hydatids of liver was, unless the staff at St. Thomas's and the various medical men who saw it previously to myself, one of this somewhat rare form of disease, and that it undoubtedly was cured, the improvement in the patient began almost at once with his taking the medicines. With regard to their exact homœopathicity to such an affection, I am not anxious further to inquire. The case was an interesting one and thoroughly successful. 2nd. The patient with Bright's disease remained precisely under the same diet and hygienic regimen after the *Arnica* and *Terebinth.* were given, and if the *Arnica* was omitted as it was purposely on more than one occasion, blood at once showed itself in the urine. I may remark there were epithelial casts detected on examination under the microscope. 3rd. In reference to cancers I should be prepared most emphatically to join issue with those who regard them as a purely local affection. Were this so, early extirpation would be the only remedy and when once removed they would never return. Again, the cancer complexion and diathesis are *sui generis* unmistakable, and as far as the complexion is concerned never absent. I contend that in the early stage it is quite possible by *Conium* and *Iodide of Arsenic* to effect their absorption, and by *Hydrastis* to prevent their recurrence. That after ulceration *Hydrastis*, *Hamamelis*, *Arsenic*, *Comocladia*, *Sanguinaria*, and *Baptisia*, retard its progress, allay the pain and counteract

the factor. If the pain is very distressing and persistent I invariably find *Gelsemium* lessen it almost at once; I have never found it necessary to resort to *Morphia* or *Opium* in any form. In conclusion, I always employ the medicine externally that I administer internally. The form of *Hydrastis* I employ is *Tildens* in powder, equal parts of *Hydrastis* and *Hydrastin* in from 1 to 3 grain-doses two or three times a day. *Carbolic acid* and *Glycerine* often form a necessary adjunct to the *Hamamelis* or *Hydrastin* lotion in the later stages."

NOTES OF A CASE OF GLOSSITIS, OF A CASE
OF SMALLPOX, AND OF A CASE OF CON-
GESTIVE APOPLEXY.

By Dr. WOLSTON.

MR. PRESIDENT AND GENTLEMEN,—The cases that I have the pleasure of bringing before you this evening, save, perhaps, the first of them, have nothing in them peculiar or remarkable; but as in my opinion they afford instances of well-marked remedial effects from material doses of medicines given on the homœopathic principle, combined with what I shall term rational treatment, based upon other considerations, I have ventured to bring them before the Society as being of some practical value and as likely to lead to a profitable discussion as to the best modes of treatment for the several diseases they represent.

On October the 29th of this year I was called into the country to see a young lady of about twenty-five years of age, who, it was stated, having gone to bed in her usual health, had been taken suddenly ill in the night with swelling of the tongue, pain in the throat, and sickness. On my arrival I found the tongue swollen to at least double its proper size, red and congested, clean, hard, and dry. It was very painful, the pain being of a stinging, burning kind at times, and much increased by movement. Any attempt to examine the fauces by depressing the tongue caused so much distress that I was unable to see what was the condi-

tion generally of the buccal cavity, save that all the parts looked swollen and red. Speech was much interfered with, deglutition was painful, and breathing slightly affected. The symptoms were rapidly getting more distressing. There was constant vomiting of glairy fluid, mixed with bile and gastric juice. Nothing in the way of nourishment, not even water, could be retained on the stomach. There was headache, and some general fever. Pulse 90; temp. 99.5°. The face was flushed; the look anxious and distressed. The patient, who was florid and stout, could give no reason for the attack, but thought that possibly she had taken cold two days before. The catamenia were just due.

The vomiting was plainly the first thing to deal with, and I at once gave a few drops of mother tincture of *Ipecac.*, and followed it by obliging her to drink slowly two tumblerfuls of very hot water. The vomiting ceased at once and did not recur.

Turning my attention now to the tongue symptoms, I directed half-drop doses of *Aconite* θ and *Merc. cor.* 1.200 to be given alternately every half hour and then every hour. The bowels to be kept well open with copious warm-water enemata, and fluid nourishment in small quantities to be given frequently.

30th.—Has passed an easy night, and feels better in herself. Headache much relieved. Pulse 80. Vomiting has not returned. Tongue rather more swollen, redder, and more painful. Deglutition and speech rather more difficult. Urine scanty and light-coloured. On examination I found it highly albuminous, fully one third, and was then informed that the patient had been the subject of Bright's disease with general dropsy some years ago, but was supposed at the time to have been cured, so that the urine had not been examined for some long period. I gathered that she had not been feeling well for some time. Had complained of weariness and headache, so that it was at once plain to her that, underlying the present acute symptoms in the tongue, there was organic disease of the kidneys. Continue *Aconite* and *Merc. cor.*

31st.—Much better. Tongue less swollen, softer, and

less painful, paler, and moist. Continue medicine as before.

November 1st.—Much improved in every way. Tongue soft, much reduced in size, and the mucous membrane shrivelled up, and in appearance like wash-leather, with deep indentations on the sides from the pressure of the teeth. A good deal of ptyalism and breath fœtid. Very free epistaxis had occurred in the morning. The catamenia being overdue some days now I directed *Pulsatilla* θ to be given, instead of the *Aconite*, two drops in alternation every two hours with the *Merc. cor.*

3rd.—Much better. Catamenia came on yesterday. Tongue free from pain, nearly natural in size, but with the mucous coat loose and disorganised. Continue the same medicines.

5th.—Pretty well, save that the tongue is sore from superficial ulceration at the sides. Continue *Merc. cor.*

7th.—Tongue clean and healthy looking, and the patient, as far as the glossitis was concerned, was well. There now remained a well-marked case of Bright's disease in a scrofulous subject. Urine scanty and albuminous to the extent of one third, specific gravity 1.010, pale, and with tube casts in abundance, I believe. The treatment of this I leave.

There can be no doubt that this was a case of severe idiopathic glossitis, but the ætiology of which was not plain. The exciting cause might have been, and probably was, a chill. The predisposing cause possibly was Bright's disease, but this is an interesting question, upon which I would like to have the opinion of the members of the Society. I have inquired of others and searched in vain in medical literature for any case of glossitis associated with or dependent upon Bright's disease. That there is a relation between the kidneys and the tissues of the buccal cavity in disease, diphtheria supplies a good proof. With reference to the treatment I would remark that, while giving the *Ipecacuanha*, administered in accordance with the law of similars, some of the credit, I believe the vomiting was mainly arrested by the stimulating effects of the hot water on the coats of the stomach. The giving of copious draughts of

180 *On Glossitis, Smallpox, and Congestive Apoplexy,*

tepid water to induce free vomiting in what are called "bilious attacks" is a popular remedy common enough, but the giving of very hot water to *arrest* vomiting is, I believe, unusual. The effect in this case of very hot water is to my mind analogous with its effect when injected in uterine hæmorrhage and profuse leucorrhœa.

As to the homœopathicity of *Aconite* and *Mercurius* in glossitis there can be no doubt. That the latter is so the term "mercurial glossitis," a term well known in medical literature, is sufficient proof. With reference to the former perhaps a little proof will be in place.

The most marked pathogenetic effects of *Aconite* on the tongue are—

"Tingling, smarting, and burning of the dorsum of the tongue."

"Paralysis of the tongue."

"Ptyalism with stitches in the tongue."

"Burning of the tongue; it feels swollen."

"Burning of tip of tongue, with numbness."

"Inability to speak."

Dr. Copland saw a marked case of glossitis which was caused by inadvertently chewing monkshood. The case, I believe, is reported in the Sydenham Society's 'Year Book' for 1862.

Perhaps some present will be inclined to think that it would have been more scientific, satisfactory, and just as effective if *Mercurius* had been used alone. This I doubt. The action of *Mercurius* is comparatively slow, and it deals more with the tissues of the tongue, causing disorganisation. *Aconite* is much more rapid in its action, and affects more its circulation and functions. Now, glossitis requires prompt measures to arrest the rapid congestion and consequent swelling of the tongue—a condition that under so-called allopathic treatment is met by free lancing, an expedient I should not myself have hesitated to have had recourse to had the swelling of the tongue so increased as to dangerously interfere with breathing. This I think the *Aconite* in my case, by directly and promptly dealing with the circulation in the tongue, averted.

The following case from the *Edinburgh Medical and Surgical Journal* of 1824 gives a very fair idea of the usual progress of a case of acute glossitis, as well as of the kind of treatment usually adopted to arrest it. "A stout young woman after exposure to cold experienced a considerable diminution of the menstrual discharge. Not long afterwards she was attacked with severe pain in the throat, impeding deglutition and the movements of the tongue. This then began to swell, and soon became so voluminous as to block up the fauces, project out of the mouth, press down the jaw, and cause a distressing sense of impending suffocation. At the commencement of the attack irritating clysters were given, leeches were applied to the vulva, and blood drawn from the feet, but in vain. At last her medical attendant had recourse to the expedient of making two deep incisions from the base to the tip of the tongue. A few hours afterwards the swelling had abated so considerably that the woman was able to close her jaws. The *Tartrate of Potass* and *Antimony* were then prescribed, even to the extent of producing vomiting. Her state continued rapidly to improve, and she was well on the eighth day.'

In many respects this case resembles the one I have brought before the Society, but I venture to remark, the one, as to the mode of treatment and its effects, contrasts most favorably with the other.

On November 6th of this year I was called to see a young gentleman of about nineteen years of age, a medical student at Guy's. I was informed that while attending class on the Friday afternoon previous he was suddenly seized with shivering and fainted. He soon recovered and was able to return to his home at Croydon alone. For some days previous he had not been feeling well, but was not sufficiently ill to give up work. Since Friday he had been very unwell, though able to be up and about each day. No appetite, very prostrate, and feeling alternately hot and cold, with headache and aching in the limbs. Sunday he could keep up no longer, and during the night high fever, with considerable delirium, had come on. I found him com-

182 *On Glossitis, Smallpox, and Congestive Apoplexy,*

plaining of severe pain in all his limbs and down the whole spine, with extreme restlessness and sense of prostration. Complete anorexia, sinking in pit of stomach, with nausea, but no actual vomiting. The tongue was white and moist. Face very flushed and eyes injected. Severe frontal headache and slight delirium. The skin was quite wet with perspiration, and did not feel hot to the touch, but the temperature was 106.2° , and the pulse 130, full and hard. Urine scanty and high coloured. Bowels very constipated. Ordered him half-drop doses of *Aconite* θ in alternation every hour with three-drop doses of *Baptisia* θ , a wineglass of milk with a teaspoonful of brandy every two hours; the bowels to be thoroughly cleared out with copious enemata of warm water at once.

I expressed my opinion that some exanthem was at the back of the high temperature and rapid pulse. I directed him to be put into a large airy room and all curtains and carpets to be removed. Clothes wrung out in Condry's fluid and water to be hung about the room and passages, and visitors forbidden the house.

7th.—A copious papular rash has appeared on the face, neck, and wrists. He feels much better in himself. Complains less of headache and prostration. Skin very moist. Tongue more coated. Temp. 99.5° ; pulse 80. Urine more copious and very thick. Bowels very freely opened by the enema. To take *Ant. tart.* 2^{\times} and *Bapt.* θ in alternation every two hours. Plenty of fluid nourishment and baked apples. The bowels to be well relieved every night with enemata of warm water and Castile soap. Suspecting smallpox I directed the windows, though the weather was very cold, to be kept always open, so as to establish a free circulation of air.

8th.—Has had a good night with sleep. Tongue cleaner, and takes food readily. Skin very moist. No headache. Temp. 99.5° ; pulse 70. Urine the same. Bowels freely open. The eruption is distinctly varioloid, vesicular, and has the peculiar shotty feeling under the skin. The peculiar smell of smallpox is already perceptible. Continue same treatment, in addition the surface of the body to be

rashed or sponged frequently with hot water containing some perfumed carbolic acid. The carbolic acid to be also well sprayed about the room and on the bed.

9th.—Has passed a tolerably easy night, but without much sleep. Eruption has extended very fully over the whole body. Pulse 85 ; temp. 101°. Treatment the same. The face to be frequently dabbed over with equal parts of glycerine and rose water to allay irritation.

10th.—Has passed a restless night with no sleep from irritation of the skin and excited condition of the brain. Skin moist. Tongue clear. Urine free, but slightly albuminous. Bowels freely relieved. Pocks umbilicated and beginning to be inflamed at base. Conjunctiva of eyes a good deal inflamed. Pulse 80 ; temp. 100·6°. Treatment the same, with compresses of tepid water kept constantly over the eyes.

11th.—Restless night and no sleep, but feels well nevertheless. Tongue clear and appetite good. Face much swollen. Pocks purulent and inflamed around. Pulse 90 ; temp. 101·6°. Continue treatment, with *Coffea* 1ʳ, several doses at night. The pocks on the face and exposed parts of the body to be freely painted over with a solution of *Argent. nitricum*, twenty grains to the ounce of distilled water two or three times a day.

12th.—Much quieter night, with a good deal of sleep. Feels very well. Urine free, but still albuminous. Pulse 86 ; temp. 101°. Eyes much less sore. Continue treatment.

13th.—Doing as well as possible.

14th.—Eats and sleeps, and complains of nothing. Pulse 70 ; temp. 100°.

15th.—Pocks beginning to dry up. Feels quite well. Pulse 66 ; temp. 99·2°.

From this time there was no change worth noting. The pocks dried up rapidly, and began to fall off on the 18th. By the 22nd the face was clear, leaving no pitting at all. In a few days the patient was up and quite convalescent. A few doses of *Hepar* 2ʳ and a hot bath or two containing carbolic acid, and followed by oil inunction,

completed the treatment, and at the end of five weeks he left home for the seaside.

This case may fairly be regarded as a typical and tolerably severe case of variola discreta. The stage of incubation lasted about six days, that of invasion began with marked rigors, and the primary fever ran high, the temperature being 106.2° . The eruption appeared fully on the fourth day, the temperature falling to 99.5° . The pocks became umbilicated on the fifth day of their existence. Matured by the eighth day, drying up and falling off between the eleventh and fourteenth days. The secondary fever was marked but slight, and with desiccation there was also a slight elevation of temperature. There was not a bad symptom or a complication throughout its entire course, and the patient suffered very little distress of any kind. This, I think, may fairly be attributed to the treatment, and while we cannot talk of curing smallpox, we may at least, by homœopathic treatment, speak of moderating and controlling its symptoms so as to render it easy and unattended with danger. The indications for *Aconite* and *Baptisia* at the beginning were undoubted, the one having reference to the vascular excitement, and the other to the zymotic blood disturbance that was plainly manifest before the real nature of the attack declared itself. Of the value of *Baptisia* in all zymotic disorders, not merely in typhoid, I am persuaded, and on this principle I kept up its action all through the disease. That the *Tartar emetic*, on the homœopathic principle, is the specific for smallpox, no reader of Dr. Hughes's admirable discussion of its pathogenesis in his *Pharmacodynamics* can but admit, and its modifying effect in this case was most manifest. The auxiliary treatment had much to say to the comfort of the patient, especially that of washing the whole body frequently with hot water, and the clearing out the lower bowel daily with enemata. The solution of *Nitrate of Silver* I am convinced allayed irritation, caused rapid drying up of the pocks, and prevented pitting. The constant spraying of perfumed carbolic acid about the room I believe to be important in more ways than one. Besides destroying germs and de-

odorising the horrid exhalation of smallpox, thus rendering the patient's room fresh and wholesome, it forms an admirable safeguard in connection with attendants, especially rendering the physician safe from carrying the infection to others. My practice, when attending infectious diseases, is to have the spray well thrown round me while examining the patient and while staying in the room.

As this case has special interest from the fact that an epidemic of smallpox is prevailing around us I have ventured to be somewhat detailed and apologetic in my description of its course and treatment. In this connection I would like to express my opinion as to the importance of thorough vaccination and revaccination every seven years. I believe it is owing to the neglect of primary and secondary vaccination that smallpox has any existence in our midst. My patient is a case in point. He was vaccinated in infancy by a homœopath, and had one small vaccine pock, which was considered amply sufficient to protect him from the invasion of smallpox virus. This gentleman is a very high dilutionist, and believes in dynamic diseases and dynamic remedies. I believe this theory is most mischievous when applied to the protection from and treatment of a blood-ferment like smallpox. When in Canada some years since I met a homœopath of extensive practice in one of the largest cities of that vast country, whose mode of vaccination was by means of a needle dipped in vaccine lymph; with this he made one prick in the skin. One small ill-defined pock was the result, and satisfied with this he gave his certificates, I believe, of successful vaccination. Such a man is a snare and delusion amid a community where smallpox is in question, to speak of nothing else. It is now placed beyond contradiction that the amount of protection afforded by vaccination is proportionate to the thoroughness with which it has been performed. This was recently well put in the *Medical Examiner*. "It has been shown," says the editor, "that the protection bears a ratio to the number and size of the vaccine vesicles and of the cicatrices they produce. To quote Mr. Martin's well-known figures: It has been shown that the mortality in those vaccinated and

186 *On Glossitis, Smallpox, and Congestive Apoplexy,*

having one cicatrix was 7·57; having two cicatrices 4·13; having three cicatrices 1·85; having four or more 0·74. But not only the number, but the character of the cicatrices, and therefore of the original vesicles which produce them, determines the vulnerability of the individual. From a large number of figures from different sources it can be shown that the death rate of those having badly-marked cicatrices range from 12 to 25, against a death rate of 2 to 4 per cent. of those having well-marked cicatrices. This shows the necessity of requiring the production of a specified number of well-formed vesicles.

“ While these statistics show prominently that the protective influence of vaccination is proportionate to the thoroughness of the process, and that a large number of nominally protected persons take the disease, they do not take cognizance of the time which had elapsed since the operation had been performed. We are therefore unable to estimate whether the limits over which the protective influence of vaccination is considered to extend had been exceeded. But the experience of public vaccination is that revaccination at about the age of puberty is almost universally successful, not more than 3 or 4 per cent. proving insusceptible.”

The importance of the subject must be my apology for making this long quotation, added to which I feel that, as homœopaths, we are specially concerned in establishing the prophylactic power of vaccination.

On October the 30th I was sent for to come at once to see a lady of about sixty-seven years of age, who had been taken dangerously ill soon after breakfast. She lived at some distance in the country, and the message was delayed in reaching me, so that at least six hours had elapsed between the seizure and the time of my seeing her. I was informed that for some time she had not been feeling quite well, complaining of slight headache and gastric disturbance. For the last two months she had been very anxious about a near relation who was dangerously ill. Friends had noticed that her face latterly had looked dark and purplish. The day before her daughter had noticed a

strange look about the face, but she had appeared pretty well in herself. She had passed rather a restless night, and in the morning colicky pains in the bowels and stomach had troubled her so that she had taken her breakfast in bed. After breakfast she seemed pretty well, dressed and came down stairs. Her own account of how she was taken is as follows ;—" I went into the drawing-room and out into the conservatory ; the windows were open, and I felt a keen draught of wind strike the side of my face. A severe pain seized me in my right eye, which seemed to pass through my brain and out at the back of the head, and I thought to myself this is paralysis of the brain." She walked back out of the drawing-room into the dining-room, and in the course of a couple of minutes lost all power in her limbs, and became unconscious. Thinking she had fainted her daughter gave her some *Sal volatile*, and subsequently some brandy. As she did not soon recover from this supposed faint I was sent for. During the delay in my arrival a neighbouring physician was called in, who pronounced it apoplexy. He had her removed to bed, and directed mustard and linseed-meal poultices to be applied to the nape of the neck, spine, and feet, with cold-water cloths to the head. Being informed that I had been sent for, and that the patient was a homœopath, he adopted no other measures. Since the attack the symptoms had improved. She was more conscious, and could move some of her limbs. At the time of my visit there was semiconsciousness ; she was easily roused from sleep, and seemed to partially understand what was said to her. She could not speak so as to be understood ; could protrude the tongue partially, and it was white and moist. The face was flushed, the eyes injected, and the pupils much contracted. There was paralysis of the left side of face and tongue. There was complete paralysis of the left arm and partial paralysis of the left leg. The rest of the limbs were somewhat powerless only. Urine had passed freely and consciously since the attack. Pulse was 80, full and hard. The breathing was not in the least stertorous. Sensibility to touch seemed but little

188 *On Glossitis, Smallpox, and Congestive Apoplexy,*

impaired, and she appeared to dislike light and noise. The extremities were cold. Pain in the right side of head was complained of. The bowels had been freely relieved in the morning. I prescribed *Aconite* θ and *Opium* θ in quarter-drop doses, alternately every hour, the poultices of mustard and meal to be continued, with cold cloths to the head. Milk and beef tea every two hours.

October 31st, 10 a.m.—Has passed a good night. More conscious; speaks more plainly; can move left leg pretty well, and left arm slightly; pulse 80, softer, but still hard. Tongue protruded better, and is whiter; face still flushed, and pupils contracted, more sensitive to light, which she dislikes. Urine had been passed freely and consciously several times; its colour normal, and no albumen.

6 p.m.—Has steadily improved all day. Is much more conscious and clear; speaks better, and is inclined to talk; can lift the left leg quite well and stand upon it; would get out of bed to make water. Continue medicines and discontinue poultices.

November 1st.—Has passed a restless night. Excited and talkative, says one of the medicines excites her. Is much more conscious, and awake to everything that passes round her. Complains of nausea and pain in right temple and eye. Urine free and rather higher in colour; tongue more coated; pulse 100, full and throbbing. To take *Bell.* θ and *Puls.* θ , instead of the *Aconite* and *Opium*; a small mustard poultice to be applied to the right temple.

5 p.m.—Much more comfortable since 3 p.m. The mustard poultice quickly relieved the pain. Still some nausea. Speaks much more distinctly, and moves arm better, and can hold anything put into the hand. Tongue coated, and bowels unrelieved. Continue medicines, and give an enema of warm water.

2nd.—Much less pain in temple; passed a quiet night, with a good deal of sleep; tongue cleaner, and is protruded well. Speaks more plainly, and has more power in left arm. Bowels have been freely opened, and with comfort. Continue medicines and enema.

3rd.—Much better in every respect. Pain in temples

gone; tongue clean; complains now of rheumatic pains across the shoulder. I was told she had had rheumatism severely some years ago, and the heart was a good deal affected. Pulse is still 80, full and hard. I find a tricuspid bruit, and the heart is hypertrophied, though not to a very great degree. To discontinue the *Bell.* and *Puls.*, and take *Bryonia* θ in quarter-drop doses every two hours.

4th.—Improving rapidly. Less pain in shoulders. Can make much more use of left arm, and squeeze the fingers together pretty well. Pulse 80, full and hard, evidently its usual character. To continue *Bryonia*.

5th.—Better. Arm improving.

6th.—Tongue coated, and bowels constipated. *Nux vom.* θ and *M. sol.* 2^x, alternately every two hours.

9th.—Has been steadily improving. Tongue clean, and enjoys her food. Left arm less powerless, but feels as if sprained. To take *Nux vom.* θ and *Rhus tox.* θ alternately every two hours.

Under the action chiefly of these two medicines she steadily improved, so that at the end of a month she was pretty well again, with no paralysis of any kind remaining, and her intellect and memory as clear as before the attack.

I expect that some may be inclined to question the correctness of my diagnosis in calling this a case of congestive apoplexy, and to be of opinion that it was sanguineous rather than congestive apoplexy that my patient was the subject of. Some symptoms, doubtless, pointed very strongly in the former direction, and specially the fact that there was hemiplegia instead of general paralysis, the paralysis of the arm, too, lasting some time. Still, I very much doubt if there was any effusion of blood into the substance of the brain or from its coverings. The attack was preceded by all the symptoms that usually precede congestive apoplexy. The coma was not profound or continued, and the symptoms at once reached their height and rapidly declined. There was no stertorous breathing; the pupils were not dilated; the pulse was not slow, intermittent or irregular; the sphincters were unaffected; sensation was but little affected; the paralysis was general

190 *On Glossitis, Smallpox, and Congestive Apoplexy,*

at first, and then partial, very rapidly disappearing from the leg and comparatively quickly from the arm; partial consciousness returned almost immediately and became gradually complete, with sensitiveness to light and sound all through, symptoms that indicate congestion rather than pressure from blood-clot. At first there was a smart attack of pain, and subsequently a dull pain in the right side of head. To me this latter indicated local congestion after the general cerebral congestion had given way. There is no reason to think that local congestion of the brain cannot take place as well as general, and this does certainly take place as the effect of embolus. I incline to think this attack might have been caused by a small embolus inducing congestion without hæmorrhage. The sudden sharp pain running through the whole brain and followed by loss of consciousness and power in the extremities looks like it, but I am not clear about this. As the vessels recovered their tone all the symptoms of pressure disappeared, and so completely and rapidly as to contra-indicate that blood clot had formed and been reabsorbed.

Coming now to the treatment, it was unfortunate that six hours were lost before any medicines were given. I think there can be no doubt that *Aconite* and *Opium* were the drugs indicated, and their action was prompt and effective. After two days' use it was plain their part in the work was done, and that the *Opium* was over stimulating the capillaries of the brain. The symptoms then plainly called for *Belladonna* and *Pulsatilla*, and their action was equally marked, prompt, and happy. The symptoms that remained after the equilibrium of the cerebral circulation was restored as plainly called for *Nux vomica* and *Rhus tox.*, and found their remedy in them. Whether the mustard and linseed-meal poultices were of any help I will not say with certainty, but I think on rational grounds they were; notably, the mustard poultices relieved the pain in the temples, and the free action of the bowels maintained by the frequent use of enemata I am sure had the best of effects, and helped the action of the medicines.

Knowing what the usual treatment of such a case as this

would have been under another school, I think we may congratulate ourselves upon belonging to the "School of Homœopathy," and of being the advocates of a mode of treatment which, as it certainly did in this case, cures its patients "tuto, cito, et jocunde."

Discussion on Dr. Wolston's paper.

Dr. HUGHES congratulated the Society on the accession of a contributor of papers which, judging from the present one, promised to be both scientific and practical. As regards the choice of remedies in the case of smallpox he entirely went with Dr. Wolston. Nothing further need be said about *Tartar emetic*; but he might remind the Society of the communication made to it some years ago by Dr. Eubulus Williams, of Clifton, of the striking results obtained by him with *Baptisia* in an epidemic of variola occurring in the large Orphan Asylum there. He was not able so fully to agree with Dr. Wolston about glossitis and its treatment. He thought that the clinical history of the disease—its rapid supervention, its frequent causation by special articles of diet, and the slight amount of fever accompanying it—suggested its being ordinarily an acute oedema rather than an inflammation, and allied it with urticaria. He had reason to think accordingly that *Apis* was in the majority of cases its most homœopathic and most effective remedy. When, however, the affection was truly inflammatory, he quite concurred in the choice of *Mercurius*; but he would suggest that *M. corrosivus* was not so good a form of the drug as *M. solubilis* or *virus*. It was far less easy, allopathically, to affect the mouth with corrosive sublimate than with the milder preparations of the metal, and glossitis is a part of the mercurial stomatitis. As regards the case of apoplexy, he agreed on the whole that it must have been congestive rather than sanguineous; though the symptoms of excitement on the third day were not unlike those which occur in the latter form of the disease from the irritation set up around the clot. He could have wished that here, as in other cases, Dr. Wolston had been able to do without alternations—to his mind a most objectionable practice, and only to be resorted to in the rarest and most difficult circumstances. Very often, he thought, when we seem unable to cure the case with the one medicine we first think of, and are apt to supplement it with another, a *tertium quid* might be found on further investigation which would just meet the whole case. Such a remedy, he suggested, *Glonoïn* might have proved at the outset of the present case.

192 *On Glossitis, Smallpox, and Congestive Apoplexy,*

Dr. HEWAN rose to make one or two remarks on the case of variola narrated by Dr. Wolston. The dose of *Tartarus* given seemed unnecessarily large, and it seems remarkable that the patient could tolerate it so well. In the beginning of autumn he had two cases of smallpox in the same house, a clergyman and his sister. They were both severe cases, that is, in the attack, the premonitory and accompanying pyrexia and general constitutional disturbance. They both did well under trituration of *Tart.* 3rd decimal, three grains every four hours, with *Aconite* and *Belladonna* as they were needed. For the *external* treatment to prevent pitting Dr. Hewan took his cue from the late Professor Hughes Bennett, that is, to cover the whole face and hands, if necessary, with a thick paste composed of *Calamine*, the impure *Carbonate of Zinc*, and *Glycerine*, a method which from recent as well as former experiences he confidently advocates. It is important to keep the patient in the dark.

Dr. COOPER having during the current week been honoured by a paragraph in the *British Medical Journal*, the matter of which seemed to be pertinent to the subject under discussion, he thought he could not do better than retail it to them this evening. It was to the effect that nothing he had ever tried had proved so completely satisfactory in preventing subsequent pitting in smallpox, as well as in promoting the present maturation of the pustules, as the application of warm linseed meal poultices to the face. These excluded the light, softened the skin, eased the pain, and caused the primary papule to develop into well-thrown-up pustules. His plan was to keep a saucepan on the fire (a necessary luxury in a smallpox room) in which was contained the linseed-meal paste, and thus as the poultices dried they could be removed from time to time as required.

Dr. EDWARD BLAKE agreed with Dr. Hughes as to the *Apis* being the specific remedy for so-called glossitis. He would remind the members that œdema of the tongue had been looked upon by some as indicative of cerebellar disease. In such cases, therefore, we should carefully inquire into the state of those functions over which the cerebellum is supposed to exert some control. Dr. E. Blake did not approve of and rarely practised "alternation." He believed that where *Aconite* is given with another remedy, it is the *Aconite* that really does the work; because he had himself found equally good results from the use of that remedy alone. He remembered having the care of a *confrère* through an attack of severe smallpox. Dr. Blake painted the face each morning with *Carbolic acid*, *Glycerine*, and *Charcoal* rubbed together. This allayed irritation, totally excluded light, and disinfected the part: the patient escaped without pitting or disfigurement. A daily cold pack was of great service in allaying the irritation of skin which was a prominent feature of this case. With regard to the case of "apoplexy," Dr. Blake thought it was undoubtedly one of

mbolism. There was a history of Bright's disease, so prone to affect the heart; there was even evidence of cardiac lesion; then again the sex of the patient and the rapidity of cure pointed away from sanguineous effusion. In addition to Dr. Wolston's remedies *Gels.*, *Glon.*, and *Spigelia* might be thought of. Dr. Blake thought the Society was indebted to Dr. Wolston for a good, practical and suggestive paper.

Dr. BAYES said that in treating a case of glossitis he agreed with Dr. Hughes that *Apis* more closely covers its symptoms than does any other medicines, and he has found in practice its great value in the treatment of this disease. He could corroborate Dr. Wolston's remarks as to the curative value of hot water in the relief of vomiting and nausea which may perhaps arise from the stimulating power of heat. He (Dr. Bayes) had found that glossitis and other inflammations within the buccal cavity generally induce an acid condition of secretions which are naturally either neutral or alkaline, and had found that this acid condition of the secretion is the cause of much of the pain, and is to be greatly relieved by mouth washes of weak soda and water at a temperature of 92° to 98°. In relation to the treatment of smallpox the *Baptisia* treatment pursued by Dr. Wolston had, no doubt, much to do with the successful issue. It was open to question whether smaller doses of *Baptisia* given singly would not have shown still more marked results. The cases treated by Dr. E. Williams in Muller's Orphanage did remarkably well, and were treated by much smaller doses than those used by Dr. Wolston. We must also remember that Dr. Williams' patients were children who were orphans on both sides, and therefore probably had hereditary tendencies to ill health. As to alternations of medicines generally, there is no doubt but that the value of the treatment of disease in this way was deteriorated as a scientific experiment, but the important question is, Does alternating two medicines accomplish a cure more quickly than does the treatment by one medicine alone? In some diseases he (Dr. Bayes) believes that the patient is more quickly cured by alternating medicines, and if this is the case then such alternation is desirable. For example, pleurisy is better treated by *Aconite* and *Bryonia* alternately than by either remedy singly. If time is saved by the alternation of medicines it is our duty so to give them. The method used by Dr. Blake is only one form of alternation, and in certain cases may be of great use. He (Dr. Bayes) would wish to say a few words on *Carbolic acid*. He has a great objection to its use in the sick room from the unpleasantness of its odour, and from its depressant influence on the vital powers of the patient. He greatly prefers *Condy's fluid* and its use by the spray producer as well as by placing it in all receptacles used for the excretions and in basins about the room. The same objection does not apply to carbolic acid in the passages and landings outside the patient's room. Sponging the

skin and fomenting often gives great relief in smallpox as well as in all the other exanthemata. There is one other remedy which should be borne in mind in smallpox—*Vaccinin*. He (Dr. Bayes) had used it in the 3^x potency with apparently good result, and it was used in an epidemic in Brazil among an unprotected population with the best results. The quantity of vaccine in the district was quite insufficient to vaccinate a hundredth part of the people; the priest therefore diluted it and gave it to the patients in the 3^x dilution with marked success. In one case of unprotected smallpox treated by him (Dr. Bayes) the pustules appeared to be arrested on the fifth day and remained very small; although the case was confluent, the patient made an excellent recovery.

Dr. DYCE BROWN agreed with Dr. Hughes in thinking *Apis* more indicated than any other medicine in glossitis, and while Dr. Wolston was reading over his case, Dr. Brown was struck with the similarity of it to the pathogenesis of *Apis*. In both, in fact, the irritability of the stomach with sickness, besides the glossitis and sore throat. He could corroborate what Drs. Hughes and Bayes said about the value of hot water—not merely warm water—in vomiting and irritability of the stomach. The action of heat and cold, both of which relieved sickness, was very similar, and the subject was extremely interesting to homœopaths. He hoped at another time to discuss this point fully. Dr. Brown fully agreed with Dr. Blake that the case which Dr. Wolston termed “congestive apoplexy” was in reality one of embolism.

Dr. YELDHAM said, he had often found the drinking of warm water very useful in arresting vomiting. It soothed the nerves of the stomach, and, by diluting its contents, rendered them less irritating. This was especially the case, when, by violent and prolonged vomiting, there was regurgitation into the stomach of bile, than which nothing was more irritating to it. As to the doses of some of the medicines used, he thought Dr. Wolston was rather heroic in his doses of *Tartar emetic* and *Corrosive mercury*. He (Dr. Yeldham) seldom, if ever, gave those medicines under the third decimal dilution. Still, he felt indebted to Dr. Wolston for his valuable experience on that point, and congratulated him on the success of his treatment. The case of glossitis was very interesting, and he thought Dr. Wolston had treated it with great judgment. *Mercurius* was well indicated in such cases, for it was beyond a question, that of all medicinal preparations those of *Mercury* acted most powerfully upon the mouth, tongue, and salivary glands. He had, scores of times, in bygone days, seen this in cases of salivation, and indeed an instance of it had come under his observation very recently in which the gums, cheeks, and tongue were fearfully swollen and ulcerated. He (Dr. Yeldham) would probably have prescribed *Apis* in Dr. Wolston's case, since the pathogenetic effects of that

medicine were strongly impressed on his mind by a case of poisoning from the sting of a wasp—analogueous to that of the bee, only more virulent—in which the tongue became speedily so much swollen as to threaten suffocation. As regarded the employment of *Carbolic acid* in sick rooms, he had great faith in it as a disinfectant. He had used it in several cases with this view. His plan was to isolate the patient by hanging a sheet saturated with a solution of the acid, outside the sick-room door, and keeping a small fire—whether in summer or winter—in the room. By this method a current of air was always kept flowing towards the room, and away from the rest of the house, and thus he had repeatedly prevented infection from spreading to other members of the family. He had been surprised at the impunity and comfort with which patients and attendants would breathe an atmosphere impregnated with this acid, for almost any length of time. As to smallpox, it was said that statistics could be made to prove anything; and certainly, if, as quoted by Dr. Wolston, the percentage of deaths from smallpox, in vaccinated persons, decreased in an exact ratio with the increase of the number of vaccine vesicles, was true, it might well be said that “the force of statistics could no further go.” He feared it was too good to be true. He had always considered that one good vesicle was as good as any greater number, since, in the maturation of that one the whole system must have been impregnated with the vaccine virus, and subject to the physiological process, whatever it might be, engaged therein. As the operator was never certain of any one incision “taking,” he had always regarded a multiplication of incisions, simply as a multiplication of the chances of success. He saw no reason to alter that opinion. He thought Dr. Wolston’s selection of the remedies in the head case very judicious; but he considered it generally unnecessary in cases of simple disease, such as that, to alternate remedies. In complicated cases it might sometimes be difficult to avoid it.

Dr. DUBRY, as secretary, felt particularly obliged to Dr. Wolston for the readiness with which he came forward to supply a paper on being applied to, when, owing to illness and other causes, some of those who were to have read papers were prevented doing so. The paper was in itself a very good one, and had elicited a good discussion. Whenever this was the case it made his official connection with the matter very satisfactory to himself. On the present occasion besides the information contained in the paper there was a good deal of teaching in the observations of others, and several questions of much interest were raised. The author, spoke of revaccination being usually successful. His experience did not confirm this, as he had found that adults when revaccinated were apt to commence well, but after a time the vesicles become more or less abortive, as if modified by previous vaccination. He looked on this as an indication that they were protected as far as vaccination could do it. Dr. Wolston had

196 *On Glossitis, Smallpox, and Congestive Apoplexy,*

laid much stress on the importance of having a sufficient number of vesicles on the arm, and years ago Mr. Marson of the Smallpox Hospital had told him that he considered this of importance, the statistics, as far as they could be relied on, seemed to bear this out. In his own practice he tried to obtain five vesicles, as he liked to see a good arm; bad as it might look it was satisfactory to be able to tell the mother that it was what was desired, and a supply of lymph was kept up, so that all might be pleased except the poor baby, for whose good, however, it was done, but if only one place took he would still feel, notwithstanding the opinions he had referred to, that the whole system must have been affected to bring the one vesicle to maturity, and as from it he could obtain a supply from which any number of children might be vaccinated by passing it through other children, he could not but believe that for the time the child was effectually protected. What did those gentlemen do where there was but one vesicle? If they knew it in time and vaccinated immediately the later ones produced might overtake the former, but if this time went by and an attempt was made, say a month after, to repeat the operation, would they expect to meet with success, or would they not find that the first vaccination was a barrier to its successful repetition? In regard to the treatment of smallpox the large doses recommended reminded him of the nauseating doses of *Tartar emetic* combined with *Epsom salts* that he had been given by his relative, the late Professor Abine, of Edinburgh. He saw no advantage in giving such doses and would be afraid to prescribe them. One medicine that had been much recommended had not been named by any of the speakers; he alluded to *Thuja*. (He asked Dr. Walker if he had employed it. He said, Only as a prophylactic). As regarded external applications he knew none more grateful than the *Linimentum calcis*, linseed oil and lime water. He agreed with what had been said as to the objectionable mode of alternating medicine, so much the fashion.

Dr. WYLD said the most important information given us this evening came from Dr. Walker (who, as a visitor, had addressed the meeting), who stated that he had recently treated upwards of fifty cases of smallpox without one death. The mortality as published in the daily papers in cases under the usual treatment was from 20 to 30 per cent. of those attacked, but who had never been vaccinated, and from 8 to 10 per cent. in those who had been previously vaccinated. The success under homœopathic treatment was thus most marked. At the same time it was only just to remind the meeting that the mortality as published in the papers included the mortality in hospitals, which owing to over-crowding was very much in excess of the general average. With reference to vaccination there existed no reasonable doubt that the vaccine matter we were now supplied with was poor and inferior, and it seemed to Dr. Wyld that a government which rendered vaccination compulsory was bound to

supply the best possible lymph, such as the Government of Belgium procured direct from the calf. Were such vaccine used the chief arguments of the anti-vaccinators would be at once silenced.

Dr. Wolston in replying said that he was extremely gratified at the interesting and practical discussion that his paper had called forth, but that as the hour was late he should only briefly take up one or two of the many questions that had been raised. He remarked that he could not agree with Dr. Hughes, and others with him, in regarding his case of glossitis as one of acute œdema of the tongue. Had it been merely this the tongue would have been comparatively soft, moist, pale, and painless, instead of which it was hard, dry, deeply congested, red, and very painful, especially on pressure. He was clear himself that it was an acute inflammation of the deep structures of the tongue. Had it been simply œdema he agreed with Dr. Hughes and others that *Apis* would have been the remedy indicated. Then as to the use of *Mercurius solubilis* being preferable to that of *Mercurius corrosivus*, as being more rapid in its action, he must again differ from Dr. Hughes. He had found that for all affections of the mouth and throat *Merc. cor.* acted more rapidly and energetically than any other preparation of *Mercury*. He could not see, with Dr. Hughes, that glossitis was at all allied to urticaria, though there might be an urticarious condition of the mucous membrane covering the tongue dependent upon the same causes, but acute glossitis was very often traumatic in its origin, and when not this a distinct inflammatory affection of the substance of the tongue, usually the effect of a chill. With reference to the alternation of remedies, exception to which had been taken by many, Dr. Wolston said that, while agreeing with them as to the advantage from a purely scientific point of view of using only one medicine, he differed from them as to its practical value. His own experience was that in a vast majority of cases two remedies were more effective than one, there being few, if any, medicines whose pathogenetic effects cover all the symptoms that a case presents, or at any rate have all the leading symptoms equally pronounced in their pathogenesis as to be faithful pictures of the diseases they are proposed to be curative of. Two medicines combined would often do this, and effect cures in consequence, where one alone would not, just as what one horse alone cannot draw two together can. Science does very well for the lecture room, but in the sick chamber that which is of practical value for relieving and curing disease is the thing to be looked to. Upon the ground of giving only one medicine, in order to be sure of the particular medicine that does the work, no other remedial measure ought to be resorted to, lest what is due to this measure should be credited to the medicine, or *vice versâ*. On such a principle as this, to refrain from using rational measures based upon a sound knowledge of physiology, and to leave the patient to the unassisted power of

198 *On Glossitis, Smallpox, and Congestive Apoplexy.*

any one medicine, Dr. Wolston believed to be fatal to an effective and truly scientific treatment of disease, and yet to be consistent with the one medicine theory of scientific precision, this is the course that ought to be pursued.

Annals of the Society.

HEAT AND ELECTRICITY IN THE TREATMENT OF CHRONIC RHEUMATISM AND SOME OTHER DISORDERS.

By G. F. MABERLY, Esq., M.R.C.S.

(Read February 1st, 1877.)

THE success I have met with in the treatment of chronic rheumatism induces me to write the present paper for the consideration of the members of the society. Chronic rheumatism! the very words are displeasing to the ear; they conjure up a long line of poor victims, distorted in their limbs, hovering about on crutches, or, perhaps, confined to their beds as hopeless sufferers, after having endured sufferings and pinchings from the "physician, apothecary, surgeon," and medicine, the character of which, a long regiment of bottles bearing various coloured labels on the shelves of their cupboards testify. All have done their best. I am not here to malign them, but the treatment of chronic rheumatism has been, we all shall allow, one of the opprobria of medical science. Of late, however, the establishment of Turkish baths has given a gleam of hope to the weary sufferers, and some have derived benefit from this method of administering heat. There are, however, many classes for which Turkish baths are not suited. Gentler methods of applying heat, combined with electricity judiciously given, and especially through the medium of warm water, render chronic rheu-

matism, in many cases, more tractable, and promise to the patient, so far as any treatment known can, the removal of his pain and the cure of his malady.

Dry electricity, i. e. electricity administered direct from the galvanic battery without the intervention of warm water, will sometimes help in the removal of pain, but its efficacy is small; it requires very judicious administration, and it is withal a tedious process. It answers best in local cases, where, for instance, you wish to recover the lost power in a finger or in a foot. The continuous current thus used is sometimes of great benefit in neuralgic cases, say, for example, in—

Facial neuralgia.—The application of the negative pole below the lobule of the ear, between the mastoid and condyloid processes, and the positive drawn from the forehead gently round towards the other pole, will pass a current through the facial nerve in the direction usually required. The electric stream should be very weak, and the operator should always test it on his own forehead before giving it to the patient. This is a cardinal rule in electric treatment, and were it adopted such things as I have heard of, as the pulling of the neck violently round by means of a strong intermittent current for paralysis of the throat, would be avoided. The electric current, should be just felt as a slight pricking sensation. A nervous headache may be often relieved if the electric sponges are applied, one to the centre of the frontal bone and the other to the nape of the neck, for about half a minute. For this purpose I have found two cells of Stöhrer's large battery sufficient. Much injury may be done by using a strong current; the headache may be vastly increased. I should here warn my medical brethren against using the little machines in which an intermittent or faradaic current is given by turning a handle. I believe that in most cases they are worse than useless. The current cannot be regulated nor measured, the same strength can rarely be given on two different occasions, and the operator is not able to trace the progress his treatment is making by noting the variations in the charge of electricity needed to produce a

definite effect. I would say, "Get the right machine and give yourself time to understand its use, or do not attempt the application of electricity at all." The practice of it is troublesome to a great degree, and expensive also, and half a day may be consumed in finding out where the flaw in the electrical conduction exists; perhaps it may then turn out to be a particle of rust, a loose screw, or a defective wire. Still, if we can relieve the sufferings of others, trouble is always well spent. I may here say that I find the continuous current the only one to remove pain; faradisation is of no value whatever.

The *Electric Bath* is far superior to any other means of administering electricity in the majority of cases. Hot water is a powerful conductor, and when the whole medium in which the body is immersed is rendered electric it may be readily imagined how powerful must be the application. By being distributed over the whole surface of the body, except, of course, the head, a large charge of electricity is much less felt than when it is given locally. In thus administering electricity I use two baths—one in which, as I have just described, the entire body of water in the bath is electrified, and the other in which only a local charge is given through the water. As the electricity in the latter case is intensified by a coil containing a core of soft iron, which becomes a temporary magnet when electrified, I call the bath a "magnetic" to distinguish it from the electric bath. Both these baths are very valuable in the treatment of certain states and diseases of the body. Rheumatism is a disease specially amenable to hydropathic and electric treatment. The following cases selected from a number will show this.

A farmer, æt. 30, weighing 16 stone 3 lbs., had an attack of rheumatism about two years before coming to me. The attack of sciatica for which he came to the Arboretum had continued about two months, and had prevented sleep for more than half an hour each night. He could not walk, but managed to hobble with a stick. The pain was so great that he could not sit still. The night after the first hot pack was given he slept for five hours. The

202 *Heat and Electricity in Chronic Rheumatism, &c.,*

electric bath was prescribed next day, with the result of relieving the patient from pain and enabling him to sleep all night. After a week's treatment he was able to walk round the grounds, and left to see to his hay harvest (this was quite contrary to my wishes). A year and a half have passed away since then, and I have inquired frequently about him with the uniform reply that he was quite well. In this case, besides electric and magnetic baths, we applied flannels to the affected limb as hot as could be borne.

Another case required more treatment, and taxed all my resources. The result was, however, equally good, but it was longer before the cure was accomplished.

A lady about 45 years of age, who had been about twenty-two weeks under allopathic treatment, was brought to me from the north of Ireland in a sheet, for she could neither sit nor stand, and had no power of opening her hands nor of raising them to her mouth to feed herself. She perspired much. Her hands were stiff, the finger-joints enlarged, red, and painful, and altogether hers was a crucial test for hydropathic and electric treatment. I had no doubt, however, of the issue, and I told her husband I believed I should cure her. The treatment adopted was first to have the patient well washed with soap and water, and then to apply hot cloths to the different joints of the body. In a few days we commenced electric treatment, and the fingers were also well packed with strips of wet lint, and dry gloves were drawn over them. In a short time she was quite free from pain and gradually able to use her limbs. In about three weeks she could feed herself, and was able to sit up for a time and to be carried into the open air. I had the limbs rubbed with oil and moved where they were stiff. She gradually acquired the power of locomotion, and at the end of the second month of treatment walked downstairs and across the hall without help, mounted the steps into the fly, put on her gloves, and was driven off to London. I much wished to have another fortnight to complete the cure and to give some more tonic treatment, but notwithstanding this the case was a remarkable one, and considering that she had been

twenty-two weeks under medical treatment and was brought to me in a perfectly helpless condition she made a tolerably rapid recovery. One of her medical advisers had recommended her a pair of crutches, telling her she would always need them. However, on leaving the Arboretum she presented these articles to one of her attendants.

In both these, and, indeed, in all cases, the cure is in proportion to the willingness of the patient to submit to the electrical treatment and to the heat required for removing the pain.

One feature noticeable in the use of the electric bath is its power of purifying the body. If there is much unhealthiness in the system the bath will turn black when used. The same thing results if the patient has taken much medicine, there will then also usually often be a metallic deposit on the bottom of the bath. We can thus detect a specific medicine, and so form a very decided opinion concerning the disease a patient may have been treated for, whatever may be his own statement (I allude, of course, to syphilis), if even he has had the disorder and may consider himself cured of it months or years ago. I believe nothing will free a patient of the large doses of mercury so commonly given to rid him of this disorder like the electric bath. The magnetic bath is wholly useless, but the continuous electric current seems to search the system through and to deposit the mineral on the copper of the bath. A very interesting and instructive instance of this power of electricity in searching the body and eliminating mineral poison is given in the 'Lancet' for October 14th, last year, p. 531, and I have the more pleasure in quoting it because it occurred in a well-known hospital (St. Mary's) and not in the practice of a professed hydropathist. I give a summary of the case from the 'Lancet,' omitting many of the details.

On June 22nd, 1875, a man, æt. 30, a cab-washer, was admitted into St. Mary's Hospital, under the care of Dr. Sieveking. For the three months previous he had been losing flesh. A few days before admission he had been drinking freely throughout the day, and sleeping at night

in an omnibus. It need not surprise us that he took cold, and that the cold was followed by delirium tremens. On coming to his senses he found he had lost his voice and the use of his upper extremities. The story of this paralytic seizure is particularly interesting and instructive. For three years he had drunk the first glass of beer and gin served in the morning at the public house he frequented. He thus drank liquor which had remained all night in contact with *lead*. During these three years he had colic three or four times.

On admission at St. Mary's he complained of pain in and distension of the abdomen; his bowels were constipated, not having been moved for five days, and a well-marked blue line was visible on the gums. The patient was greatly emaciated. If placed in an erect position and not supported he fell. He had no command over the flexors and extensors of his upper or lower extremities, indeed the upper seemed to have ceased to act at all. The deltoids appeared entirely gone, the head of the humerus could be traced in the glenoid cavity quite plainly, his ribs were covered only by skin, in fact he looked more like a dried skeleton than a living person. His voice was just audible, his tongue was coated with a thick brownish fur, and he perspired rather freely. His lungs were sound and sensibility was good all over his body.

The patient was put to bed and ordered an ounce of *Castor oil* at once and a soap enema four hours after. The following day, his urine was collected and found to contain $\frac{1}{3400}$ of a grain of lead per fluid ounce. He was treated with *Iodide of Potassium* according to the theory of chemical combination, and *Quassia*. *Chloral Hydrate* was given in 25-grain doses at night, and he was faradised in his upper limbs. Faradisation was applied to the full power of Stöhrer's two-cell battery, but it produced no contraction whatever.

On the 29th July he was "a little better in his general health, but the paralysis was as intense as ever." From this date, July 29th, to December 3rd, a period of more than four months, this poor man was first galvanised with the

continuous current and then faradised and dosed with *Iodide of Potassium*, but with scarcely any benefit.

On the 4th December his persevering electrician placed this patient in an electric bath and galvanised him for twenty minutes, with the result of producing much greater sensitiveness to the electric current than when treated as he had been before.

On the 17th, after thirteen days' use of the electric bath, he could swing his arms freely, and flex them pretty well. Could walk with but little help, and said he felt much stronger and better. A constant irritation was felt all over for ten or twelve hours after the bath. His bowels had become quite regular, his urine much increased in quantity, his appetite good, and he was gaining flesh. The medicine was entirely discontinued. Ten days after we find him still more improved, having gained several pounds in weight, and his ribs were covered with flesh. He could now only bear three fourths of the strength of the electric current at first given. He complained of much irritation of the skin with tingling after the bath, sometimes it was so great as to wake him up at night. He was able to walk well without help, and could almost dress without assistance. The electric bath was now given only three times a week.

On January 3rd, just a month after commencing the electric bath treatment, the patient was quite well with the exception of a little weakness in the forearm. He could now raise his hands to the crown of his head. There appeared to be a renewal of muscular fibre. The loose deltoids seemed replaced by new ones, and muscle appeared where there had been nothing but skin. To harden him for his work of washing thirty or forty cabs at night, he was kindly allowed to stay in the hospital till February 25th, when he left. He came back four or five times to see his kind electrician, and the last time reported that he had driven a pair of ponies.

And now comes out a most important fact, showing the manner in which the electric bath acts. Dr. Handfield Jones took a gallon of the water after the patient had been twenty minutes in his bath, tested it, and found *well-marked*

traces of lead. Herein was the secret of the power of the electric bath, it eliminated the poison from the patient's body.

I have given this case at such length because it proves three important statements I have often made, and which coming from one not a professional hydropathist are to me of special value.

(1.) That the electric bath is a far more effective agent than local galvanism.

(2.) That its use will restore nerve power and fatten wasted muscles.

(3.) That it will extract mineral poison from the body.

In the present instance *lead* was found on analysing the water of the bath, "and" says the electrician in the case, "if lead, why not mercury, arsenic, or antimony?" I have no doubt the electric bath does extract all these poisons from the body, and that where, for example, mercury has been taken for the cure of syphilis it will be found not merely in the water but deposited in round white spots on the bottom of the copper bath. These spots are never found when the patient is in good health.

The electric bath not only extracts mineral poison from the human body, it will do much more than this. It has a wonderful power of purifying the system. Let any one in good health get into the electric bath, he will come out leaving the bath clean; let another with, say rheumatism, paralysis, general debility, or imperfect action of the skin, try it, and the bath will be coated over, more or less, with a blackish-brown deposit, the density and intensity of the colour varying with the sanitary condition of the patient. As the patient improves in health the bath becomes less and less discoloured. This is my constant experience. Two other effects are produced by the electric bath which it may be interesting to mention:—

(1.) The great heat it will impart. This will often last for hours. The value of the electric bath in cases of feeble circulation, when judiciously applied, must therefore be evident.

(2.) The readiness and the ease to the patient with which the electric bath produces perspiration.

On this effect I have no doubt depends some of its great results in relieving rheumatism. Most drugs which are given usefully in rheumatism have an action on the skin. The electric bath is in this respect far more valuable in treating this disease than the Turkish bath.

A gentleman, æt. 67, now under my treatment for chronic rheumatism, has tried Turkish baths without benefit, but after two weeks' treatment by the electric and magnetic baths says he can walk better than he has been able to do for thirty years. The secret of this improvement is, no doubt, to be found in the fact that the electric bath will both open the skin and impart power, while the Turkish bath will sometimes not do the former at all, and if it does it imparts no vital force. It may clean the windows of the house, but it does not enable us to see through them.

I may also add that the electric bath will remove pain, but in this respect it is often inferior to the magnetic bath.

A few words upon the the electro-magnetic bath. That which I use is made of slate. The point desired is a non-conducting material. An intermittent current is excited by means of a single Bunsen's cell working a coil of fine wire containing a bar of soft iron, which by frequent breaking the electric current becomes a temporary magnet. A plate of zinc is attached to the wire from the magnetic pole, while a bar of carbon is connected with the positive, and a local current is passed through the water into any part of the body which may be desired. The effect is to move the muscles of the part. This bath does not impart heat like the electric bath, in which the continuous current is given, but it is admirable in moving stiff joints and in relieving pain. It is often useful in amenorrhœa. In a case induced by the pressure of an ovarian tumour I was able to bring on menstruation whenever I desired.

Heat is undoubtedly a most important agent in relieving pain and in curing disease.

A writer in the *British Medical Journal* has just published as a great discovery a truth long known and practised by thermal hydropathists, that pneumonia is

readily and quickly curable by hot fomentations sprinkled with a little turpentine. By hot fomentations alone, continually renewed, I have cured pneumonia in twelve hours. Bronchitis, acute or chronic, will usually yield to the same treatment. Those terrible scars on young ladies' necks indicating a strumous abscess need scarcely ever come. Were heat systematically and cautiously applied to abscesses, very little lancing would be required, and the patient would be saved a painful operation ending in a wound which nature must heal up as well as remove the abscess, thus taxing her enfeebled powers with double work. I give an instance to illustrate my meaning.

A young woman, *æt.* 23, complained of pain in the cheek. She went to a surgeon, who lanced it from within the mouth. She applied a linseed poultice and took his physic. She went again, and again he lanced, but finding she was getting no good, placed herself under my care. I found her cheek swollen, and I concluded it arose from caries of the malar bone. I ordered her to remain at home and to foment her cheek with a hot sponge for a whole afternoon, and to apply a hot linseed poultice at night. The pain was much less next day, and the face more swollen, which I was glad to see. I ordered the same treatment to be continued, and the day after the abscess discharged through a pinhole opening in the cheek, and healed up in a day or two without the least disfigurement to the face.

Six or eight weeks after, great tenderness and swelling was complained of in the same spot. I ordered the same treatment, with the addition of *Mercurius corrosivus*, one drop *ter die* and had the satisfaction in three or four days of seeing entire relief from pain and the subsidence of the swelling without any discharge whatever.

If an abscess has been well fomented and the skin does not give way after a reasonable time it will sometimes be well to make a very very small incision. This will give no pain, but will afford exit to the matter, and by a little more fomentation all will be discharged and the whole thing heal up without trouble or scars.

I give an illustration of the value of heat in extreme

cases. A few weeks ago I was asked to see a young laundress, æt. 27, who was very ill. I found her suffering from hypertrophy of the heart, both mitral and aortic valves being incompetent. The heart was beating rapidly and violently. The carotids were contracting and dilating very visibly, while the face was cold, the hands and feet icy, and there was no pulse whatever at the wrist. Death seemed imminent. *Digitalis* and other drugs had been tried without result. I ordered a bath of hot water, and mustard for the legs. This was made in a pail, and the arms were also similarly immersed. In twenty minutes the labouring heart was relieved, warmth returned to the extremities, and the patient's days were prolonged for more than a month. The same means were adopted once or twice after when the same symptoms recurred.

I forbear further remarks. My object is not to discuss generally electric or thermal hydropathic treatment, but merely to intimate some of the disorders in which either or both are of great value. There are certain cases and forms of disease for which electric and hydropathic treatment are well suited. Let these cases be placed under such treatment in their early stage, before they have become thoroughly chronic. It will take far less time to cure the patients, and it will reflect credit both on the discrimination of their medical adviser in recommending hydropathy or electricity, and on these methods of treatment for their adaptedness to the disorder.

It is by no means my desire to decry the use of drugs. On the contrary, I am thankful for the little knowledge I possess of homœopathic remedies. I often find them of great value, and it is with much pleasure that I have now the opportunity to acknowledge the debt I owe to my friend Dr. Yeldham, who a good many years ago urged me to study homœopathy, and to Dr. Hughes for his able work on *Pharmacodynamics*, which for the first time has given the practitioner of ordinary abilities the opportunity of studying the homœopathic use of drugs in an intelligible form. I believe that, so far as our present knowledge extends, a combination of homœopathy and thermal hydro-

pathy, in which I include electricity, offers us the earnest approach to a perfect system of medical treatment.

Discussion on Mr. Maberly's paper.

Dr. DUDGEON could not agree with Mr. Maberly in his unqualified condemnation of the interrupted current in the treatment of disease, as he had frequently seen violent neuralgic pain relieved not only by Stöhrer's machine, but by the despised rotary apparatus. With regard to the elimination of medicinal substances from the body by the galvanic bath, he was aware that this was vouched for by all who had had much to do with those baths. His own experience on the subject was confined to one patient of his, who took a course of baths under the guidance of a well-known French doctor, who kept an establishment for the administration of these baths. After a few baths the doctor observed to the patient that he found that a quantity of iodine had been eliminated from his body. The patient expressed his surprise at this, as he had never taken a grain of iodine in his life. "Are you fond of fish?" inquired the doctor. "Oh, very!" replied the patient. "Ah! that accounts for the iodine," says the doctor; "all fish contain iodine."

Dr. DYCE-BROWN thought Mr. Maberly's cases extremely interesting. He could not, however, agree with him in thinking best to leave an abscess to open of itself. When the abscess was ripe he believed that it healed more rapidly, and left a cleaner mark when opened by the knife.

Dr. HEWAN felt pleased while listening to such a common-sense and practical paper. It shows that the true physician's eye and mind should be always open to inquire into and to use, where practicable, all the available methods of curing or alleviating disease. He (Dr. Hewan) has to confess a want of experience and success in the use of electricity in what may be called its *dry* form. In the *wet* mode, now under consideration, though his experience is not large, he has had more satisfaction. Beginning with what may be called the most natural mode of electricity, he has heard from the natives of Old Calabar how much good their young and weak children, that are unable to walk at the usual age, derive from the employment of the electric fish, the *Malapterurus Beninensis*. This little fish, from four to ten inches long, belongs to the family of the *Siluridae*, and is found in the muddy banks of the fresh water brooks of that country. He (Dr. Hewan) himself got shock from one of them while bathing in one of those brooks. The fish is put into a vessel with water, into which the child is placed, and the animal as it swims about and comes in contact with the limbs of the infant gives its little shocks. He is certainly of great benefit in chronic as well as acute rheumatism. Dr. Hewan employs a fomentation and compress of

solution of common washing soda over the affected joints. He wished very emphatically to proclaim the great benefit patients derive from this, the most simple, effective, and certain application he has ever heard of. Heat, by means of *frequently repeated* poultices, he has proved to be most useful in abscesses to *rapidly* promote suppuration. The late Professor Syme was a great advocate of heat in his surgical practice.

Dr. GUTTERIDGE said he had found electric baths of use in obstinate neuralgia as seen in literary men or associated with amenorrhœa in young ladies. He was of opinion that magneto-electricity, as usually applied, was much too strong, and only served to irritate and aggravate the complaint. In rheumatic anæsthesia *Aconite*, if persevered in steadily, rarely failed to relieve.

Dr. BAYES said that, when practising in Cambridge he saw a great deal of rheumatism, especially in dispensary practice. One question of diet is very important, the avoidance of most, if not all, stimulants, particularly of beer. He could to a great extent bear out Mr. Maberly's experience as to the great value of the electro-chemical bath in chronic rheumatism, and also fully agreed with him that it should be used with great care and not used too strong. He also believes that the temperature of the baths is important, and that 92° Fahrenheit is the best temperature in most cases. This is the natural temperature of the baths of Wildbad and of Ragatz, both which he (Dr. Bayes) conceives owe much of their efficacy to their maintaining a constant temperature of 92° during the whole bath, as the water runs through the bath during the whole time while the patient is in it.

Dr. YELDHAM said that possibly, like other members present, he had come more to listen and learn than to speak. The proper application of electricity in its various forms required so much time and attention, that it became well nigh a specialty, and must almost of necessity be committed to the care of such experienced adepts as the author of the interesting paper they had just heard. As far as his own observation enabled him to form an opinion, the warm bath was the most agreeable and efficacious mode of applying electricity. He had himself derived benefit from Mr. Maberly's baths, as had also patients whom he had sent there. As regards the small magnetic machines that had been referred to, he had many years ago cured a lady of paralysis of the bladder by the use of one of them. Beyond that he had never seen any good derived from them, although he had formerly recommended them a good deal on account of their convenience.

Dr. DRUBY was much interested in Mr. Maberly's paper. He was a learner on the subject of electric baths, so had no information to give. As regards the application of magnetism, he had recently seen the ordinary horse-shoe magnet applied in a case of stiffness of arm with swelling of hand; it certainly had produced shrivelling of the swollen fingers, and in this way gave relief; but applied to the palm of the hand, without anything between it and the skin, it

seemed to cause some contraction and hardness of one of the tendons. He would be glad to have a little light thrown on the action of this agent.

Dr. WYLD, about fifteen years ago, wrote an article in the *British Homœopathic Journal* on the electro-chemical bath. He had great faith in its power of driving out disease. He had observed pustules maturing and bursting in the bath while under the observation of his own eyes, and Mr. Maberly had shown that it had a power of eliminating metallic poisons in a manner and with a rapidity which no drug treatment could effect. Dr. Wyld had also found the bath most efficacious in uterine congestions and discharges. With reference to the treatment of abscess, Dr. Wyld had found the Turkish bath act as a rapid poultice, and had treated a case of abscess accompanying hip-disease most successfully by this method, the pus discharging by a pin-hole, and enabling the patient, although with a stiff joint, to make otherwise a rapid recovery. He had found the rotatory magnetic machine useful in debility and partial paralysis.

Mr. MABERLY, in reply, thanked the members of the Society present for the kindness with which they had received his paper, and replied, *seriatim*, to the various speakers. He said that he did not understand that those who had recommended electricity had been disappointed in the results obtained. He had often found it an uncertain remedy. Thus, in cases where there was an absence of vital force, and where electricity seemed the appropriate remedy to impart power, it had done nothing whatever. Cases must be selected. Electricity is anything but a panacea. He thought electricity would restore lost or degraded muscular tissue, and that the case of the cab-washer proved this. The electric telegraph signs were produced mainly by breaking the current, and according to the manner in which an operator breaks it, and so works his signals, his correspondent at a distance, say at Vienna or Berlin, could form an idea of his character, whether choleric or gentle. Mr. Maberly said he must still hold to the idea that the best way of treating abscesses was by applying heat till they pointed. Steam, as from hot sponges, continually applied, say for an afternoon, and a linseed poultice at night, would very likely produce pointing in many cases in a day. If, however, after a reasonable amount of fomenting the skin did not break, he had no objection to make a minute incision through it, and if the fomenting were continued for a short time longer the matter would evacuate entirely and the abscess heal up without any disfigurement. He gave as illustrations the healing of tarsal and mammary abscesses; in the latter the breast had been lanced two or three times before the patient came under his care. Mr. Maberly quite agreed that the intermittent (faradaic) current was of service occasionally, but he used it chiefly in alternation with the continuous battery, and he found the plan a good one. With Dr. Blackley he quite agreed that franklinic electricity (electricity from the old electrical cylinder or plate machines) might do good;

but he was of opinion that a stream from a continuous galvanic battery, when the quantity given could be exactly regulated, was far better, less painful, and when properly applied not attended with danger to the patient. For the same reason he objected to the use of the small machines. The operator turns a handle, which makes a wheel revolve; this wheel is connected with a bar of soft iron, of horse-shoe shape, having wire coiled round it. The revolution of the wheel causes the armature to pass rapidly in front of a permanent magnet, and thus an intermittent magneto-electric current is induced. In these machines there is no means of determining the quantity of electricity given, nor of regulating with any exactness the number of intermissions in a second. He considered the continuous galvanic current of far more use in the majority of cases than the intermittent, and muscles can be contracted by simply interrupting the application of the sponges. He did not believe in excessive electrifying. The idea of some seemed to be that the more they gave the better. Three electric baths a week were quite enough, and on the intermediate days he gave suitable thermal hydropathic treatment.

INOCULATION AND VACCINATION.

By Dr. W. V. DRURY.

(Read March 1st, 1877.)

MR. PRESIDENT AND GENTLEMEN,—The paper that I have the honour to lay before you this evening originated in the wish expressed by our excellent Vice-President, Dr. Wyld, that certain questions connected with vaccination should be brought under the notice of the Society, and especially that we should consider what steps ought to be taken to ensure a supply of reliable lymph.

If it appears desirable that further action should be taken in this matter it will be well to be prepared with evidence on all the important points that may be thought to bear on the subject, that when the time comes we may be ready to state our views with confidence and press for their adoption.

As this information will be best attained by a full discussion of the various points at issue, my task is much lightened, as I can rely on the members who shall express their opinions to supply any omissions on my part, and as I am pretty sure to say some things that may not meet with universal acceptance, I hope I shall thus secure a full expression of opinion from those who differ from me. I shall have to raise objection especially to an opinion recently advanced, in the *Daily News*, by Dr. Wyld, but I have the satisfaction of knowing that there is no man among us who would more readily have his own opinions contradicted, if thereby truth would be more fully elicited. Whatever may be the fate of private opinions, I trust the general result will be the correction of erroneous views and the establishment of definite conclusions as to the best course to be adopted to check so dire a disease as smallpox.

Having recently delivered a course of lectures on exanthematous disease at this hospital, which are at present going through the press, it will be necessary to go over some of the ground touched on in the concluding portion of that book, on the subjects "inoculation and vaccination."

However content we may be with our position when the general health is good and no epidemic causing alarm, no sooner is a panic caused by the appearance of one of these unwelcome visitors, than the whole scene is changed. Proposals of various kinds are brought forward as to what is to be done to stop its progress or stamp it out. If the locality affected be one of our health resorts, we may look out for letters in the papers making the state of things appear as mild as possible, and most likely winding up with an extract from the Registrar-General's report to show that the town in question is one of the healthiest in England. As the panic subsides the cry for precautionary measures to a great extent dies away with it, too often leaving undone those things that might possibly prevent a serious return of the mischief. In a few cases, however, some useful work is accomplished, or machinery is set in motion that brings about improved sanitary arrangements.

In the case of smallpox the question of preventive measures ought not to come before us by fits and starts, as the law requires us to be always taking steps to prevent its inroads. Still, each epidemic seems to find many unprepared, and as soon as it is announced that smallpox is becoming prevalent there is a rush for re-vaccination, and as this goes on our supply of lymph is apt to fall short. Private practitioners are soon in difficulties; then comes an application for the Privy Council lymph, which is apt to be a good deal suspected, and at times abused, though resorted to in emergency, and so far as my experience goes, not found to fail, though one would often be glad to feel sure that due care was exercised by the public vaccinators in their selection of their supply babies, a point where there is a danger of failure of caution. As the demand goes on the Government office, unable fully to supply applicants, issue a

notice-paper, advising those needing it to keep up their own stock, which is pretty much the same as the task-master telling the Israelites to make bricks without straw, for where are those men to procure babies if they do not attend midwifery, and having patients that want to be re-vaccinated they wish to keep them in their own hands. Even babies are not always to be got just at the time they are wanted. I recollect, many years ago, a medical man, who, for the sake of the vaccination fees, had searched for and vaccinated many babies in a country town, being described by a rival and angry practitioner as "a second Herod," who, he said "laid hands on all the newly born."

In the present day I fear some men have not been very upright in their dealings; thus, I have heard of a son of *Æsculapius* watching at a vaccine station, and bribing the mother of a healthy baby to allow him to get a supply from her child's arm, thus depriving the rightful and expectant proprietor inside the establishment the opportunity of filling his tubes and charging his points. Let us hope that this is a made-up story, as it is hardly doing to others as we would be done by.

In times of scarcity I presume the legitimate course is to apply to those on whom we can rely for tubes or points as required, paying the market value for the same. Mr Falkner, of Endell Street, has supplied a large number of the West End practitioners, and I believe Dr. Epps, in the City possibly even a larger number.

The next question that troubles the public mind is the purity of the supply. Feeling that there is some risk of impurity we often wish we could get some more nearly related to the cow than much that is now in use, and zealous men like our friend, Dr. Wyld, hearing of the lymph used in Belgium, procured from calf vaccination, endeavoured to introduce lymph from that country into England, and keep up a supply from a like source here.

After many failures, both on the calf and human subject with this Belgian lymph, success is beginning to reward the pioneers. Hearing of these failures, had time allowed of it, I should have been glad to have run over to Brussel

to have seen how they managed there, and given a report to the Society.

In treating of the subjects that head this paper, I propose first giving a short account of inoculation, its advantages and disadvantages, and then speak of vaccination and matters connected with it.

I will take it for granted that the efficacy of vaccination is admitted, as I am sure the Society have no wish to discuss this point, or to hear a lengthy reply to the objectors to vaccination. I shall, however, have a word to say on compulsory vaccination ; but even then, while objecting to what is harsh in it, I have no wish to increase dissatisfaction, but rather to see what can be done to improve vaccination, quiet objectors, and secure as far as possible the full benefits to be derived from this mode of stopping the progress of disease.

INOCULATION.

We get the word from *in*, and *oculus*, the eye. It means to insert as an eye or bud of one plant into another, to engraft, to propagate by budding. The insertion of a virus into the system.

Inoculation was discovered and first practised by the Turks at Constantinople about A.D. 1700, and introduced into England by Lady Wortley Montague in 1721, when her daughter was operated on ; her son had been inoculated in 1717 in Constantinople. In 1721 it was introduced into America. After much opposition it became established in this country. In 1746 the Smallpox Hospital was established, and in 1754 the College of Physicians gave their sanction to the new system.

It is difficult to explain why smallpox introduced into the system by inoculation should be milder than when taken by infection. It may be that a smaller dose of the poison is imbibed than when a large surface is exposed to its influence, but be the cause what it may the fact remains, and the knowledge of it led to its being largely adopted ; and, indeed, so much confidence was placed in it

that it required an Act of Parliament to make it give way to the milder process of vaccination.

The cessation of inoculation has prevented all practitioners under a certain age from knowing anything about it unless from books or report, as any one practising it is liable to a month's imprisonment. Notwithstanding the terrors of the law there is but little doubt that inoculation was practised illegally in some few cases since the passing of the Act forbidding it. Never having witnessed inoculation I am indebted to Aitken's *Practice of Medicine* for the particulars of what takes place.

Inoculated smallpox.—The lymph used to be taken from the vesicle on the fifth day, and was inserted by a single puncture in the arm. When successfully performed the second day after the operation a lens will show a slight orange stain; the fourth or fifth day the part is hard slightly inflamed, itches, and a vesicle is formed on it. About the sixth day some pain and stiffness is noticed in the axilla; on the seventh day the vesicle is more formed with an areola. From the seventh to the ninth day fever appears, lasting three or four days, and is followed by a general eruption, which is called the secondary eruption. Like regular smallpox the eruption comes out in three crops, appearing successively on the face, the trunk, and the legs. The original pustule has scabbed when the secondary or general eruption is about to mature. In some cases three or four vesicles appear and shrivel up without maturing. The number of spots may vary from ten to two hundred. The induced disease is usually mild but in some cases severe, the eruption is confluent, and death has ensued. The possibility of this is one of the objections to the operation, but the danger of spreading the disease has induced the Legislature to forbid its performance.

Much stress has been laid upon the fact that inoculation served as a centre for the spread of infection, and the assertion has at different times been made that smallpox increased with the practice; that it did in some cases there can, I think, be no doubt, but the opponents of the system made no allowance for the outbreak of epidemics.

which would have occurred with or without inoculation. We have now no inoculation, but, unfortunately, we have plenty of smallpox. Were the practice still in existence, no doubt its opponents would have been ready to attribute the present epidemic to it.

We have only to listen to the anti-vaccinator to know how readily accusations can be brought.

The danger of a fatal result following inoculation is a serious objection, and as vaccination was supposed to afford a sufficient protection, the mildness and severity of one, compared with the double danger of the other, found an irresistible argument that those in favour of the old practice could not withstand. How far vaccination has fulfilled the expectations formed of it, we have to consider; but even if it has not done all that was expected, the question is can it be made to do more? and how are we to obtain the greatest possible amount of security at the smallest possible risk? That an attack of smallpox contracted naturally or induced by inoculation is the most effective remedy against subsequent exposure to contagion there is no doubt; it is as perfect a security as can be obtained. If, however, it can be demonstrated that well-performed and repeated vaccination will secure the same immunity, then, as the safer and milder of the two it must have the preference. That vaccination, *as it is*, fails to give the security required cannot be denied; but that it may be made vastly more efficient there is abundant evidence to prove.

Inoculation when it was discontinued was open to charges of a similar character to what are brought against vaccination. There was an utter want of precaution to prevent the spread of disease, and all sorts of people operated. Had the Legislature restricted the practice by allowing it to be performed only by registered medical men, who should have been answerable for the isolation of the patient during the time of illness, one of the great objections to it would have been got rid of. To guard against the risk of death, the persons to be inoculated might first have been submitted to vaccination and then, after a lapse of some years,

to inoculation. Thus, the vaccination would have prepared the way for a mild form of disease after inoculation, and the patient would have received the greatest possible security, while isolation would protect his neighbours.

It is hardly likely that this practice will ever be resorted to in this country, but circumstances may arise to make it desirable elsewhere; and even here, unless vaccination can be so carried out as to make it far more perfect than at present, it is possible that a demand may be made for an alteration in the Act of Parliament that would permit the practice of inoculation under stringent restrictions.

It may be asked under what circumstances would a resort to inoculation be desirable? If an outbreak of smallpox took place in one of our colonies, where vaccine was unobtainable at the moment, those who could be isolated might be inoculated, and those who had previously been vaccinated might by inoculation be further protected with but little risk of its being severe.

At present vaccination in this country affords a sufficient protection to those who nurse the sick. We do not hear of the nurses in the hospital contracting smallpox, and this is a powerful argument in its favour. Vaccination has, however, to be repeated, whereas inoculation, once efficiently performed, will, unless in some rare cases, secure immunity through life.

We have now to consider the subject of vaccination and the means of making it as perfect as possible, so that the necessity for reverting to inoculation may not arise, in this country at least.

VACCINATION.

When great discoveries are made, we are apt to wonder how they could have remained hidden so long, for looking at them after their realisation it would seem as if the intelligence of a child might have brought them to light.

It was well known amongst the country people in Prussia, and also in Gloucestershire, that persons who milked cows were liable to be attacked with a disease on

their hands, contracted from sores on the teats and udder of the cow, and that the persons who had suffered from this escaped the attacks of smallpox that carried off their less fortunate neighbours.

How long this popular knowledge existed it is impossible to tell, but it was not till towards the close of last century that it occurred to Dr. Edward Jenner to utilise this knowledge by propagating the disease and conveying it from one person to another.

We have a connecting link with him in our colleague, Mr. Hands, who was Jenner's pupil, and can tell many interesting facts about his practice.* He does not omit to mention in his pamphlet on *Vaccination and its Opponents* how particular Jenner was, at the time he knew him, some fifty years ago, "relative to the condition of the child to be operated upon, and still more circumspect as to the infant from whom he procured the virus which was afterwards used for the purpose of vaccination."

Origin of the disease in the cow.—It is a matter of great importance that we should know how the disease in the cow originates, for the double purpose of propagating it, to keep up our supply of good vaccine matter, and to see whether virus of other kinds, obtained from infected animals, could be utilised to prevent the spread of other diseases in the human race.†

It is with a view to obtaining a supply of lymph, that we are most interested in the origin of cow-pock.

In the absence of direct and positive evidence, which, of

* Thus, we are informed that it was during the holding of Berkeley Fair, May 14th, 1796, that James Phips, a boy aged eight, became the first subject of vaccination from matter taken from the hands of a milkmaid. In July he was inoculated, without result, proving the success of the vaccination. The same fact is no doubt recorded in *Baron's Life of Jenner*, which I have not got by me. Mr. Hands tells us that he afterwards vaccinated the children of Phips.

† I must not wander into a digression on this latter question, which is a study in itself. Some curious experiments tending a little in this direction have been made, but it is dangerous ground, as few would care to use a morbid secretion from a cow suffering from rinderpest to prevent scarlet fever, or diseased matter from a mangy dog to prevent eczema in some one liable to or suffering from it.

course, we can never have, as to how the disease originated in the cows in Gloucestershire and elsewhere, we can only reason out our case, and give the results of experiments to support them.

First, then, I had better state thus early that I believe cow-pock to be a disease that has been in some way contracted by the animal from an individual suffering from smallpox, but that it has in consequence undergone such a change or modification as to become, to all intents and purposes, a new disease, and this disease, when conveyed back again from the cow to the human subject, produces in the individual genuine cow-pock, and protects the recipient from an attack of smallpox as efficiently as any lymph can do. I wish to be very explicit on this subject, for Dr. Wyld recently stated in a letter, which appeared in the *Daily News* (February 1877), an opinion very different, and calculated to do harm and lead to much misconception. He said, "I find that many medical men are under the false impression that vaccinia in the heifer is modified smallpox, and that all we require to do is to inoculate the heifer with smallpox matter and thus get a supply of vaccine lymph. This is a mistake which might become productive of disastrous consequences. Smallpox inoculation of the heifer produces not vaccinia, but a modified smallpox capable of spreading smallpox among human beings by infection. Vaccinia, on the other hand, can only be communicated by actual contact, or by insertion of matter below the skin."

Where Dr. Wyld derived his information from that it is "capable of spreading smallpox among human beings" I do not know, unless it be from Mr. Hands' pamphlet, to which I have alluded.* Much as there is of interest in it, it is impossible to give in adhesion to all he says. Thus speaking about Mr. Ceeley, of Aylesbury, inoculating the

* "Dr. Jenner believed that the two diseases were identical."—*Aitken*, vol. i, p. 266. Aitken sums up a series of observations by saying, "These and similar facts seem to lead to the conclusion that small-pox and cowpox are not dissimilar diseases, but are identical in their nature."—Vol. i, 271, fifth edition.

cow with smallpox virus, he says, "This gentleman did not at the period reflect that the soil in which we plant seed, though it may in a degree modify the grain cultured, will not turn a potato into a turnip. Of course, the animal so treated had smallpox, as did the patients upon whom this experimenter employed the said matter." Mr. Hands expresses the opinion that they had smallpox, but, I believe, there is an entire want of evidence that the disease, as reproduced smallpox, can be spread by infection.

Mr. Ceeley, of Aylesbury, one of our highest authorities on the subject of cow-pox, successfully inoculated the cow many years ago.* "This same gentleman has also often recomunicated the vaccine disease from man back to the cow (retro-vaccination, as it has been called), and he has observed that good human lymph, when retransmitted in this manner, loses some portion of its activity. The phenomena appear later; smaller vesicles are produced, but ultimately, *after successive re-inoculation* in man, it regains its activity. Human smallpox has also been transmitted through the horse to the cow, and so to the child in the form of cow-pox. (Fletcher.)

A very rash and dangerous experiment was tried in America, an account of which I quote, as at first sight it appears to tell against my argument, and to show that the disease might be spread by contagion. In the *Year Book* of the New Sydenham Society for 1860, p. 146, we read, "Martin inoculated some variolous matter, taken from a pock upon the body of a man who died of variola, into a cow's udder, and subsequently vaccinated about fifty persons with matter derived from the cow. Most of those so inoculated were attacked with variola, and three died.†

There would be too much proof in this case, were it reliable, as the mortality greatly exceeds that from ordinary inoculation. Either something more than smallpox was transmitted with the virus, or the unwise experimenter may have transmitted the disease otherwise than by his lancet.

Smallpox virus from the living body passed through the

* This had been done by others previously.

† *Boston Med. and Surg. Journal*, Feb. 23rd, 1860.

cow has never produced any such result, though repeatedly tested in this country, therefore, the evidence is against the disease being spread, as Dr. Wyld and Mr. Hands think.

Smallpox is a disease that, as an almost universal rule, is only taken once during life, therefore, it is not a very strained argument to say that a disease, such as cow-pock that will in some cases protect the individual subjected to it during life, and almost all for some years, must have a very intimate connection or identity with it.

Measles protects against a second attack, scarlet fever the same, whooping-cough the same, but not against one another, therefore, this is *prima facie* evidence in favour of cow-pock arising from smallpox.

Mr. Hands tells us that distemper in dogs is arrested—indeed, prevented—by vaccinating the animal on the inner side of the thigh, and quotes M. Felizet, that beasts affected with cow-pock are not attacked with foot-and-mouth disease. Thirty beasts were vaccinated, twenty-five successfully; not one of these, though exposed to infection, was affected.

How far there may be any identity of origin here we can only suspect; the facts are interesting, but need further investigation. Dr. Murchison thinks there is a connection between smallpox and rinderpest.

Then, again, when the cow is inoculated the virus from the vesicles produced in her udder, in the human subject, give rise to a disease in every way identical with what we know as cow-pock, and from it we can go on propagating it from arm to arm, and obtaining protection.

Mr. Ceeley, as I have stated, fairly tested this question, and since then lymph obtained by this method has been largely used. Many men got lymph from Mr. Badcock, of Brighton, who produced it in this way, and would do so still if he supplied it. I have heard it stated, that he was obliged to give up the practice as it was illegal; this is incorrect. Mr. Badcock was obliged to discontinue procuring lymph owing to the Act of Parliament forbidding the removal of cattle at the time of the cattle plague; he was unable to overcome the difficulties that then stood in

his way. Others, however, obtained lymph in this way, and during the last outbreak of smallpox I was enabled to get some of this lymph, three removes from the cow, and had several beautiful arms without infecting my patients with smallpox. Nor have I ever heard of any one in this country taking the disease in this way. My friend, who supplied me at that time, and who now has a cow and calf waiting to be operated on when he can get some variolous matter from a patient who had not been vaccinated, writes as follows :—"The cow referred to was not operated on by me, but by the farm baliff. I did not see the cow at all. He took lymph eighth day and vaccinated a calf on inside of thigh, not on udder; the vaccine therefrom derived was extremely active. I had some bad arms, but nothing which produced permanent bad effects."

It is a well-known fact that a disease affects the heels of horses, known as grease, that will produce a disease identical with cow-pox.

"Fontan relates that some mares being affected with a particular eruption, called grease (*eaux aux jambes*), the matter from the pustules was inoculated on the teat of a cow, where it produced several fine pustules. From these several infants were vaccinated, with the result of producing perfectly characterised vaccine vesicles. Thirty infants have been vaccinated from this source at Toulouse, and in all the result has been most satisfactory."*

There is, I believe, a spurious disease in the horse that will not give a satisfactory result, but when the genuine disease is met with it is well known that similar results may be obtained.

Thinking this matter over I have but little doubt in my own mind that in most cases the disease is produced by persons sickening for smallpox handling the animals. And that in times of epidemics of smallpox, severe epidemic cow-pock is most likely to be met with.

In the first volume of Aitken's *Practice of Medicine* a large number of interesting facts are put together, showing how the disease has been propagated in the cow, and how

* *New Sydenham Society*, 1860, page 146.

other animals have been affected. All the facts there mentioned go to prove the origin of cow-pock and its identity with smallpox, though changed in form.

Operation of vaccination.—The manner in which the operation is performed is of some importance. I need not, however, detain the Society over this, as each member, no doubt, has his favourite method. My own practice is to make some slight scratches or cuts barely enough to show a red stain, and then rub in the lymph off lancet, point, or glass, trying to obtain four or five vesicles. If much blood flows the chances are the operation will fail; if it does not succeed, the operation should be repeated till a result is obtained. I have never met a case of unsusceptibility in a child, and am sceptical as to the existence of such. I believe it is only previous vaccination or an attack of smallpox that will baffle our efforts. Even those that have been vaccinated before will show some effect if a few years have intervened, so that unless some effect is produced I would always advise the operation to be repeated once or twice.

Cow-pock in the cow.—During the prevalence of smallpox, cow-pock may show itself, and horses and sheep are liable to be attacked as well as cows, and sometimes with much violence. Mr. Ceeley gives some striking evidence of the spreading of the disease amongst cattle otherwise than by inoculation. The same thing has been noted, and brought about by others.

The disease in the cow is spread by those milking from one cow to another. The description we have of it is, that there is heat and tenderness of teats and udder for three or four days, then irregular pimply hardness. The pimples get red when about the size of a pea, and increase to size of a horse bean. The vesicle becomes a globular oval, and ultimately an acuminate pustule. "A central depression, with a marginal induration, is the form ultimately assumed, and when punctured towards the centre the vesicles yield a more or less viscid amber-coloured fluid. Brownish or black scabs then form, and when these are rubbed off a slight central slough is seen at times. These

appearances may be seen in various stages, showing a succession of crops. "The period of incubation after casual communication of the disease seems to be from six to nine days, although it is said pimples may be felt on the cuticle the fifth day." The mature vesicle measures eight to ten lines in largest diameter, the centre and edges of the intumescent margin being of a deep blue or slate colour, and the surrounding areola of a pale rose colour, and seldom more than four or five lines in depth, the integuments under it being deeply indurated. The abundance of lymph makes it assume a conical shape. The succeeding crust or scab comes off from the twentieth to the twenty-fourth day.

"The best lymph is obtained from the perfect vesicles near their centre before they begin to point. Later than this it is less reliable. Vesicles on which the central crust have begun to form are most productive; small superficial vesicles are often productive. The great object is to get the pure lymph free from blood.

The disease may also be propagated by amorphous masses of concrete, lightly amber-coloured lymph, found close to broken vesicles; from the central dark brown crusts, and desiccated vesicles. These dry materials may be reduced to powder and then moistened with glycerine.

When the human subject is vaccinated direct from the cow it will more frequently take sharply than when done from arm to arm, therefore, with delicate children, one or two removes from the cow will be better than taking it direct.

Human vaccination.—When an infant is successfully vaccinated, there is a little elevation the *second* day, but as the same thing may be the result of scratching or puncturing it is impossible to tell with the naked eye at this early stage if it has succeeded; a lens may show a slightly vesicular appearance. About the *fourth* or *fifth* day there is more redness and appearance of vesicular formation. A round elevated ring forms, with a depressed centre, on the *eighth* day, the vesicle is ripe, it is more or

less distended with lymph and shows a red areola. Mr. Hands tells us that Jenner "was fond of likening the true cow-pock vesicle to a pure pearl placed upon a healthy blooming rose leaf." By the *ninth* or *tenth* day the disease has reached its height.

There is often considerable redness and swelling, at times extending from shoulder to elbow. After this there is a gradual, but often rapid, subsidence of this erythematous, in some cases almost erysipelatous, appearance. The lymph is opaque and gradually dries up, a scab forming about *fourteenth* or *fifteenth* day, which falls off in eight or nine days, leaving a red mark, which gradually becomes a whitened cicatrix, marked over with whitish scars, or pits in the whitened ground. A good mark should be at least one third of an inch in diameter.

The areola is sometimes the seat of a vesicular eruption, which may appear about the ninth day, and come out in crops; I saw the eruption well marked in a child I vaccinated last week. In some cases a roseolous rash appears over the body.

Tests of successful vaccination.—Great stress is laid on the appearance of the cicatrix by the authorities on the subject. It is asserted, and I am not disposed to dispute the statement, that those with large and good marks escape better in attacks of smallpox than those with few and imperfect ones. And we are told not to be satisfied with a small vesicle. Now, I should like to ask those who say this what they do themselves; if they make five punctures and only one takes, do they revaccinate the child when they see it the following week? We know that at a certain stage additional punctures will overtake the first; will this happen as late as the eighth day, and will this make a difference, for it is very clear that one small perfect vesicle shows that the system has been affected? My belief is that for a certain number of years the child will be perfectly safe, but that later the necessity for revaccination will be more urgent, if we admit that the greater the intensity of the vaccination the greater the security!

Re-vaccination.—The necessity for re-vaccination is at once apparent from the number of persons who take smallpox who have been vaccinated, though happily the number of deaths is much less among those who have been vaccinated. Though it has been known from an early period in the history of vaccination that in many cases the protection died out, yet of late years the evidence of the need of re-vaccination is becoming much more apparent.

It is not so long ago since Dr. Copland and Dr. G. Gregory maintained that you would never see smallpox in a vaccinated subject under the age of fourteen; this was not a rashly formed opinion, but based upon extensive observation; the last epidemic of smallpox showed that this rule no longer held good. During the last epidemic it was asserted that a second vaccination was all that was needed to preserve during life. This is never stated now. To account for this deterioration, we must remember that probably much vaccine is in circulation that has never been renewed since Jenner's time. Thus, if some of the original lymph was used from arm to arm as fast as it could be used since his first operation, now over eighty years, it may have passed through over 4160 individuals since the milkmaid, from whom Phips was vaccinated, took cow-pock from the cow.

Notwithstanding this, as it is abundantly proved that re-vaccination rarely fails to protect the recipient of it for a number of years, it ought unquestionably to be performed at stated intervals, or once a period of seven years has passed on the appearance of an epidemic. I have known but one case where smallpox was said to have occurred within three or four months of vaccination.

Individuals vary wondrously as to their receptivity of second vaccination. Some will have arms like infants. Others will have an areola with an acuminated spot or an abortive vesicle; with this there may be much itching, redness, tumefaction, and pain down arm, and swelling in axilla. In some the vesicles appear early and finish their course two or three days earlier than in the infant. Bad arms are more frequent, and it is always well to warn people of this.

Injurious effects of vaccination.—Children are often brought to us, who we are told were perfectly healthy before vaccination. I think there is no doubt syphilis may be communicated in this way, though I am sure such a thing is of the rarest possible occurrence, for the reason that lymph would not be taken from a child presenting such unequivocal marks of disease as are likely to show themselves. Eczema and other eruptions may appear, but it will generally be found that traces of these existed before vaccination, and if they had not shown themselves it is more than likely that the vaccination has but called into activity something that was dormant, and merely awaiting a spark to produce the explosion.

This is pretty much the opinion of Dr. Harmer Smit (who at one period had large experience in vaccination). At least so I gather from a paper of his, to which I have yet to call attention.

I have no idea that vaccination is generally hurtful, though in some rare cases I am not prepared to say that it may not leave *dregs*. The subject has been handled with far too much prejudice to get the impartial evidence needed on either side, though the assertions of the anti-vaccinators lose weight by their manifest bias, and their strong suspicion of great exaggeration.

With adults of faulty constitution, skin diseases are very likely to be called into activity. The most severe attack of eczema I ever saw followed vaccination in a young man.

Both adults and infants are liable to erysipelas, and there is no doubt life has been lost in this way; and in the case of the late Sir Culling Eardley pyæmia followed.

The blame of this must not always be laid to the vaccination, but rather to the instruments and carelessness of the operator; thus in a recent case the medical man used his ivory points a second time, and carried the blood points he had used in the same bottle with his charge points. Still with every precaution erysipelas may arise, but this will perhaps only be once in some million cases.

In cases of re-vaccination sore arms are far from uncommon, indeed, so much so is this the case that it :

nly wise to tell the patients beforehand what may happen. Considerable swelling of the arm, and long-continued and extended scabbing may go on. It was only the other day patient whom I had vaccinated in the last epidemic protested that he had had enough of vaccination, as he suffered from boils and thecal abscess after it. He had, however, sent two of his sons to be re-vaccinated, so he was by no means rabid on the subject, as some of the anti-vaccinators seem to be. I shall return to this subject when speaking of compulsory vaccination.

Vaccination as a protection immediately after exposure.—

recently vaccinated two elderly ladies the second day after they had unknowingly passed an evening in company with a smallpox patient on whom the eruption was coming out; both took well and had no smallpox.

Dr. Harmar Smith has kindly called my attention to a paper of his in the fifth volume of the *Annals* as to the desirability of vaccinating a patient sickening for smallpox. This has been done, and the two diseases have progressed commensurately. Dr. Gregory inoculated one subject and vaccinated another from matter taken from the different eruptions on one patient.

This does not prove that the diseases are diverse, it merely shows that passing through the cow it has been so modified, as to preserve a separate entity under the circumstances stated.

The practical question raised by Dr. Smith's paper is as to the value of vaccinating persons already under smallpox influence. I think there can be no question as to the desirability of it. Indeed, it is a question that I should like to see more fully tested in a smallpox hospital, vaccinating patients at various stages; the treatment would be homœopathic and is worth a trial. The length this paper has already reached prevents me giving some cases recorded by Dr. Harmar Smith.

Our supply of vaccine lymph.—We now come to consider a very important question of our supply. This is being defined, as we have already seen, from a source that is deteriorating in quality, though slowly. It is impossible to

tell what comes from the original supply, and what from what has been renewed since, either from cows found to be suffering from vaccinia, or from that produced by direct inoculation. From this uncertainty it is possible that the early vaccine may be the cause of so many of the vaccinated having smallpox.

The public mind is also far from being at rest as to the purity of the lymph; we see this by the charge, so often given to us when about to vaccinate, "Be sure that you get the stuff, or vaccine from a healthy baby." In the hurry and scramble to get a supply we cannot feel satisfied that this is always done, and unless each man honestly feels his responsibility it will not be done. However, suppose we have the evidence before our eyes in the shape of a strong healthy baby, how are we to obtain the evidence as to the health of the parents? If we ask are both parents healthy we may in ignorance get an answer in the affirmative that is very wide of the truth, or we may have the truth kept back. We cannot question the mother, who is perhaps the only one we see, as to her husband's history before marriage. As matters stand at present there is no doubt much uncertainty; we can only be thankful that so little known mischief has resulted.

To guard against these evils all we can do is to exercise as much particularity about the child and its parents that we take vaccine from as lies in our power. This, however, leads to the inquiry can we get our supply from any other source.

Just now we hear much of the Belgian lymph that has suddenly become famous. The institution is under the charge of Dr. Warlomont, to whose courtesy in supplying information different medical men in this country are indebted. The institution has been open since 1868, and the supply has been kept up from calf to calf since first obtained from a cow in 1866. The vaccinations with the lymph have been very successful in Belgium, but the attempt to reproduce it here has as yet met with but partial success.

There is no doubt of the immense advantage of such

supply, and it is much to be desired that either Government or private enterprise would take the matter in hand, so that we could get lymph better than that on which we now rely. As, however, I have before hinted, this lymph has to be tested for several years before we can be sure it will not deteriorate. To guard against this, the proper remedy is to go back to the cow whenever opportunity offers, or, if I am right in what I have put forward, to inoculate the cow and then start fresh, from time to time, so as to get a milder lymph for delicate subjects, and let those that wished it have their children or themselves done direct from the cow. So far as we can see, were this plan fully carried out, smallpox would, I believe, be exceedingly rare, and the human race would have to die of some other disease as the anti-vaccinationists for once correctly say they do.

Failing some such course, I should never be surprised to hear of a demand for some alteration in what is known as the Vaccination Act of 1841.

Compulsory vaccination.—Vaccination was made compulsory in 1853, and since then it has been made more stringent, and has been carried out with considerable rigour. There is no doubt that much unfair opposition has been raised against it, and the prejudices of ignorant people have been roused instead of being quieted. On the other hand, the advocates of vaccination, having the law on their side, have carried matters with a high hand; no allowance is made, not merely for prejudices, but for just grounds of complaint. Thus, when the public hear that a large number of vaccinated persons still die of smallpox; that syphilis may be conveyed by vaccination; that deaths do at times take place from erysipelas; that numbers of children are said to have their constitutions injured; that skin diseases are produced by vaccination; and when children suffering from porrigo, eczema, or some other disease are exhibited in the waiting-room of our dispensaries as samples of the evils of vaccination (though, as I have endeavoured to show these diseases have but rarely been conveyed from one infant to another, and in many cases would have appeared whether the child had been vaccinated or not, still the

effect is the same)—my only wonder is that the outcry against vaccination is not double what it is. I believe the dread of smallpox is the best ally the vaccinators have, for if the anti-vaccinators were believed, or could prove what they assert, the Compulsory Vaccination Act would be doomed.

I have no liking for the Act, though I am a strong advocate for vaccination. I would do everything to make vaccination perfect. I would, by popular lectures and pamphlets, and, if necessary, by a small payment, on the plea of paying for the privilege of taking lymph from a child's arm, endeavour to overcome the prejudice, and would close all situations that I could against unvaccinated persons. By these means I think the popular prejudice would be overcome, individual freedom would not be trampled on and we might hope to see the loathsome and terrible disease of smallpox kept under control by those means that have mercifully been placed within our reach.

I must apologise for the length to which this paper has extended. As it is, some parts of my subject have been omitted or but briefly touched upon, otherwise I should have incurred the risk of wearying my audience.

Discussion on Dr. Drury's paper.

Mr. THOROLD WOOD, in rising to thank Dr. Drury for his highly interesting and comprehensive paper, said that he would now make a few remarks upon an important point respecting vaccination in which he could not agree with Dr. Drury's opinion. He understood Dr. Drury to say that he considered every infant must be susceptible to the usual effects of vaccination. This was a very wide question, the solution of which would be fraught with much difficulty, inasmuch as in cases of failure the evidence is negative and, consequently, unsatisfactory. It might be argued that the lymph had lost its power, or that there had been want of due care in the operation itself. This matter having especial interest to Mr. Wood he had taken great pains to investigate all the circumstances connected with cases where failure had ensued, even when the vaccination had been repeated three times, and he thought he could quote instances that would be accepted as sufficiently reliable to prove that the infants are not at the time of the vaccination susceptible to be affected by it. Mr. Wood arranged these cases

under the following heads :—(a) Infants that had been vaccinated three times, each time by a different doctor ; (b) infants that had been vaccinated twice by the same doctor and once by another ; (c) infants that had been vaccinated three times by the same operator. In all these cases failure had ensued. In two instances he had himself been unable to obtain even a trace of the vaccine vesicle, although he repeated the operation three times, using on each occasion a different lymph, and also taking the precaution to insert lymph that he had found to be highly efficacious in other instances. To further obviate the chances of failure, he had adopted a different method of vaccination each time, always guarding against incurring any flow of blood which might tend to prevent the lymph from entering the system. In these two cases he felt assured that the vaccine matter had been introduced into the system, and that, had he ventured a repetition of the vaccination, erysipelas, or at any rate erythema, might have ensued, but that a specific vaccine vesicle would not have arisen.

Mr. WOOD argued that as there was no doubt that persons who at one time enjoyed an immunity to the various exanthemata, were on other occasions, when exposed to precisely the same external influences, liable to contract those diseases, why should not a variation in susceptibility be admitted as possible in vaccination ? Cases of insusceptibility to variola vaccina were certainly rare, but that they sometimes occur he felt convinced.

Dr. DUDGEON said a case had lately occurred in his practice that illustrated the protective power, or the want of that power, in vaccination, according to the view we took of it. A lady was nursing a favourite servant, and after some days of illness the disease was declared to be smallpox. The lady had not been successfully vaccinated since infancy, but she was now vaccinated by the attendant practitioner. The vaccination run a perfectly normal course till the ninth day. On the tenth day violent fever set in, and he (Dr. D.) was summoned. He found the pulse about 120, the temperature 103°, great pain in the back, headache, nausea, and prostration. He examined the vaccine vesicles, and found it to be exactly as it ought to be at the 18 days, viz. the white contents of the vesicles—there were three—becoming brown, and a broad areola of inflamed and swollen skin round each. Two days after this, variolous pustules appeared over face, limbs, and body, and the febrile disturbance subsided. The symptoms were now extremely mild ; only two or three of the pustules matured, the others were developed properly. It was curious to remark that the various vesicles were also, as it were, slightest, for as soon as the variola appeared the redness went off, and the vesicles seemed to wither up. In this case the injection of variola had been received perhaps two days before the vaccination, but as the incubation period of the former is about twelve days, the vaccinia had time to run its normal course, unassisted by the variola, until the latter appeared, when the vaccinia was checked and modified. It is evident also that the variola was much modified by

the vaccinia. Of course anti-vaccinationists would point to this case as an instance of the non-protective power of vaccination, but to others it would prove the mutually modifying influence of both variola and vaccinia. He had noticed in his revaccination this year he had been more than usually successful, *i.e.* a greater proportion of the cases vaccinated seemed to take the disease than on former occasions. He had recently been called down to the country to revaccinate a household. He took with him eighteen charged ivory points, and with them he managed to vaccinate twenty-one persons, of whom twenty took the vaccination more or less perfectly. In former years he had observed that his vaccinations had not been generally successful in more than two out of three cases.

Dr. HARMAR SMITH considered the case related by Dr. Dudgeon of the coexistence of variola and vaccinia as very similar to the one which he gave the details in his paper published in the 5th vol. of the 'Annals,' and to which allusion has been made in Dr. Drury's interesting paper. In his (Dr. Smith's) case the child was vaccinated the day prior to the appearance of the smallpox eruption, and the pustules of both diseases matured on the ninth day of vaccination and the smallpox was unquestionably modified by the cow-pox. The paper referred to he also gave the details of six cases besides his own of the concurrent existence of the two diseases, in every one of which the modifying influence of the vaccination appeared to be fully exerted, so that the practical inference is clear as to the course to be adopted in like circumstances.

Dr. HUGHES felt very differently as to the two points of Drury's thesis. He could not see any reason, in theory or in fact for supposing that the specific efficacy of vaccine lymph had deteriorated by its transmission through the human subject. All analogies would show that while the violence of the action of a morbid poison was greatest at its first introduction on the scene, as illustrated by the history of syphilis in Europe and of measles in the Fiji Islands, its essential properties remained the same as long as it was communicated by infection. And, as regards facts, we have only to look at the immunity conferred by revaccination on the attendants in the Smallpox Hospital to see that the prophylactic virtue of vaccine lymph is as great as ever. In estimating the apparent difference between the results of primary vaccination in Jenner's time and our own, account must be taken of the prevalence of epidemics of smallpox. We know not why it should rage at one time, and be seen spasmodically at another; but it is so, and statistics of mortality are largely influenced by the fact. On the other hand he quite agreed with Dr. Drury and Dr. Wyld as to the expediency of substituting direct vaccination from the cow for that practised through the medium of the human subject, and on the one ground that sufficient evidence had now accumulated in proof of the possibility of communicating syphilis in the latter process. He feared that the facts were against the limitation of this accident to cases where blood had been mixed with the lymph, so that no case on

this point could avert the danger. Though the risk was exceedingly small, and did not (he thought) outweigh the advantages of vaccination, even as at present practised, yet it ought to be absolutely avoided if possible, and on this ground he advocated a resort to the direct method.

Dr. DYCE BROWN differed from Dr. Hughes as to the impossibility of deterioration of vaccine lymph in passing through a number of individuals. The question must be determined in the end by careful observation of actual facts, but, theoretically, Dr. Hughes' arguments from the specificity of the disease were fallacious; for, in the first place, vaccine in the human subject is not the same disease as vaccine in the calf, but only a modification of it. In the calf a number of vesicles were produced, and appeared on different parts of the body, while in the human subject one vesicle only for each puncture appeared, and was localised to the spot of puncture. Again, in the calf, so far as Dr. Brown was aware, vaccinia never occurred a second time, whereas in man it could be produced every few years, and not only so, but evidence was now very abundant to show that the protective effect of vaccination is only reliable for a certain length of time. It was, therefore, impossible to argue from the effects of other specific febrile diseases, from which vaccine, as it appears in man, differs in so many important points. The most interesting point of homœopathy in the discussion of vaccination was (Dr. Brown thought) the homœopathicity of vaccination to smallpox. The more closely it is examined the more clearly is it seen that vaccinia and variola are not the same disease, or even modifications of one another, but are diseases distinct though very closely resembling one another. This, then, easily accounts for the protective power of vaccination in smallpox, on the principle of similars. Dr. Brown thought the principle should be carried still further, and that smallpox should be treated with vaccine lymph, *properly diluted* and given internally. He referred to Dr. Lawells' experiments some years ago, at the time of the last epidemic, by which Dr. Lawells found that when variolous patients were vaccinated in the ordinary way many cases went on much more mildly than was anticipated; others seemed checked entirely; others, again, were not affected at all; while some were made decidedly worse by this treatment. In experiments made by others at this time, the same results were obtained; but as a good many were made decidedly worse, the practice was dropped by the allopaths. Dr. Brown thought that the fact of aggravation occurring in some cases, with benefit in others, showed that the dose was too strong for certain patients, and he suggested that vaccine lymph should not be given lower than the 3 per cent. dilution, and steadily persevered with, internally, from the beginning till the case was really cured.

Dr. WOLSTON expressed himself as fully convinced of the deterioration of vaccine lymph by its repeated passage through the human system, and that this deterioration was of a double kind. First, in power by repeated transmission; second, in quality by

admixture with the virus of other diseases, such as syphilis, the transmission of which from one subject to another by vaccination was now put beyond question by Dr. Hutchinson, this disaster having followed repeatedly when every precaution had been taken to prevent any admixture of the lymph with blood. On every ground he advocated return to the original mode of vaccinating direct from the cow. Contrary to the experience of some, he had found vaccination by heifer lymph as certain to take as that by humanised lymph, and he had never seen any extreme or undesirable symptoms follow its use.

Dr. SÜSS-HAHNEMANN related the following case:—Bessie M—, aged four years, was vaccinated when a baby at Liverpool, but without success; parents removed later to London, and on smallpox breaking out in their immediate neighbourhood, applied to a local allopathic practitioner to have their daughter once more vaccinated, which was accordingly done on left arm, in five places, towards the end of January. When seen on March 29th last, the child's arm was much swollen all around the vaccinated places, which were still covered with large crusts, underneath which a thick purulent matter oozed forth; the elbow-joint had also a large sore of the same character as the pustules; the axillary glands of the affected arm had become inflamed and supurated; both *alæ nasi* were covered with a thick crust, and sores had broken out all around the mouth. The child had had hitherto a remarkably clear, bright complexion and skin, and had never shown the slightest trace of any skin complaint whatever; had been always well, having had only as yet whooping-cough. At the present time she looks very poorly, and is very fretful.

Mr. BUTCHER exhibited animal lymph which had been procured from Dr. Warlomont, of Brussels, and also from Dr. Lauvix, of Paris, tubes of both of which were presented to the Society. He had used it in several cases successfully, and described the virus as more virulent in its action, causing abscess in one case, probably from the intermixture of blood, *débris*, hair, &c., which existed more especially with the matter collected on points. He pointed out that there was a distinct difference in the pustules produced by animal and human virus respectively, the former producing a minute pustule from each single puncture, or a large pustule with numerous dissepiments from contiguous punctures, the virus oozing slowly from a sort of stroma, and only after numerous incisions and considerable pressure. He considered that the solid particles, to which the activity of the virus was due, and which were clearly visible in the microscope as minute, highly refractive particles, were probably living organisms, and that there was every probability of their deteriorating in reproductive vigour by a long course of descent in human fluids, which probably did not offer all the materials of their natural pabulum as in the heifer. He concluded by reading extracts from a communication from Dr. Leon Simon, of Paris.

Dr. WYLD said syphilis could be communicated by vaccinating,

provided blood were drawn from the child from whose arm the matter was taken, the child being syphilitic, but not otherwise. This had been proved by a surgeon carefully vaccinating himself from a syphilitic child with immunity. Dr. Wyld took the greatest interest in the question of vaccinating direct from the calf, and that the subject was felt as very important was shown to him by the fact of a letter he wrote on the subject to the *Times*, *Daily Telegraph*, and *Daily News*, 29th January, having drawn upon him nearly 400 letters and visits from medical men. Dr. Wyld questioned whether variola and vaccinia were not two distinct diseases, adducing the following reasons:—1. Vaccinia in the heifer produced a slate-coloured pustule. 2. There existed great difficulty in inoculating a calf with human smallpox matter, and still greater difficulty in inoculating a second calf from the first; but there existed no difficulty, after the method was known, in vaccinating a calf with calf lymph. 3. Our present vaccine lymph is evidently deteriorating by transmission from child to child, but lymph produced by vaccinating from calf to calf does not deteriorate. 4. Calves inoculated with smallpox may spread the disease by infection, but vaccinia can only be communicated by inserting beneath the skin the specific virus. Dr. Wyld had lately revaccinated fifty cases with lymph derived direct from calves. He had not met with any inconvenience, and his successes had been about 85 per cent.—a success beyond that usually obtained. He considered that a government which rendered vaccination compulsory was in duty bound to create an establishment for the production of the best possible vaccine, namely, that from the calf, Dr. Warlomont, of Brussels, and Dr. Martin, of Boston, U.S., having demonstrated its vast superiority, and, of course, its total freedom from syphilis.

Dr. DRURY, in reply to the observations made, could only say, in regard to Mr. Thorold Wood's opinion, that in his own experience he had failed to meet with any one who was insusceptible to a first vaccination who had not suffered from smallpox. He had recently successfully vaccinated a lady who had been operated on eleven times unsuccessfully, including infancy. The husband of this lady had been present while Dr. Drury's paper was read. As regarded Dr. B. Hughes' statement that he could not see any reason in theory or fact for supposing that the specific efficacy of vaccine lymph had deteriorated, Dr. Drury would not combat the theory, but claimed the facts as supporting what he had laid down. That syphilis could be spread by vaccination there could be but little doubt, but whether it would continue to do damage by further transmission might be doubtful. It would, however, on all accounts be desirable to go back as often as possible to a pure source, such as was found in the cow or calf. He would be very sorry to experiment on himself or any one else, as the medical man quoted by Dr. Wyld had done, and he very much questioned the fact being proved that syphilis could only be conveyed by the blood and not by lymph. Such a statement, resting on the smallest

possible particle of evidence, was utterly unreliable; an important matter of this kind should rest on something more solid. Happily, no one wanted to take lymph from syphilitic children, so that, unless to ascertain a fact, there was no need for regretting that the subject was one out of the pale of experiment, and that could only become more known by some accident bringing facts bearing on it to light.

CASE OF SPINAL PARALYSIS, OCCURRING
DURING PREGNANCY.

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

(Read May 3rd, 1877.)

THE following case came under my care in 1870. I ought to have recorded it in print long ago, but having made full notes of it at the time, I laid it aside, and allowed the time to pass while otherwise occupied. The case is, however, so rare and interesting that it ought to be recorded.

I shall defer any remarks upon it until I have read the particulars of the case.

Mrs. C—, æt. 30, sent for me to see her on March 1st, 1870. She was then in her second pregnancy, and advanced seven months. She stated that four weeks ago she first observed that on going up-stairs she was liable to trip from her foot catching on the edge of the step. From this time she had felt gradually increasing weakness in the lower limbs. She is not at all of a hysterical temperament. Her condition I found as follows :

There was marked powerlessness of both lower limbs, so that she could not rise from a chair without being lifted up. **W**hen once lifted, she could stand, and walk slowly across the room with the help of a table, or a chair, each foot being barely raised off the ground, and moved along slowly and with difficulty. She had always to look carefully if anything, such as a footstool, were in the way, as she could not lift her feet over it. The left limb was more affected than the right. She could not turn herself in bed. She could stand quite steadily with the eyes shut, and could walk as well with the eyes shut as open. Complained of a numb feeling in the front, not the back, of the left thigh,

but this numb feeling did not extend below the knee. She had none of this sensation of numbness in the right thigh. Cutaneous sensation is better in the right than the left leg, but good in both. Both limbs are inclined to be cold, but there is no pain in them. There was slight œdema of the left leg. No convulsive movements, or startings of the limbs. No apparent atrophy of the muscles.

The left hand was also found to be affected; the extensor muscles more than the flexors. Thus, she can close the hand, though not perfectly; but when once closed, she cannot straighten the fingers again without the aid of her right hand. The grasp of the left hand is very weak. She cannot hold her sewing work in her left hand, nor pick up anything, so that she has to give up sewing altogether. The first finger and the thumb of the left hand are better than the other fingers in their movements. Sensation in the left hand very good, but not so perfect as in the right. No abnormal sensations in the hand except a feeling of numbness. The movements of the arm above the hand are perfect. The muscles are not atrophied. The right hand is quite unaffected. The only other thing she complains of is a feeling of great weakness across the lower part of the back. There is no pain there, nor tenderness. She has no headache. Pupils are natural. Tongue is clean. There is no facial or tongue paralysis. The appetite is good. Bowels regular. Pulse normal in rythm and frequency, though feeble. Heart sounds normal. Temperature normal. Urine passed naturally and without trouble, acid, and free from albumen. Nothing unusual about the uterus. She sleeps well, and says she feels quite well, if it were not for the paralysis. I regret that I did not then test the electric contractility of the muscles affected, though when subsequently used by way of treatment they were found to respond very badly to the galvanic stimulus.

March 5th. She is worse. See cannot now lift either foot off the ground. In trying to walk she has to pull the one limb after the other with her hand, the left lower limb being still the worst. She cannot now stand without

assistance. The right hand is now affected, its grasp being now nearly as weak as that of the left hand. She is, therefore, rendered quite helpless. Says she sees objects as if passing before her, when they in reality do not.

9th. She is much the same, except that the last symptom of seeing objects moving before her is gone.

21st. Much the same. Bowels are getting costive.

30th. Having got treatment with a view of promoting the natural action of the bowels, *Collinsonia 3x*, they have now resumed their regularity.

April 8th. The paralysis has increased. When sitting or lying on the sofa, she can put out the right foot by slow side-to-side movement of heel and toe, but cannot draw it back again. She cannot move the left foot at all. The right hand is as weak as the left; its fingers remain in a semi-flexed position, and she can neither extend nor flex them completely. She cannot now feed herself, as anything so heavy as a teaspoon falls by its weight out of her hand. Although the hands are in this state she can move both upper limbs, *as a whole*, well enough. No starting of any muscles. General health otherwise good.

From this time till her confinement, which occurred on 24th of April, she got gradually worse. The movements of the upper limbs, as a whole, became weaker, till, at the time of her confinement, she could not raise the left arm at all, and the right one only slightly and in certain positions of the body.

A few days before her confinement, the muscles supporting the trunk and head became involved also, so that, if not propped up, she would fall when sitting, forwards, backwards, or to either side, according to the way that the body inclined. The head also, if allowed to fall backwards, she could not raise erect again. Her bowels again became rather costive. The urine passed normally. There was now cedema of both feet, but no albumen in the urine, no head symptoms, nor pain anywhere. She slept and ate well, and enjoyed reading when the book was fixed for her.

Her confinement on the 24th of April was a very easy one, of about four hours duration. She was delivered of

244 *Spinal Paralysis occurring during Pregnancy,*

twins, both female, and both presenting by the feet. The uterus contracted very well. The placentæ were soft and friable.

She made an excellent recovery, the œdema of the feet disappearing entirely two days after delivery. Milk came into the breasts at the usual time, but of course she was not allowed to nurse.

April 30th. The arms and legs have been gradually wasting, and are now thin and flaccid. The whole limb is thus wasted, and not particular groups of muscles. The left arm is more wasted than the right, She complains now occasionally of difficulty in breathing, as if she could not get enough of air. On using galvanism, the right arm responds somewhat, but not well, while the fingers do not at all. The left arm does not respond in the slightest. The only response in the lower limbs is in the toes of the right foot, and in the great toe of the left foot, *very slightly*. She can voluntarily move the toes of the right foot slightly. Cutaneous sensation in both lower limbs is wonderfully good. She feels tickling of the soles of the feet, though she says the sensation is not exactly that of tickling. The sensation all over the lower limbs, as tested by the points of compasses, is nearly as good as in health.

May 9th. Much the same. Galvanism has been applied every day, but without any improvement.

June 13th. Much the same. Bowels open with aid of an enema of warm water. Appetite good.

July 16th. By this time the muscles of the thorax and abdomen were so involved that she could not cough nor sneeze, nor blow her nose, which had simply to be wiped for her. Her husband and friends were anxious to have her removed to Peterhead, her native place, in the hopes that change of air might be of service to her. She was, therefore, removed in a bed.

She died about a fortnight after getting to Peterhead. Dr. Jamieson, under whose care she then came, wrote to me that the muscles of mastication and deglutition had become paralysed, so that she could neither chew nor swallow any food; the breathing also became more and

more difficult, from the increasing paralysis of the respiratory muscles, and she died in a state of exhaustion.

No *post mortem* could be obtained.

Remarks.—Subacute spinal paralysis of adults has only of late years been recognised as a separate and distinct disease. It is a rare disease, and therefore interesting as such, but so far as I am aware, this is the first case recorded of the onset and progress of the disease during pregnancy.

I think there can be no doubt as to the diagnosis, viz. : that it was a well-marked case of what Duchenne first described as "*Paralysie générale spinale antérieure sub-aiguë.*" The symptoms of the disease are totally distinct from those of any other form of paralysis viz. : confounded with only two other forms of paralysis viz. : progressive muscular atrophy and paraplegia ascending upwards. In progressive muscular atrophy the groups of muscles affected are found to be already atrophied when the attention of the patient is drawn to them by the feeling of weakness. In fact, the essence of this disorder is atrophy of muscle, the paralytic weakness being only a natural result of the muscular atrophy. In the case I have described, the reverse obtained, and it was only when the paralysis had been existing for some considerable time, that any atrophy was perceptible. The atrophy, then, was due to the absence of motion in the limbs, and the consequently complete disuse of the muscles. Again, in progressive muscular atrophy, the affected parts consist of small groups of muscles, and rarely of extensive regions of the body, while in my case paralysis of one limb after another was followed by paralysis of all the muscles of the trunk. In progressive muscular atrophy, the affected muscles respond to electricity in proportion to their bulk, while in my case the muscles ceased to respond to galvanism before almost any perceptible atrophy had occurred.

Lastly, the course of progressive muscular atrophy is essentially chronic, the average duration being about thirty-eight months, while that of my patient's disease was remarkably rapid, the four limbs of the trunk being power-

less in three months, and the patient dying in about six months from the onset of the disease.

It seems almost unnecessary to differentiate this case from one of ordinary paraplegia, for, besides the history and progress of the case being different from that of paraplegia, the fact of the bladder and rectum being unaffected, and of sensation being so very perfect up to the last, is sufficient to settle that point.

The description given by Duchenne of the disease he names "subacute general anterior spinal paralysis" corresponds in almost every point with the case I have related.

The prominent characteristics of the disease—1. The subacute character of it. There are no signs of acute inflammation, no signs of inflammation at all, and no fever whatever. 2. The gradual loss of power in all the voluntary muscles, beginning usually in the flexors of the leg, and the extensors of the arm. 3. The wasting of the affected limbs only appears some time after the paralysis has been developed. 4. The absence of response to electrical stimuli in the affected muscles, from a very early period in the disease and before atrophy has commenced. 5. The absence of fibrillary twitchings and spasmodic contractions or convulsive movements. 6. The almost perfect retention to the last of cutaneous sensibility. 7. The non-involvement in the paralysis of the bladder and rectum; and as we see also from my case, of the uterus also. This is, so far as I am aware, the only recorded case of this form of disease having come on during pregnancy. From the non-involvement of the bladder and rectum, we might anticipate that the uterus would also share with their exemption from the paralysis, but we now know the fact that it is so. The labour was as easy and natural as in a woman in perfect health, and the uterus contracted to perfection. 8. The non-involvement of the brain functions. My patient enjoyed reading, when she was unable to move her body in the least, and had to get some one to turn the page for her. 9. The rapid course of the disease. Whether in my patient the concurrence of the pregnancy had anything to do with the rapidity of the progress of the disease,

one can only conjecture. It is interesting to note the marked manner in which the paralysis first attacked the distal ends of the extremities. For, it will be remembered, that the arms could be moved well, *as a whole*, after the hands were powerless.

The causes which produce this disease are unknown.

The pathology of this disease is almost unknown. It certainly bears a strong resemblance in many points to infantile paralysis, and to "acute spinal paralysis of adults," in both of which the disease is in the anterior columns of the cord; and in one case reported by Gombault (quoted by *Brit. Med. Journ.* January 1875, from *Archive de Physiologie*, 1873) there was found to be atrophy of the large ganglion cells in the anterior grey column of the cord, as well as a connective-tissue growth, with atrophy of nerve-fibres, in some of the nerves and nerve-trunks supplying the muscles.

The "acute spinal paralysis of adults" differs from the disease we have been considering in the markedly opposite character of the onset of the symptoms. In the former, there is high fever and marked cerebral symptoms, and the course of the disease is so acute that the paralysis may be fully developed in a few days, whereas in the latter there are no febrile symptoms whatever, and the progress of the malady is gradual. It is not improbable, however, that the same parts of the spine are affected in both. As to the treatment, of which I have hitherto said nothing, I found no perceptible improvement, even of a temporary character, from any medicine.

About the middle of June, six weeks after her confinement, I had, at the wish of her friends, a consultation with the leading allopathic physician in Aberdeen, who suggested *Quinine* and *Iron*. No improvement resulting, her husband proposed a consultation by letter with Dr. Matthews Duncan of Edinburgh. His proposal was *Iodide of Potassium* in one grain doses. In the allopathic school no internal treatment has been found of any use, and cases have recovered without medicine. The only thing which seems to have been of some use in the early stage is electricity. This, to

248 *Spinal Paralysis occurring during Pregnancy,*

be of service, must be employed at the very outset, as the muscles so soon lose all power of response to the electric current. I know of no other case under homœopathic treatment.

Had I the case to treat over again, I should begin *at once* with the daily and persistent use of electricity. For internal treatment I should not waste time with *Phosphorus*, *Nux vomica*, *Strychnia*, or *Arsenic*, all of which I used; still less should I waste time with *Quinine* and *Iron*, and *Iodide of Potassium*; *Conium*, which I also used for some time without any effect, I should be inclined to try again, but it seems to me that the remedy most homœopathic to this disease is *Physostigma*. The state of muscular paralysis produced by this drug is common to it with *Conium*, *Curare*, and *Gelseminum*. But looking to the pathological investigations which have been made to ascertain the *modus operandi* of these drugs in producing paralysis of voluntary muscles, I think that *Physostigma* corresponds more closely to the disease I have been considering than do the others. For it has been found that *Physostigma* paralyzes by its action on the spinal cord, and not upon the nerves or muscles, at least in the first place. The motor nerves do become ultimately paralysed, but not until some time after the spinal cord is completely paralysed and its reflex functions destroyed. Then, again, in *Physostigma* poisoning, the sensory nerves are not affected, nor until very late in the poisoning are the bowels and bladder paralysed. The brain also is only slightly affected in its functions. The only point wherein the pathogenesis of *Physostigma* differs from subacute spinal paralysis is in the state of the muscles, which in the former case can be made to contract easily by electricity, even after the paralysis is well developed, or even after the animal is dead; while in subacute spinal paralysis, the muscles cease to show any power of contractility with electricity very early in the disease. *Physostigma*, then, is not perfectly similar in action to the disease under consideration, but is perhaps the nearest analogue we have. *Physostigma* is a remedy of great promise in certain forms of paralysis, chiefly of those dependent on diseases of the

spinal cord, but into this general question this is not the time to enter.

Conium, though producing general paralysis of voluntary muscles, is found to do so by paralysing the peripheral extremities, and only in the advanced stage of poisoning is the spinal cord affected, while the muscles themselves can be made to contract by galvanism after paralysis is complete. If we are thus to trust to these pathological experiments as a guide, *Conium* is not closely homœopathic to the disease under consideration. I say "if we are to trust &c.," because these experimental results are so often upset by those of fresh experimenters, that we must always accept them with some reserve, and I have found *Conium* of marked service in cases in which it should not have been suitable if these experimental results are correct. It is for this reason that I said that had I again a similar case to treat, I should again try *Conium*.

Curare is open to the same objection as *Conium*, as it is found to paralyse the motor nerves, and not the cord or the muscles, at least in the first place.

Gelsemium also meets our disease in many points, but it has also points of divergence from it, which prevent one looking on it as so homœopathic as one would like. To go fully into these points would prolong this paper unwarrantably. I hope at another time to take up the subject of the therapeutics of the various forms of paralysis, when I then can enter fully into the differentiation of each one, without the risk of being tedious.

I must, however, mention one other medicine which I am inclined to think would be of value in this disease, viz., *Ailanthus*. Its power of producing spinal congestion with its corresponding symptoms is very remarkable, and is not sufficiently made use of in practice. The symptoms do not point to active or acute congestion, so much as a subacute form of it, and if we suppose that, in the disease we have been considering to-night, there is an element of primary congestion of the cord at bottom, however subacute, and wanting in any appearance of febrile action, this would point to *Ailanthus* in the early stage. In this point of view,

Discussion on Dr. Dyce Brown's paper.

Dr. HUGHES was glad that the attention of the Society drawn to the subject of spinal paralysis in its various forms had been done of late, especially in France, in the study of these affections, and it was for us to add their thoughts. He could not quite agree with Dr. Brown that in progressive atrophy the loss of power depended solely on the wasting of the muscles, or that in spinal paralysis proper the muscles were solely from disuse. He considered that in both affections atrophy and paralysis were present as primary factors of the disease, their proportion differed, and this according as the motor cells of the cord were most involved. As regards remedies to be of service, he hardly thought we should find them in any of the drugs mentioned by Dr. Brown—*Physostigma*, *Conium*, *Curare*—whose action was functional only. He looked upon medicines like *Plumbum*, *Phosphorus*, *Arsenic*, and *Mercurium* as affecting the nutrition of the cord. With these, and with *Opium* and *Belladonna* for recent congestive and inflammatory conditions, he thought we should be able to do a good deal for spinal paralysis.

Dr. WHEELER remarked that he had not any experience of spinal paralysis occurring during pregnancy, but the remarks of Dr. Wolston had called to his remembrance two very interesting cases of spinal paralysis, the result of uterine disturbance, in two ladies. Dr. Wheeler related the cases, which were those of menorrhagia with leucorrhœa. They had neither of them lasted several months, one not for over a year. They had been treated by several of the leading men of the town, but the symptoms had been entirely overlooked, and the paralytic patients had alone been treated, with no result. These cases were only of a functional character, dependant on the uterine disturbance, and on that being relieved, which it was in the course of four months, the patients both got perfectly well, and have remained so up to the present time.

Dr. DRURY felt much indebted to Dr. Dyce Brown for his interesting paper. It was not, however, his intention to do more

merely make a short comment on Dr. Blake's diagnosis of a case referred to by Dr. Wolston. He did not feel satisfied with the correctness of the views expressed. He could not but think that if the uterus were the cause of the paralysis, such cases would be much more common when we hear so much in the present day of flexions of the uterus. The treatment adopted was just such as would have facilitated recovery if the paralysis depended on some congestion of the membranes, or the case might have been one of an hysteric character.

A CASE OF DYSMENORRHŒA MEMBRANACEA,
WITH SOME REMARKS ON THE RELATIVE
IMPORTANCE OF PATHOLOGICAL SIGNS
ON THE ONE HAND AND SYMPTOMATIC
EFFECTS ON THE OTHER, OR STUDIES IN
THE TREATMENT OF DISEASES OF WOMEN.

By DUNCAN MATHESON, M.D.

(Read May 3rd, 1877.)

A SPECIAL interest attaches to the disease dysmenorrhœa membranacea, owing to two chief considerations, viz. that up to a very recent period its pathology has remained unsettled, if, indeed, it can be said to be settled even now; and that it has hitherto resisted, so far as I am aware, all medical treatment. This being the case, I wish to draw the attention of my brethren to two *remedies* which I have found eminently successful in its treatment, and to the use of which I was led by a consideration of what I conceived to be the true pathology of the disease. The value of the remedies in question will be best illustrated by the narration of one particular case, which, in my humble opinion, places in a striking light the advantage of treating diseases, especially the diseases of women, with special regard to their pathology, as contra-distinguished from the symptomatic effects produced by them. I may add that I have also been *a little* influenced in bringing this case, with its lessons, before you by the fact that my views in regard to this matter, as advocated some time ago in my lectures on the homœopathic treatment of the diseases of women, have been opposed by some of those among us whose function it is to form public medical opinion on such questions. The case I am now to detail has occurred since the delivery of the lectures in question,

and appears to me to afford a very striking proof of the truth and accuracy of the principles there insisted on.

The following is the lady's own statement of her case written within the last ten days.

"My age is now forty-four. The monthly period came on with me between twelve and thirteen. From the very first the membrane appeared, but as it never caused me then any pain or trouble my mother did not do anything about it. What I remembered was that towards the end of the period something looking like skin or bladder was expelled, and then the period was over.

"When I was twenty-seven years of age I was overtaken by the tide and had to climb a very high cliff, and the exertion was great. On arriving home I found I was unwell. Being fourteen days late mustard plasters and hot baths had been used, but it only lasted an hour, and a few days after a carbuncle appeared at the bottom of the spine. It was opened, but no matter came. Then in the *same place* and in its neighbourhood came sixteen boils. From that time I date all the misery I have had since at *each* period, and the continued irregularity of its appearance.

"The membrane I paid no attention to. It was the fearful sickness and headache which prevented me lifting up my head off the pillow for two days, the second day the worst. First came sickness, like *water-brash*, then like the yolk of an egg, then quite dark brown, three and four basins full each period. We were then not homœopaths, and the first person I can remember consulting here was a lady's doctor of some reputation. He gave me *suppositories* to allay the irritation, and also *Indian hemp* to take, but nothing did me good, and when he proposed leeching I left him and determined to suffer on. For having naturally a good constitution I have a *rebounding* power, and in the intervals was all right, though *always* easily tired. The discharge was always very copious, and the first day always came with a *rush*, so that from the *moment* the monthly time came I felt ill and unable to move, and there was generally six weeks between the periods. Hysterics always came on, and when the mem-

that.

“Hearing of Scanzoni’s fame I went to Würzburg to consult him (in my life) was examined by him. swelling and congestion of the water at Kissingen, in Bavaria, where I went for several years. There I had the waters and my general health was greatly improved. My torments during the winters were a great deal less. I forgot to mention that, in addition to the constant sudden attacks of headache, I had intervals (which the French call *mal de tête*) (as I was still not better of the matter) I went to Scanzoni, who on a fresh examination found the congestion was not a bit better than before, and that he was disappointed in the result, and that after a fortnight there he sent me to Marienbad, in Bohemia, and I accordingly took the mud and steel baths besides the waters.

“On my return to London I had the migraine, I determined upon consulting Dr. Ferriaroli of the Isle of Wight, who, I was told, had cured many of his patients. He considered that the liver was not in a healthy state, and gave me pills to be taken three days before the period (twenty-four pills) and afterwards three or four pills daily.

not had any return of the membrane since the very beginning of his treatment. The period lasts three days. It stops suddenly and without any annoyance, but *when* it stops it is a *decided* cessation, not as before going dribbling on, and then a violent flow before the expulsion of the membrane. Till the membrane came my head ached, I was nervous and irritable, and as yellow as a guinea."

So much for the lady's own story from an unprofessional point of view. It was, as she says, in the month of August, 1876, that she first put her case before me. Her own story, as you have just heard it, shows, of course, that she was a person in opulent circumstances, and also that her age was forty-three. I found her of dark complexion, sanguino-bilious temperament, with an appearance of extraordinary vigour of constitution and high muscular development. There was also an unmistakable appearance of general plethora. Her purely medical state and symptoms were these:—From the time of the first appearance of the menses, which she has told us occurred at twelve years of age, to the date of her visit to me, her sufferings at the monthly period were great and unvarying. As a rule, the catamenia appeared once in six weeks; continued for three days; then disappeared for twenty-four hours, during which interval she was very much swollen in the region of the liver and abdomen, and her skin turned quite yellow; then reappeared with intense suffering, described by the patient as fixed in the back and like a knife cutting the parts; terminating at last in the expulsion of a substance in size and shape "like a pear," which was followed, of course, by instant relief.* This had been her state during the whole of the previous thirty-one years.

As you will have noticed she had tried various means of relief, among others the treatment of one of our leading homœopathic physicians, a circumstance which from

* It need not be said that during the whole of each period of such painful menstruation she was utterly incapable of travelling or undertaking any of the ordinary engagements of society.

suffering, and the ultimate ex
already described, Though over
consulted some of the most em
pathists, allopathists, specialists,
used had had the effect of touchi
symptoms.

I do not intend, of course, afte
Secretary that I should keep my
entering into the discussion of th
brane passed on these occasions.
have myself arrived at the conclu
is essentially a product of conges
the uterus, and, consequently, that
prevented by remedies fitted to rer
this case there was at the same ti
dency to congestion of the liver,
and the uterus, as I pointed out
wonderful degree of reciprocity exi
lectures which I had the honou
ventured, as the result of many yea
a strong opinion that *Belladonna* is
sovereign remedy for uterine conge
when such conditions were associa
liver. *M...*

moved. I never changed the potency of the *Belladonna*. The patient was further directed to take a dose of *Belladonna* 1x every two hours during the menstrual period, whether the membrane appeared or not. The result has been that menstruation has several times occurred regularly once in four weeks, though there is still a tendency to the interval being five weeks, that the monthly suffering has been removed, and that, as you have heard it stated by the patient, the membrane has never once appeared since the trying of this treatment.

It would thus appear that a disease of thirty years standing has been cured in the course of a few months by the use of these two simple remedies, to the administration of which I had been led by an almost exclusive regard to the pathological effects of the disease, on the one hand, and of the remedies on the other, while at the same time the symptomatic effects of both were to a great extent disregarded. Assuming always, of course, a correct diagnosis, this method, whenever capable of adoption, manifestly brings with it a measure of precision, definiteness, and promptitude, which is unattainable when mere symptomatology is made the basis of drug selection. This appears to me so obvious that it is matter of arrangement—a department in which it is perfectly well known that there is little correspondence between external symptoms and the pathological conditions to be met with, that attempts at introducing it into obstetric practice should be discouraged by any of our public writers.

I am led to make these remarks by observation deprecating this method of practice, which appeared in the *Homœopathic Review*, in the month of October last, in connection with a notice, otherwise fair enough, of my lectures already referred to, in which I advocate this method of treatment much more at large. In the course of that notice, the writer complains that in my lectures such prominence is given to the pathological indications for drug selection as “virtually to throw into the back ground the symptomatic details of the disease and the drug indications,” and then adds:

“We must have the two go hand-in-hand, each illus-

trating the other, and strengthening our judgment in the selection of the medicine. The beauty of homœopathy is that when there is any doubt of the pathological state, or of the medicine which has pathological similarity to it, we know that a drug which produces symptoms similar to those of the disease must act upon the same parts, and probably in the same way as the cause of the disease, and when a patient, who comes to us complaining of various subjective symptoms, is relieved by treatment of all these, we may rest satisfied that the real disease is cured. We cannot procure the entire removal of all the symptoms of which the patient complains, and yet leave the disease *in statu quo*. We are glad, however, to state that when Dr. Matheson comes to the actual treatment of particular diseases he is speaking of, he does not confine himself to pathological indications, but gives those which are symptomatic also, thus showing that, although putting the point we have been discussing rather too strongly, he, in practice, employs it to a limited extent only." On the last sentence of this quotation, I simply remark that I have *never* laid it down, and *do not hold* that we should "confine" ourselves to pathological indications; and I think no careful reader of my lectures will see in them any such contrariety between the general principles laid down, and my suggestions in regard to the treatment of particular diseases, as the *Review* charges me with. What I insist on is the *primary importance* of these pathological indications; and what I deprecate is the almost entire ignoring of them which prevails in nearly all homœopathic works, as well as in much of ordinary homœopathic practice.

In support of this proposition I need go no further than the books lying on the table of this Society, which, it is to be presumed, are the best to be obtained on the homœopathic treatment of diseases of women. In one very pretentious volume, of between 700 and 800 pages, the number of remedies recommended for dysmenorrhœa, the disease now under consideration, amounts to the modest number of eighty-nine, while the disease treated of in the previous chapter has forty-five allotted to it, and that in the follow-

ing chapter fifty-eight. In another less pretentious homœopathic work on diseases of women, also lying on the table, the number is reduced to about one half in some disorders, while in others the appalling number I have quoted may be multiplied by two.

For any trace of pathology or pathological indications of either diseases or drugs the bewildered reader will look in these treatises, but look in vain. From beginning to end they contain no indications for treatment but those based on what my critic thinks so very important—symptomatology. It, therefore, humbly appears to me that, with such evidence before him, my critic may keep his mind perfectly easy on the point of symptomatology "being thrown into the background."

Now, here it is that I entirely join issue with the writer of this review. It is utterly incorrect, in the class of diseases under consideration, to say that "a drug which produces symptoms similar to those of the disease must act upon the same parts, and probably in the same way, as the cause of the disease." It is equally incorrect to assert that, "when a patient comes to us complaining of various subjective symptoms is relieved of all these we may rest satisfied that the real disease is cured," and that "we cannot perceive the entire removal of all the symptoms of which the patient complains, and yet have the disease in *statu quo*."

The fallaciousness of these assertions is shown by anticipation in my first lecture, which, of course, my critic perused, in which I stated—

"On the one hand we occasionally meet with cases in our practice where disease has far advanced towards a fatal termination without pain or manifest alarming constitutional disturbance of any kind attracting the notice of either patient or physician; on the other hand we have cases presenting the most violent and painful constitutional derangements, all arising from the most insignificant and practically harmless derangements of the womb. Again, we meet with constitutional symptoms, the most opposite in character, arising from the very same uterine diseases.

We also meet with entirely different uterine diseases, producing precisely the same functional symptoms."

With regard to this quotation, the only question seems to be, are its propositions true? It would be easy to show, by reference to Simpson and others, very high authorities, that they are correct in every particular; and, if this be so, it follows, as a logical sequence, that no such relationship exists between functional symptoms, on the one hand, and pathological signs on the other, as the assertions I have quoted from the review would indicate; and, further, if those functional and subjective symptoms are thus proved to be no sufficient guide as to what the actual disease may be, it is still more utterly impossible to regard them as furnishing a sufficient, safe, or scientific guide to its treatment.

Discussion on Dr. Matheson's paper.

Mr THOMAS WOOD said that in many diseases the symptomatic indications may, and often must be alone relied upon as depicting the actual state of the case; but in the disease which has formed the subject of Dr Matheson's valuable paper, and in uterine diseases in general, Mr Wood was of opinion that a correct diagnosis could seldom be formed without depending in the main upon the pathological signs. It is well known, he said, that in uterine diseases the symptomatic indications as guides to diagnosis are frequently unsatisfactory and contradictory. In any six cases of dysmenorrhœa membranacea, for example, there would be found in certain symptomatic indications not common to all, whereas he admitted that the pathological signs would be identical. From this circumstance Mr Wood concluded that given the pathological signs, the remedies were not difficult to select, and those named by Dr Matheson and Dr Wilson were undoubtedly homœopathic to the disease.

Dr DUNSTON thought that Dr Matheson had one very material advantage over all opponents, and that was that his case had been a successful one. At the same time, he had considerable doubts as to the part the *Sedatives* took in securing that success, and felt inclined to agree with Dr Wilson that the *Merrurians* had much to do with the result; and from the doses that were given of it he was by no means sure that it was more what might be called its alterative than its homœopathic action that brought this about. Still the case was a success, and was of considerable interest. There was a medium, he was very much in the habit of using in dysme-

norrhœa, and that was *Platina* in frequent doses. Some modern homœopaths might object to this medium, as, being a metal, he thought, to secure its action, it ought to be given in the form of a tincture, which could not be used till the fifth or sixth dilution. In selecting this medicine, he was led to it by the symptoms, not to the fact of its being membranous dysmenorrhœa; the symptoms were there to guide when the medicine was needed. The pathological fact of its being membranous could not be ascertained till the time was passing over for the medicine to be of use. In such cases we were very apt to run very much upon one medicine, returning again and again to the one that had helped us. Nor was there any objection to this, provided we were ready to adopt any other on the moment that fresh symptoms might point out as more suitable, or that, in the event of our one remedy failing, we were prepared with some other medicine to take its place.

Dr. HUGHES said that he hardly thought the discussion had been kept to the special subject of Dr. Matheson's paper, which was not dysmenorrhœa in general, but *membranous* dysmenorrhœa. There were many points of interest about both the pathology and the therapeutics of the disease which might well have come before the Society. As regards the former, he said that it was generally allowed that the membrane extended was ordinarily the "menstrual decidua"—the mucous membrane of the uterus, exfoliated in a morbid manner. He argued with Dr. Brown that the cause of the cause of the morbid modification of the natural process was general ovarian irritation; and he further thought with him that sometimes membranous dysmenorrhœa was a real inflammatory process, as it seemed to have been in the interesting case brought before us by Dr. Matheson. When it was so, probably the medicines used by him would prove useful; but in the more essential form of the disease he thought we should want more recondite remedies. Of these he especially commended *Borax*, which, both in the 15-grain doses, in which Dr. H. Bennett first used it, and in the 10-grain doses of the first homœopathic trituration, had approved itself an excellent means of modifying the morbid process.

Dr. MATHESON, in reply, said, with regard to Dr. Dyce Brown, who had acknowledged himself to have been the author of the review criticised in the paper, Dr. Matheson considered that gentleman quite incapable of writing otherwise than in sincerity and good faith. At the same time, he could not at all agree with his views on the matter in question; for, as had been shown, and as several of the previous speakers had admitted, subjective and functional disturbances are no guide whatever as to the nature of the disease; it would therefore be quite out of the question to suppose that they could possibly constitute a sufficient guide in its therapeutics. In fact, such a supposition Dr. Matheson considered both contrary to sound reasoning and to common sense.

CONTRIBUTIONS TO THE TREATMENT OF FACIAL PARALYSIS.

By MATHIAS ROTH, M.D.

(Read June 7th, 1877.)

Definition.—Facial paralysis, which occurs usually on one side of the face, is called *Hemiplegia Facialis*, *Diastrophe Tortura oris paralytica*, also Bell's palsy, consists of a distortion of the face, caused by a few or many or all muscles of one side of the face being paralysed, whilst the muscles of the healthy side retain their tone and pull the face more or less obliquely to this side.

Description of the seventh or facial nerve.—The facial nerve arises from the posterior border of the pons Varolii, from the lateral tract of the medulla oblongata; some fibres are traced to the floor of the fourth ventricle, and even to the lateral column of the spinal cord. The nerve passes forwards and outwards, and rests on the crus cerebelli; it then enters the internal auditory meatus with the auditory nerve, and, while passing through the whole Fallopian canal, gives off two superficial (large and small) petrosal nerves and the chorda tympani; the large superficial petrosal supplies through Meckel's ganglion the levator palati and the azygos uvulæ muscles; the small superficial petrosal (considered by some, a branch of the glosso-pharyngeal nerve), supplies through the otic ganglion the tensor palati and tensor tympani muscles, and presides over the secretion of the parotid gland. The chorda tympani joins the gustatory branch of the fifth nerve, and is distributed partly to the tongue (superficial lingualis muscle), and partly, by the submaxillary, presides over the function of the submaxillary gland. After the passage through the Fallopian canal, the facial nerve leaves the skull by the stylo-mastoid foramen.

Causes.—Organic mischief. Pressure on the nerve after it has left the brain, by cerebral tumours or exudation. Disease of pons Varolii, or of medulla oblongata, atrophy of nerve, thickening of dura mata, exostosis. Injury or disease involving the facial nerve in the temporal bone through necrosis, gunshot wounds, rupture, fractures, tumours, periostitis, disease of the middle ear, hæmorrhage, and exudation.

The peripheral part—

(a) Cut by accident or by surgical operation (thus, Bell's coachman, after a successful extirpation of a tumour, complained that he could not whistle to the horses since the operation).

(b) Enlarged lymphatic glands or other tumours, and mechanical pressure on the nerve, *e.g.* sleeping with the face pressing on the closed hand.

(c) Contusions and concussions from blows on the ear. The greater exposure of the left cheek to blows on the ear and other injuries is mentioned as a cause of the more prevalent *left* facial paralysis in Germany.

(d) Pressure of the forceps, during labour, on some branches of the facial.

(e) Cold. Chilling the face while it is warm. Niemeyer mentions looking out of the window immediately after rising in the morning, and Halla believes the railways have increased the number of facial paralyses, because people hurry to the railway, and while warm expose their face to the draught of the open window. Rheumatic affection, neuritis, congestion of adjacent parts, inflammation of the sheath of the nerve, gout, syphilis, and malaria.

Symptoms.

1. Complete absence of expression on the affected side,
2. Which is flattened and smooth, all expression is destroyed; it is a complete blank, and does not respond to any emotion.
3. The affected half of the mouth is lower and broader than the other.

4. Saliva, as it cannot be retained by the relaxed lips, flows from the mouth.

5. The aperture of the nose is smaller, as the nostril falls in, the nose is or looks pinched on one side, and cannot be expanded during inspiration through the nostril, which is dry.

6. The eye cannot be shut when the patient attempts to close it. The eyelids are unusually apart, the lower dropping down and the upper raised by the levator palpebræ superioris, which is supplied by the third nerve.

7. The tears, not being conducted to the puncta, trickle down the cheek.

8. The conjunctiva of the eyeball is irritated or inflamed by the presence of dust or other foreign matter, causing injury of the deeper structures.

9. When attempting to bring the affected muscles into play, the face appears distorted.

10. The face is drawn to one side when the patient smiles or laughs, because only the muscles of the healthy side are acting vigorously, whilst the paralysed muscles (risorius and zygomaticus) of the other side remain immovable, and do not oppose any antagonistic action; the tip of the nose and middle of the mouth are drawn to the healthy side.

11. During expiration the cheek puffs out like a loose sail.

12. The alimentary bolus cannot be pressed towards the jaws, because the buccinator is paralysed; as one of the functions of this muscle is, with the assistance of the lateral actions of the tongue, to submit the food to the action of the jaw, the food accumulates between the jaw and cheek and the patient is obliged to remove it with his fingers.

13. The patient cannot raise the eyebrows or frown, thus all wrinkles are obliterated; hence Romberg remarks "there is no better cosmetic for old women than this palsy, because the forehead becomes as smooth as that of a child." He cannot frown, knit the brows, close the eye, raise or open the nostril or upper lip, close or purse the mouth, whistle, blow, smile, spit, or pronounce distinctly the labia

sounds, vis. b, p, m, v. He cannot retain the food between the jaws.

Perverseness of taste on one side, slight drawing of the tongue, difficult secretion of saliva, relaxation and imperfect action of the velum palati, oblique position of the uvula—pointing to the healthy side; a kind of nasal twang to the voice occurs when the nerve is implicated inside the stylo-mastoid foramen.

Diminution of the sense of taste, when the cause is above the chorda tympani, which, being an efferent nerve, increases the flow of submaxillary saliva, supplies the superficial lingualis, and erects the papillæ of the tongue; the dryness of the mouth diminishes the ready solution of sapid substances and the non-erection of the papillæ diminishes the sense of taste.

The depression of the palatine arch on the affected side, the levator palati being paralysed (great petrosal), the uvula is pulled into a bow shape, with the concavity to the healthy side, because the small petrosal acting on the small muscle of the uvula is paralysed.

Acuteness of hearing on the paralysed side is ascribed (by Landongrey) to the paralysis of the tensor tympani supplied by the otic ganglion, while Brown-Séquard attributes it to the hyperæsthesia of the acoustic nerve from vaso-motor spasm; when the lesion is within the cranium, there are symptoms of derangements of optic nerves.

Hemiplegia, mental disturbance, headache, and paralysis of limbs on the opposite side are sometimes present as well as deafness, otorrhœa, neuralgia or anæsthesia, or only the lower part of the face is affected.

Mischief in temporal bone. Palate and tongue are affected. Electric irritability is *retained* in cerebral disease; when due to cold it may be increased.

The cases of double facial paralysis or *diplegia* are very rare. Wardsmith, of Dorpat, has described this disease, and Pierreson has collected twenty-eight cases; this diplegia is usually a central disease. Wright has given the reports of two cases in the *Brit. Med. Journal*, 1869, p. 184.

Prognosis.—Squinting, deafness, anæsthesia, and palsy

of the extremities on the other side, are signs that cause of the paralysis is *within the cranium*, and the prognosis *bad*.

Chronic otorrhœa, more or less deafness, obliquity of uvula, dryness of the mouth, perversion of the sense of taste, prove that the *source is in the Fallopian canal*, and the prognosis is still bad, but not so bad as when the mischief is within the cranium.

The absence of the previous symptoms, and if exposed to cold or any external mechanical injury is the cause, the *peripheral* part only of the facial nerve being affected, the prognosis is more favourable.

The oblique and distorted position of the face varies according to the intensity and long standing of the affection, which is either only a concomitant symptom of various species of hemiplegia, called apoplectica, scorbutica, arthritica, syphilitica, toxica, mesenterica, rheumatica, &c., or it is sympathetic or caused by *reflex action* in a remote part. Thus spasms of the uterus, pregnant disorders of the liver, and other abdominal organs, mechanical agents, such as bilious and renal catarrhs, worms, cause facial paralysis, which is also idiopathic, when no other organ is affected and the paralysis merely local in one half of the face; this last form is often the effect of previous grief and care, and also of a local rheumatic affection. If both anodynia and akinesia, that is, want of sensation and movement, are present, the facial paralysis is complete, and when one of these symptoms is only wanted it is called partial.

I wish to call your attention to those symptomatic forms of chronic facial paralysis, which after the cure and improvement of the original hemiplegia, still continue, and to idiopathic forms which after a protracted treatment are not at all or very little improved. *The inconvenience* caused by this complaint is manifold, and has a very pressing influence on the mind of the patient, because he is aware of his very awkward and distorted face and of the disagreeable impression he produces on those who surround him, as well as on strangers. This causes constant shy-

unusual nervousness, and induces him to cover his face more or less frequently. These moral influences retard, under the best circumstances, the improvement, therefore, we cannot be surprised to find that the patient is ready to undergo any treatment as long as any hope is held out to him of some improvement; all kinds of irritant ointments, electric and magnetic bands, and even the most absurd means and remedies will be resorted to ungrudgingly.

The old school still resorts to strychnine and veratrine internally and externally under the form of injections, and ointments. Niemeyer recommends local antiphlogistics in recent cases. When a blow or shock is the cause of the disease leeches, cold compresses, and mercurial ointment. In rheumatic facial paralysis, covering the face with well-wrung cold compresses covered with oil, silk, or india-rubber cloth, which are not to be changed until after a few hours, cotton wool, vapour bath, lotions of essence of mustard, mustard plasters, embrocation of croton oil, blisters, &c.

Constant galvanic current, while *induced* current was useless; this latter very useful, when electric contractility has been re-established by local *faradisation*. Electricity is frequently employed in the most unscientific way.

The New School shares in a similar application of electricity and restricts itself to *Rhus*, *Belladonna*, *Secale*, *Arsenicum*, *Causticum*, and a host of other remedies, and when these have not produced the desired effect, it agrees with the old school in leaving the patient to his fate and pronouncing him incurable. The patient, hitherto cheered up through the hope of an improvement, gets usually worse, except when his general state of health and vigour improves, in which case the localised affection remains stationary.

When we minutely examine the various muscles of the paralysed side of the face, we find them more or less flaccid, their substance slightly atrophied, the skin has a lower temperature; no external or mental impression, nor has the endeavour to move the face, the slightest influence on those parts. This sad state, induced me to try on the paralysed face the same means I had employed with more

or less success in the treatment of other paralysed parts, especially the limbs.

First, attention was paid to the general health of the patient, with a recommendation, to take moderate exercise in the open air, to use tepid or warm salt-water baths, and to be sponged with cold water afterwards, or to use cold ablutions after rising in the morning, and while the body was still warm; sometimes one or two Turkish baths per week have been used, and the patient instructed *how* the bath should be taken; when necessary the diet was regulated, and a moderate quantity of old red French or Hungarian wine given; the local treatment consisted in the application of some manipulations he was taught to perform on himself, or one of his relations did them for him.

Local steam douche alternating with a jet of cold douche aid; localised electricity is applied, partly on single muscles, partly on the principal trunks of the nerves, partly on nerves and muscles, partly inside the cheek, partly outside on the face.

I have used Dr. Tripier's induction apparatus with two medium Leclanché elements, two little olive conductors, or two carbon conductors; *acu-* and *agua-*puncture might also be applied, the first with or without electricity.

As I do not believe it possible that a muscle paralysed for some time can be restored to its natural action without conveying to it the internal and dynamical stimulus of the will, which is more important and more efficacious than any amount of electricity, my final aim is to divert the patient's will to the paralysed parts, analogous to the plan I have been pursuing in the treatment of paralysed limbs, and the plan of which I have minutely described in my monograph on "infantile paralysis;" here in the first instance the difficulty arose as to *how* to induce the patient to will. In the limbs the medical man is able to do for the patient the actions which he wishes the patient to do and to will; he is thus able to make the patient believe that he has contributed to the performance of the movement which, in fact, the medical man has done, while the patient tried at least to use his brain power or will.

The will is directed to the paralysed muscles of the face, in various ways.

1st. By obliging the patient to breathe in through the nostril of the paralysed side, while the mouth is closed with the thumb and index, and while the third or fourth finger is placed on the healthy nostril. I have also invented a pair of pincers for closing the paralysed half of the mouth instead of using the fingers; although no trace of movement is observed in the beginning, a slight opening and raising of the nostril will be observed in a short time; the breathing out is done very slowly through the paralysed part of the lips.

2nd. The patient is directed to pronounce *slowly, distinctly* and *as loud as he can* the labials D, F, M, P, V, with the healthy half of his mouth, first, while the paralysed half is firmly closed by the fingers or pincers; having convinced himself that only half of the lips are required for the pronunciation of these consonants, the patient tries to pronounce them with the paralysed parts, and is directed to do very slowly the first part of the movement in which the lips are compressed. Although it is very difficult at the beginning to pronounce the labials in this manner, the patient soon succeeds by dint of his own and the medical man's perseverance; the closing of the lips is done either by the patient or by the medical man.

3rd. After the labials, the pronunciation of which induces the patient *to think* and *to will*, that the lips should be closed, the vowels A, E, I, O, U, are used in their Italian pronunciation, as A in "after," E in "red," I in "inn," O in "on," U in "too;" further, I in "mine," OE as the German "Ö" UE as German "Ü," AU as in "how," and U in "tube;" the single vowels and diphthongs are to be first pronounced *short* and afterwards *long*.

4th. After some progress has been made with the labials and consonants, a combination is made of each vowel, being first placed between the same and later between different labials, *e.g.*

Bab	Baf	Fab	Mab	Pab	Vab
Faf	Bam	Fam	Maf	Paf	Vaf

Mam	Bap	Fap	Map	Pam	Vam
Pap	Bav	Fav	Mav	Pav	Vap
Vav					

This scheme will be sufficient to show, that by changing the vowels and diphthongs, a very large variety of movements with the lips can be executed. The combinations of "U," as in "tube," and of the German "Ö" and "Ü" appear most difficult.

As I have directed the patients to practise the pronunciation of labials and vowels, I have encouraged them to put down some sentences for themselves, which they practise before the looking-glass, with the paralysed half of the mouth. These are some of their own specimens :

Papa, please may I mount Maria's pony.

Bob's broken bonny baby's ball.

Very provoking, what foolish memories find room.

Mary, love ! comfort Barbara.

Pray, Peter, persuade Priscilla to pluck that pretty pansy—

Very vague, very voluminous, very volatile, and very vain.

Mention that marked memento more meritoriously.

Bring becoming business better to bear.

While I prepared this paper a patient has sent me two sentences, which he finds very difficult and awkward to pronounce.

"Queer questions quite puzzle me."

"My quarrelsome neighbours have packed up their furniture and taken their departure."

I believe I have given some outline how the will of the patients can be brought to act on the paralysed muscles, and to avoid repetition I will only add, that breathing, blowing, whistling, and speaking with the paralysed half of the mouth, are practised in the same way ; while eating they are recommended to supply the deficient power of the buccinator by holding the cheek near to the teeth while they are chewing.

The passive manipulations assist the nutrition, circulation, and warmth of the paralysed parts. The most useful are :—

1st. Frictions, with more or less pressure, along the fibres

of each muscle, can be done with the thumb in circular and longitudinal lines ; common olive or almond oil are used to prevent the galling of the skin.

2nd. Kneading of single muscles, by raising the skin in folds and moving the thumb in opposition to the tips of the first two or three fingers, to and fro or up and down ; the folds of the skin are raised, first transversely, later longitudinally, in order to influence thoroughly all parts by this manipulation ; a kind of kneading with the palm of the hand on the forehead, cheek, and lower jaw, combined with a circular movements can also be used.

3rd. Vibration with pressure is done with the thumb, or tips of one or more fingers, on all parts of the forehead and face which are overlying the bones ; after twelve to twenty vibrations on one spot, another, at a distance of half an inch, is acted upon in the same manner, till the whole surface has been well vibrated ; where more or less anæsthesia is present, this vibration should be done on the points of exit of the supra-orbital, infra-orbital, and labial branches of the superior trunk of the fifth nerve, as well as for the sake of akynesia on the facial, at the stylo-mastoid foramen ; the pressure must never amount to pain.

4th. Percussion, either with the tips of the fingers or with a small india-rubber hammer, until the part is red and warm, this is done in longitudinal transverse and circular lines.

5th. Pinching and nipping either with the fingers or pincers, in longitudinal, transverse, and circular lines ; this is used in cases where there is greater loss of sensation, and the circulation and nutrition of the skin and muscles is very deficient.

The *mechanical* means for preventing the constant opening of the eyelids, is to raise the lower lid and to fasten it with an adhesive plaster to the upper lid ; I propose to insert a small elastic in the middle of the adhesive plaster, the levator of the upper lid, which is not paralysed, being supplied by the third nerve, permits the upper lid to be raised without permitting the lower to fall down. In this manner many of the accessory symptoms of irritation

and inflammation of the eye will be prevented as well - the constant flow of tears.

The raising of the lower angle of the mouth on the paralysed side has been already recommended by a physician in New York; this is done by a piece of silver wire, bent into a hook at one end, for the angle of the mouth, and then bent again at the other end and carried over the top of the ear, somewhat after the manner of a pair of spectacles. Dr. Hammond has recommended an elastic band, instead of the second hook, on the ear. The hook I show you here manufactured by Ernst, and I hope that its use will prevent the flow of the saliva, even in incurable cases.

Discussion on Dr. Roth's paper,

Dr. BAYES mentioned some curious cases where imagination both caused and prevented expected ailments, in corroboration of the value of Dr. Roth's method of using the *will* as an element of cure in muscular paralysis and debility. He also agreed in the great utility of movements, percussions, frictions, vibrations, and in restoring muscular tone to parts in a state of powerlessness. He said that one of the best books to put into the hands of a patient where the will should be roused is Dr. Von Feuchtersleben's 'Dietetics of the Soul,' which contains many very curious and suggestive passages bearing on the connection between psychology and pathology. He (Dr. Bayes) had found in recent cases of facial paralysis from cold or chill, *Mercurius vivus* (3 or 3x) very curative. In more chronic cases *Baryta* (3 and 30) and *Causticum* (3x and 3- had been very useful. In addition to the movements and frictions the alternate use of hot and cold water to the ear and its surrounding regions, particularly to the posterior and inferior vicinity of that organ, promoted cure very sensibly. Dr. Bayes would like to know as to the time during which Dr. Roth used the practice of labials on each application of the method, and whether his rule was in this, as in other exercises, to stop well short of fatigue.

Dr. S. M. CATB, of America, said he would call attention to one point, which he noticed had not been mentioned in the discussion which had preceded him. Dr. W. H. Hammond, of New York, has published a valuable work upon the diseases of the nervous system. In this work he has given exact and specific directions about the use of electricity in the treatment of paralytic affections. Many physicians apply electricity to the cure of the paralysed patients, and fail to cure, because the application has no clear relation to the wants of the case. Dr. Hammond points out

the method of procedure in such cases. According to him, paralysis may be characterized by hyperæmia of the nerve involved and the adjacent tissues, or by anæmia of the same parts. It is the business of the medical man to make out his diagnosis in any given case of this disease to determine the pathological condition present, and then apply the electricity along the track of the nerve. If there is hyperæmia, the electrode conveying the positive current of electricity is to be placed over the larger trunk of the nerve, and the negative electrode applied over the smaller branches or twigs. Thus, if it is the facial nerve, apply the positive on the inferior maxillary bone, just under the ear, where the nerve passes, and then apply the negative over the smaller branches of this nerve on the cheek and side of the face; but if there is an anæmic condition of the parts involved, the application of the poles is to be reversed—that is, the negative electrode is to be applied over the larger branch or trunk of the nerve, and the positive over the smaller branches or twigs. And this rule holds good when applied to any part of the body. It is to be supposed that the medical man has such a knowledge of the anatomy of the part involved as to enable him to place the electrodes in such a position as to pass the current of electricity through the particular nerve which is in fault. Failure to do this would vitiate the whole. If it is only a moderate deviation, the application of the electric current may be entirely without any good results, when, if the application is exact and right as to the proper disposition of the poles, and so applied as to determine the current where it is needed, a cure will follow its use. Where electricity fails to cure, the application should be carefully examined, to see if the failure is in the method, or whether the disease is one not amenable to its action. I have little to say of medicines for the cure of this disease. For the hyperæmic form I have found *Belladonna* the most useful, and for the anæmic form *Causticum*.

Dr. WYLD said Dr. Roth's paper, and the discussion thereon, was an interesting commentary on the discussion the Society had just had on the frequency which homœopaths availed themselves of remedies non-homœopathic. The members present had incidentally mentioned various medicines used in the treatment of facial paralysis, but nearly every one had given his opinion in favour of the mechanical and manual treatment of such cases. Dr. Wyld found mesmeric means the most effectual in facial neuralgia, and medical rubbings much more effectual than other medicinal means in the treatment of facial paralysis.

Dr. HUGHES considered Dr. Roth's paper a very valuable contribution to therapeutics, as it brought before us the force of the internal galvanic battery we all possessed in the will. The currents sent through affected nerves from this source were likely to be more effectual for good than any artificial agencies of the kind. To the objection that the will itself is affected in paralysis, he answered that this is only true when the lesion exists in those highest motor centres which research has now discovered in the cortex of the cen-

tral hemisphere. If it be anywhere lower down than these, the mental operations are intact, and the will can operate, though its channels are for the time choked up and its instruments out of gear. As regards medicinal means, he thought we should depend upon *Aconite* in recent "rheumatic" paralysis of the facial muscles, whose pathological basis was inflammation of the sheath of the nerve, and upon *Cauticum* in cases of longer standing.

CASE OF ABSCESS IN THE ORBIT, COMMUNICATING WITH THE LACHRYMAL SAC; A SEQUELA OF SCARLATINA, WITH OBSERVATIONS UPON THE REPORTED DURATION OF THE ACTION OF REMEDIES.

By CHARLES RANSFORD, M.D.

(Read June 27th, 1877.)

A YOUNG LADY, æt. 20, of lively intelligence and energetic temperament, was brought to me on 5th of December, 1874, whose history, as given to me by her mother, was this: she had suffered, when four years of age, from a severe attack of scarlet fever, for which she was under allopathic treatment. During the height of the fever she was blind and very deaf for three weeks, but conscious; the head and ears were much enlarged, so that the features were not distinguishable. An abscess formed on the inner corner of the left eye. Upon the abscess being pressed night and morning purulent matter passed through the lachrymal duct into the nose, but never discharged outwardly; the paranasal glands suppurated, and were lanced; the glands were poulticed, but not the eye; the tonsils were enlarged and ulcerated, and there was muco-purulent discharge from the ears. Upon her recovery from the fever the abscess disappeared, but the left eye remained more prominent than the right one. No notice was taken of this for ten years, when she consulted a surgeon practising allopathically, who merely prescribed hot compresses. For some time the eye assumed a more natural appearance, but when the patient was in her eighteenth year the prominence of the left eye increased greatly, and she was brought to me. She could not read with facility; the letters were blurred, and coming into each other; there was occasional smarting and

intolerance of light. Her general condition induced me to order one drop of *Kali Sulphur* 3, three times daily; afterwards *Calcarea Carb.* 12, *Salpater* 6, *Arsenicum* 3, *Silica* 12, were given and occasionally, on account of the state of the mucous membrane of the eyeball and appendages, *Merc. Corrosiv.* 3. A small abscess formed on the side of the *parota lacrymalis*, for which I ordered insecto-cel powder. On her removal to the seaside during the summer vacation she applied wet sea-weed, and took *Kali Hydrat.* 6. In the early morning she walked on the beach and drank a small quantity of sea-water. Subsequently, on her return to town, she was ordered *Kali Hydratum* 6 and *Kali Hydrat.* 6. Her friends urged me either to puncture the abscess or to take her to an oculist to have it done, but I declined.

On 4th of October, 1876, two years after my first interview with her, the abscess pointed and burst; purulent matter was discharged for some days, then ceased, but recommenced some weeks afterwards, lasting for a week. After this the eyeball became less prominent and reading less difficult.

My patient continues to improve, but the eyeball has not yet quite assumed its natural appearance. Her general health is good, and by occasional journeys to and residence at the seaside the improvement progresses satisfactorily. She still takes *Kali Hydratum* 6 and *Kali Hydrat.* 6 occasionally for some days together. To me this case has been very interesting, because it shows the advantage of patience and of not doing too much. Had I yielded to the urgent request of her friends she would have been taken to an oculist, not friendly to homœopathic treatment. In all probability he, to please her friends, would have punctured the lacrymal tumour, and thus have hindered the maturation of the abscess. I do not remember having seen nor heard of a similar case. I gave the medicines on the so-called antipsoric principle, and administered them frequently, regardless of Hahnemann's theory of the danger by so doing of interrupting the curative process. Hahnemann says, "If we do not allow the antipsoric medicines,

be they ever so well selected, fully to exhaust their action, the whole cure will come to naught." I am rather disposed to agree with Dr. Griesslich, who says, "it is impossible to give fixed rules for the repetition of the dose in all cases. The characteristics of each case must be well considered, and must be our guide upon the subject."

My patient was of lively temperament, very susceptible of the action of remedies which I gave to her two or three times in twenty-four hours. I never witnessed an aggravation in her case, although I have occasionally in others; but these aggravations have ceased so soon, as the medicine was discontinued. I am myself sceptical as to the reported exact duration of medicines. Dr. Griesslich says "that it is absurd to speak of the duration of the action of a medicine; we can only speak properly of the duration of the action of a dose. To say that *Arsenic*, for example, acts for thirty or forty days is incorrect; we might just as well say that it acts for ten minutes or for five years. The repetition of the medicine, he says, is a real and important improvement in the method of administering it. The repetition of the medicine makes its impression more lasting. It is just now the whim of our opponents to demand from us a surrender of that which we firmly believe true, and to give up principles and practice important for the welfare of our patients and the community at large. I am not disposed to bow to the dictates of persons whose ignorance of what they write about is only equalled by their impertinence and intolerance; but whilst desirous of keeping a firm hold of truth, I am equally desirous of discarding notions which cannot be proved; for this reason, I am sorry that, in the last published edition of our *Pharmacopœia*, admirable though it be, there is prefixed a long list of the officinal medicines, with an exact duration of action to each. No proof has been given of the duration of such action, and I do not agree with the assertion that the action of *Ambergris* lasts for upwards of forty days, of *Subnitrate of Bismuth* from five to seven weeks, *Calcarea carb.* from five to seven weeks, and so on. I and others require proof of this assertion of exact duration of action, not being

myself called upon to prove a negative. These theories give a handle to our enemies, and it may be as well to take away the cause of offence. I yield to no man in a wish to promote unity of action and good feeling towards all my medical brethren, but, in order to effect this, am not prepared to abandon the law of similars nor of small doses, because I can sooner cure acute tonsillitis, pneumonia, and other acute disorders, with remedies in agreement with the homœopathic law and in very minute doses. I reserve for myself the fullest latitude for dose and dilution, from mother-tinctures upwards, deciding upon each as circumstances appear to demand. To yield to clamour, and give up such treatment would be to declare myself unworthy of the character of a scientific physician, and be false to my graduation oath. Granting, as we can afford to do, that Hahnemann, like other enthusiasts, may have enunciated untenable theories, our adversaries have little to reproach us with. Sydenham, able man as he was, and justly held in respect, advocated some of the wildest theories, and ordered as remedies many things which now would be justly put aside, notwithstanding which his admirers in the present generation formed societies in his honour, and quote him as an authority. So may we despite some of his opinions be proud of Samuel Hahnemann as medical reformer of the first grade. My motto is the one made so familiar to us—"In certis unitas, in dubiis libertas, in omnibus charitas."

Discussion on Dr. Ransford's paper.

Dr. HAYWARD remarked that the question of the duration of the action of medicines ought to be looked at from two points, pathogenic and curative; the former being opposed by the *vis medicatrix* and the latter being assisted by it.

Dr. J. MURRAY MOORE remarked that he had not found in actual practice the statements of Hahnemann, as to the lengthened action of doses on the economy, borne out. He had wondered at the frequent success—rapid success—of alternating remedies in view of these statements; but we may suppose that in some cases one remedy acts on one tract or tissue (diseased), and the other

another tract, both curatively. Thus both laws of action may be true. But we want further definite information on the point of duration of action of medicines, and it is to be hoped that in the reprovings or new provings instituted by our new School of Homœopathy much light will be thrown on this subject.

Dr. HUGHES was glad that Dr. Ransford had brought up the question of duration of medicinal action and the repetition of doses. He thought that there was more in Hahnemann's views on this subject than later practice seemed to suppose, and had found no slight advantage from allowing his remedies, when once they had made an impression on the system, to act for a time undisturbed by repetition.

Dr. RANSFORD, in reply, said he meant to try *Salicylate of Soda*, because one of their members lately suffering from a severe attack of acute rheumatism had his sufferings quickly ameliorated by *Salicylate of Soda* in 10 and 15-grain doses. He had previously taken *Acon.* and *Bryonia*, but with slight advantage. In my case I could only treat the patient with the general antipsoric medicines, on account of my few interviews with her.

ADDRESS

Delivered before the Annual Assembly of the Society,
June 28th, 1877.

By Dr. WYLD, Vice-president.

GENTLEMEN,—This evening brings to a close the thirty-third session of the British Homœopathic Society.

The session has been one of extraordinary interest, not so much because of the importance of the papers read at our public sittings, as because of the warm and ardent interest which the general business of the Society has aroused.

The session 1876-7 will long be remembered by the members of this Society, as well as by the public generally, as the great year of the Russo-Turkish war.

The red planet Mars and the unstable planet Mercury must surely have been in the ascendant and in conjunction, guiding or misguiding the affairs of men, and stirring up a strife, of which the wisest cannot predict the end.

Although Great Ormond Street is not exactly in the same latitude with Constantinople, there would still appear to have been diagonal lines of forces emanating from the focus of the Cross and the Crescent, and influencing our affairs.

The relative importance of our public to our private business bears a relation this session somewhat after the proportion of Falstaff's halfpennyworth of bread to his ocean of sack. Not that the papers we have heard read are in any way inferior or beneath the average, but rather that our private business has been of a nearly all-absorbing importance.

I will not upon this occasion enter upon the usual eulogium passed on the readers of these papers, but will content myself with merely enumerating and classifying

rem, and by so doing I think I shall be able to show that, just as the *bourgeois gentilhomme* learned from his master that he had all his life been speaking prose without knowing it, so we this session may, perhaps, now admit that we have been unusually active without, probably, being aware of it, in demonstrating that, although we have been compelled by the unwearied reminders of our Secretary never to forget that we are the British Homœopathic Society, and consequently must pay 21s. annually to its funds, and, notwithstanding having scrupulously paid this fee, we have yet been very busy all the session in proving that ours is not a homœopathic society pure and simple; for although we undoubtedly have stood firmly on one homœopathic leg, we have yet been walking with the other leg into every variety of foreign territory.

We have had our usual nine meetings from the 5th October to the 7th June, and in the following order:

Dr. Blake opened the session with "Practical Pictures of Pelvic Pathology," and in the discussion which followed mechanical and hygienic treatment occupied our attention as much as homœopathic treatment.

Dr. Hughes read a paper on "The Reproving of Sepia by the American Institute." This paper was entirely homœopathic, and, wonderful to relate, it was the only exclusively homœopathic paper read this session.

Dr. Gutteridge read a paper on "The Treatment of intractable forms of Disease," which diseases being *intractable*, we did not all presume to draw their treatment exclusively from homœopathic sources, but rather from all pathics known to the ingenuity of man, although Dr. Gutteridge gave the cases as triumphs of homœopathic medicine.

Dr. Wolston read a paper on "Cases of Glossitis, Small- and Congestive Apoplexy." But all who know Dr. Wolston's independent views will admit that he, at least, in his paper confine his observations to homœopathic medicine.

Dr. Maberly read a paper on "Heat and Electricity in the Cure of Rheumatism and Chronic Diseases," and here

we witnessed certain forces driving, for the time, the homœopathic forces from the field.

Dr. Drury read a paper on "Inoculation and Vaccination." This paper had nothing whatever to do with homœopathy, and yet it was so interesting to the members of this Society that they demanded two nights for its discussion.

Dr. Dyce Brown read a paper on "A Case of Spinal Paralysis coming on during Pregnancy." This paper has no satisfactory connection with homœopathic therapeutics but only with pathology.

Dr. Matheson read a paper on "A Case of Dysmenorrhœa Membranacea, with some remarks on the relative importance of Pathological Signs on the one hand, and Symptomatic Effects on the other, as Guides in the Treatment of Diseases of Women." This is a long title. I regret I could not be present at the reading of the paper, but as it speaks of pathological signs as a guide to treatment, it implies a treatment independent of symptoms, and therefore not homœopathic, may be wisely used by members of the Society.

Finally, Dr. Roth read a paper on "Contributions to the Treatment of Chronic Facial Paralysis." With regard to this paper, although members of the Society favoured it with their views on the use of certain homœopathic medicines in the treatment of facial paralysis, still, not only Dr. Roth, but other members of the Society, dwelt especially on the mechanical treatment of the same.

On analysing these nine papers, and the discussion which followed, we find this. One paper only was purely homœopathic; five nights were devoted to the exclusion of homœopathic subjects, being occupied by the considerations concerning Heat, Electricity, Vaccination, Pelvic Pathology, and Muscular Movements, and the remaining three nights were devoted to the discussion of subjects involving mixed homœopathic and general treatment.

This analysis is an interesting commentary on our recent discussions as to the expression I presumed to use in the *Lancet*, when I said that we supplemented our practice by

frequent use of auxiliaries. The analysis, indeed, would best go to show that our society, although called the British Homœopathic Society, is as much a Society of broad-based physicians as of exclusive homœopaths. Indeed, so as I know, there is not one member of this Society who exclusively a homœopathist. We are rather a society of varied medical men, only too happy to enrich our therapeutics from every available source, proving the truth of saying, "Men are usually better than their creeds." I add that every member of this Society, when on a cold he warms first his front and then his back at the fireside, and gives *à priori* and *à posteriori* reasons for not being homœopathist!

But I have said that the public business of this Society in this memorable year been almost eclipsed by the great and importance, personal and general, excited by it is usually called our private business. But although our private business, it has in the present instance become the reverse of private, having been brought not only prominently before every member of the Society, but before the general public, and therefore I can freely use it as a text for my present discourse, premising only this, that although all have expressed themselves freely and fully on subjects which have much excited our interest, yet it is honorable to our members and to our cause to be able to state that the bounds of courtesy have not been overstepped. We have, as we always have in all great discussions of the day, the full exhibition of the perfervidum ingenium Scotorum, but here also all has been kept within parliamentary order.

Quite unexpectedly I found myself this time last year elected as your Vice-President. I felt the honour conferred upon me sincerely, and I determined to act, as far as possible, from first to last, as one seeking the good of the Society, the welfare of each member, and the honour of the entire session. I was not, however, prepared for the arduous and difficult position which awaited me, nor did I anticipate the momentous outcome of the session.

So sooner had I ascended the presidential chair last

ctober than I found that wars and rumours of wars were everywhere around me, and a complication of subjects of difficult adjudication.

I had to induce one gentleman to publish an explanatory letter in our *Monthly Review*. This he did very handsomely, as I thought, but some thought otherwise, and on one occasion we had in consequence a regular free fight, and Donbrook Fair combat, in which, however, no bones were broken, but only a pleasant stimulation of the circulating fluid encouraged, peace being ultimately ruled and established. But no sooner was this matter settled than two other combatants presented themselves to my consideration. These also, by considerable tact and patience, were induced, if not to smoke the pipe of peace, at least to partake of an amicable cup of homœopathic cocoa in the same room.

These two gentlemen had no sooner settled into a peaceful and happy repose than two other combatants, armed *cap-à-pie*, rushed upon the arena. In this case peace has not yet been entirely restored, although I trust that time will soften, if not entirely subdue, the irritation of the past.

These disputes were dealt with in what we call our private business, and ought to have been considered of comparatively little consequence to our Society, were it not for the relation they bore to the great question of the school, which now began to agitate the entire homœopathic body.

With regard to the interesting and important question of the London School of Homœopathy, I would beg, in the first place, to say, that whatever honor belongs to the starting of this scheme must be accorded entirely to Dr. Bayes.

The zeal, activity, and labour, he has expended in the cause and the anxiety he must have suffered, have been quite remarkable, while the pecuniary success his scheme has met with has, I may fairly say, taken us all by surprise.

Dr. Bayes, in his enthusiasm for the cause of the school, has expended an amount of mental force truly wonderful.

By advertisements in aid of the scheme, by the public press and by circular, an amount of money has been expended in this direction, quite unprecedented in the history of homœopathy in this country.

Sheet after sheet of important information and earnest appeal, both to the public and the profession, has inundated our breakfast tables, and truly it may be said—Homœopathic School, and Drs. Bayes, Dyce Brown, and Hughes, have become familiar in our ears as household words. That the attempt to found a school of homœopathy should have created so much excitement and division cannot, perhaps, be a matter of much surprise to any of us, although it is one much to be regretted. No new or ambitious scheme can be started without more or less disturbing existing arrangements, and thus more or less interfering with existing interest; and when we know that the most beneficent gift ever bestowed on the world, has created as much a sword as peace, we cannot be surprised that a scheme, which may have originated in a laudable endeavour to advance a good cause, may by degeneration have been the means of creating strife and bitterness.

I It becomes me in my presidential position to express my **views** on this subject with temperance; but at the same **time** as my own public appearance in a matter suggested by **the** school controversy has drawn upon me much criticism, **I** feel not only entitled but compelled clearly to state my **convictions**. On the one side it has been for ever demanded **and** redemanded, "Do men light a candle and place it **under** a bushel?" to which question the profession, largely **and** notably, four redoubted Caledonian members of our **Society** have responded: "By all means light your candle **and** let it shine before men, but be not as those who when **they** pray or give an alms sound a trumpet in the market **place**, and use much repetition, that they may be seen of **men**; verily they shall reap a reward, but the *eclat* which **we** seek is not that of a sectarian homœopathic school, but **the** silent, deep, and certain advancement of true therapeutics."

What do we, as physicians seeking the public good, most

desiderate? It is, I think, that the true science and art of medicine may be advanced.

We all believe that the doctrines of similars is the most important of all rules of healing; we know it can apply when no other rule can be found; and we know that Hahnemann, by developing this law of Hippocrates, and by himself having been the first through his immediate disciples (for he himself knew little of acute disease) to demonstrate by extensive experiments that the most acute diseases might be treated with the most satisfactory results by doses the very reverse of heroic, has become the most beneficent reformer which the history of medicine has produced.

Our object, then, is how best to bring this important knowledge within the reach of the 20,000 medical men practising in the British isles.

Many of us believe that to effect this great purpose nothing could be so good as the establishment of a *homœopathic* school. Others think that loudly to advertise a *homœopathic* school is not the way to gain, but rather to repel the profession.

At University College Hospital, for years past, a kind of broad through crude homœopathy has been taught by a rising young physician, and I have been told that he has often from forty to fifty followers in the wards and at his clinical teachings. Here, then, would seem to be established the high school of a mongrel homœopathy in London. Such being the case, I have always urged that our best method would have been to open an extramural lecture room in Gower Street, and freely invite students to enter and listen to lectures on the *specific action of drugs*, and thus advance the crude homœopathy of Dr. Ringer into the refined pharmacodynamics of Dr. Hughes. This, I consider, would be a true and successful method of propagating a knowledge of the law of similars, by gradual growth, on the minds of the 20,000 medical practitioners of these islands.

In order to find an explanation of the want of success of the homœopathic school, I think you have not far to seek. In the first place, young students will say rationally, why

not buy Dr. Hughes' book and read it at home quietly for ourselves, instead of undergoing the expense and labour of going out of our way to hear Dr. Hughes read to us? Secondly, students of medicine have more than enough to do to get through those classes and examinations which are compulsory. They also live a life of four or five years of anxiety or fear, as to the result of their final examinations, and they instinctively know that to be even suspected of homœopathic proclivities will not assist them in running the gauntlet of these dreaded examiners. Not that these gentlemen would wilfully act with unfairness, but we have all heard much in later times of dominant ideas, and unconscious cerebration, as blindly influencing the actions of human beings!

Enthusiastic believers in the school have urged that a sufficient number of candles has not yet been lighted, and hence it is, that whereas in Great Britain we have only some 300 homœopathic doctors, in the United States of America, where candles has always been lighted, they have 5000 homœopathic doctors.

No one who reflects on these facts can for a moment be satisfied with the reason given for this disparity in members. The very fact itself proclaims a far different reason and that reason seems to me to be this :

Our cousin Jonathan occupies a position entirely different from our brother John Bull. The American lives on a vast continent, which he is, as quickly and cheaply as he can, reclaiming from a state of nature. The land and all its institution are *new*, hence he has an instinctive love of all which is new, and hence homœopathy as new, good, and cheap, at once appeals to his instincts and his practical common sense.

But in our historic islands the case is quite the reverse. Our land is old and cultivated like a garden; our old churches are covered with ivy, and our old country houses with honeysuckle. If our venerable cathedrals begin to crumble into ruins, they are not pulled down, but piously, stone by stone, restored; and if our old manor houses by reason of increasing luxury become inconveniently small or musty, we do not level them with the ground and build

afresh, but add room to room, lay down tile drains, and luxuriate in the picturesque effect of the *tout ensemble*.

In politics the Briton hates revolution, but loves liberty and reform. He does not even rewrite his prayer book to suit an advancing biblical scholarship, philosophy, and science, but he broadly tolerates every possible latitude of interpretation.

So also with regard to our chairs and schools, and museums and colleges, and hospitals of medicine, all is historical and venerable with the accumulated wisdom, as well as dust of centuries. There are the old folios which are so much admired, although we do not read them, and the old portraits of our Æsculapian worthies hanging on the walls.

It is not in nature, at least in British human nature, to ignore all these, and no number of lighted candles would enable me to see that all the labour, and thought, and wisdom of past centuries must be cast to the moles and the bats; and the Alexandrian museums and libraries of old medicine, burned and trampled under foot, in order that the *Organon* of Hahnemann should be established as the all-sufficient Koran of a universal medicine!

I shall now pass on to the consideration of the last subject which I shall bring before your notice. I allude to the letter which I addressed to Dr. B. W. Richardson, and which appeared in the *Lancet* of the 2nd June, having previously, by arrangement on the part of the *Lancet*, appeared in the *Times* newspaper, of 1st June.

It may be in the recollection of some of those present that I read a paper in this Society, in May, 1875, on "Our false Position in the Profession and how to Mend it." This paper, in a curtailed form, was reprinted in the September number of that year in the *Homœopathic Review*, under the title, "Homœopathy and the Medical Profession." In this paper I attempted to show by my own experience that there were many liberal men in the ranks of old physic, who approached in a becoming and sensible manner did not object to meet us in consultation. I also illustrated by examples that there were many men in the ranks of old physic, holding high professional positions, who would adm

of no professional intercourse with us whatever, under any pretext.

I attempted further to show that the adverse and intolerant treatment we had hitherto met with from the profession arose in great measure from the bad example shown by Hahnemann and his early disciples of an extreme and intolerant sectarianism on their part towards that medicine, which, however powerless for good it might have become, was yet the result of 4000 years experience and thought.

I attempted to show that extreme and intolerant views might, as in the days of Mahomet, compel to a uniformity of opinion ; but the present day was one of free thought, and those only were philosophers who, while exercising their own freedom of thought, accorded to others an equal liberty.

Hence I concluded that homœopaths had themselves to blame, to no inconsiderable extent, for the position of antagonism and ostracism from which they suffered.

These views, I regret to say, I did not find endorsed by the majority of the members of this Society, although they were warmly supported by other members.

The great object I had in view was peace between the contending medical factions. In my strong desire to secure this end, I certainly used conciliatory language, and I have, therefore, been accused of surrendering my independence and compromising my principles. If an honest man confesses his own weak points, and admits the strong points on the other side, he is generally accused of compromising his principles. This accusation I felt to be unfounded. I simply admitted that in all quarrels two belligerents were necessary, and when peace is longed for, one party must begin the overtures, and, believing that Hahnemann in the present instance had been the first to give offence to the profession, I held it to be not only not undignified, but noble in us to be the first also to hold out the olive-branch.

I felt that the views of Hahnemann were extreme and intolerant, and that it was wise and honest in us to express as much, and to ask for peace, in order that the whole question might be discussed from its foundation.

I never lost sight of these views, but ever kept them in

mind. I felt that I was a physician more than a homœopathist, and that the day would be a blessed one when the schools could come together, and begin to discover that the quarrel was one which, as it rested on a misunderstanding, might well be referred back to first principles. As one reason for peace, I attempted to show that the old school had, since the rise of homœopathy, abandoned nearly all the evil practices of those old heroics so vehemently denounced by Hahnemann, while we had gradually altered and extended our practices since the early days of homœopathy.

During the last two years I have never missed any opportunity of furthering my peaceful aims, and hence it was that I failed to take any interest in the success of a sectarian homœopathic school, but rather felt that this school would not only fail to achieve its proposed end, viz. the conversion of young physic to homœopathy, but would be regarded by old physic as only another manifesto of sectarianism.

With these powerful objects in view, I have, during the last two years, from time to time addressed letters to various medical men more or less privately known to me, soliciting interviews or communications in furtherance of my peaceful aims. These letters, I regret to say, did not meet with much encouragement. Some remained altogether unanswered, and others were illogically or evasively answered. Still I never permitted myself to be rebuffed. I knew that my intentions were honorable, and for the good of the entire profession, and I therefore felt that the treatment received could not possibly injure or even irritate me. I knew that the influences brought to bear on the other side were, to all but the purest and noblest minds, almost insurmountable, and like a man of business I rested and watched, feeling assured that time would bring at last the hour and the man.

In this frame of mind, I, one day in May last, met my old friend, Dr. B. W. Richardson, at a metropolitan railway station. We were old friends, and as hygeists had always had certain sympathies in common. I asked the doctor what of his model city of Hygeia? and he responded, and what of the homœopathic school? I replied that the

homœopathic school did not much interest me ; and then, the train moving off, we parted.

This unexpected meeting and conversation suggested to me that I should write no more letters to doctors, enquiring as to terms of peace, but that I should call on Dr. Richardson and talk the matter out ; and so I determined to enter the den of the allopathic lion, and boldly to his face ask him, " Well now, what about this homœopathic quarrel ? " I did so, and having stated my case, and pointed out that old medicine had abandoned heroics, and new medicine had all but abandoned globules, we were as two schools evidently from opposite points approaching a common centre on common ground, and were indeed only the two factors composing the Hippocratic doctrine that some diseases were best cured by contraries and some by similars. Dr. Richardson replied, that for himself he believed neither in contraries nor in similars as infallible guides to the treatment of the sick, but in science and observation, wherever that might lead. However, he added, you interest me in what you say ; I feel with you that this quarrel might be put an end to if only honest and sensible men would consent to meet and reason the matter out ; and, he added, if you will write out your views at a moderate length, expressing honestly what you believe as to the limits and extent of *similia similibus*, and as to the position of infinitesimals, I will endeavour to get the *Lancet* to publish your letter, and thus bring the mind of the profession to bear on this important subject.

I felt much cheered and encouraged by this generous offer ; but I said, " Are you sure you can do this without injuring yourself in the eyes of the profession ? " To this he replied, " We have only the truth to serve," and that he did not see how an expression of that could injure him.

And here I would beg to solicit your thanks to Dr. Richardson for the kindly and honest part he has taken in this matter. There are not many physicians of his literary and scientific and professional eminence who would have taken so much trouble and risk, and I trust that the good service he has rendered the profession, may at no distant day redound to his honour.

I now proceeded carefully to write this momentous letter to Dr. Richardson and for the *Lancet*. I felt that the position I was placed in was most onerous, because, although I wrote entirely in my own unofficial capacity, I felt that, being Vice-President of this Society, I could not write without, by reflection, to some extent, implicating the entire body of homeopaths.

I set myself to write a perfectly honest letter. At the same time I saw that a letter written exclusively from our standpoint would not be admitted by the editor of the *Lancet*. I saw that in order to gain any hearing at all I must give a certain renunciation, but at the same time offer strong reasons. I saw that, as a man of business, I had cause to gain, and that I must, therefore, so write as to strike the air of the party I was addressing. Accordingly I perceived that the right thing to do was to make no admission, to state a fact, and to demand a right. The admission I made was that homeopathy, as expressed by Hahnemann, both as to the universality of *similia similibus curantur* and the insufficiency of the infinitesimal dose, was every where questioned, and therefore, so far untrue. The fact I stated was that a large number of the leading homeopaths of the present day admitted this; and the right I demanded was that, as legally-qualified medical men and gentlemen, assuming to distinctive name, but, believing with Hippocrates that some diseases were to be treated by medicines and some by similars, we had a moral right to admission to unrestricted professional intercourse.

This letter I felt to be too important to pass without the consent of some of our leading homeopaths. I could not show it to many, because I felt that time was of importance; but I selected two gentlemen members of our Society, known to you all as men of sound judgment, and deserving of great weight, and I submitted my letter to them for revision and approval. Both these gentlemen, Dr. Sims and Dr. Dyrsdale, made several amendments and verbal alterations in my letter, and then passed it to me with their entire approval, and Dr. Dwiggen subsequently expressed the same opinion.

easy matter and an easy road to popularity to extreme views of a partisan, but those who their minds in a perfect balance between two ill find both that act and its consequences much. The one-sided man may become the hero while the balanced mind may be accused of being and untrustworthy. If so, the balanced mind its time, knowing that truth is itself generally a between two extremes. I have been accused by the by letter of surrendering too much, and attempting peace at any price. But I have not been able to it there is any justification for these accusations, by letter was certainly meant to conciliate. Had the *Lancet* in the language of rebuke and of n, I should simply have been excluded from and the important discussion and movement letter has created in the profession would not

been said that I have abandoned my belief in the laws; but the untruthfulness of this assertion is shown by my quotation of Hippocrates' double law and contraries, as in my belief a true law, and, abandoning the law of similars, I say that my rational medicine, plus the law of similars; I am should rather have said our practice was the law plus rational medicine. The expression, however I used was not original, having been two years in different form, printed in the *Lancet* and left un-

I accept it, however, as nearly correct with myself, because the first movement of my mind in a case is in the direction of hygiene. I desire in a case to know, and if necessary correct, the habits and cases of my patients, and I would rather cure by inducing a right mode of life than patch them up with doses of medicine laboriously and homœo-selected.

At the same time I admit that the law of similars is a guide to the selection of a true drug remedy, and in obscure cases it is our only guide to a true

remedy, and that so guided cases of a most obscure character are frequently cured after all other means have failed.

I have also been accused of disbelieving in the action of infinitesimals, whereas I only say that it is wise to abandon the use of infinitesimals in the treatment of disease, if appreciable doses act as well, because there can be no doubt that the use of globules and infinitesimals has been the greatest barrier to the reception, by the profession, of the most important law of similars.

Dr. Black, some years ago, read a paper at this Society, proposing that on these grounds we might with great advantage abandon all dilutions higher than the third, and the views he then expressed are now, I believe, held to a great extent by a large number of our body. I say to a great extent only, for I myself and many others believe that there are instances when higher dilutions may act better. I believe this, but I cannot say that I know it as a fact, nor do the instances which from time to time are brought forward as proofs of the action of high dilutions, where the low dilutions have failed, necessarily convince me, because I have been too long a student of those mysterious and occult influences, called mesmeric and psychic forces, to be convinced beyond doubt that these are not the curative factors in such instances, and not the inconceivable dilutions. However, that so-called infinitesimals do act is beyond all question by those who have the right from experiment to express opinion; and I have always felt this interest in infinitesimals, that it may be that the mystery of these infinitesimals may one day assist towards the solution of that deepest mysteries, the ultimate foundation of matter.

Further, my letter has been accused of justifying the action of the British Medical Association, which, in 1851 ostracised us, and passed on us a sentence of excommunication.

This is an entire misapprehension. No such idea was ever in my thoughts, and no such have I ever expressed. I simply urged the British Medical Association to consider whether they could logically, even on their own grounds,

maintain that excommunication, under the entirely altered circumstances of our present mutual relationship, as compared with the state of things in 1851.

I am certain that they cannot logically so continue it, and you may have observed in two recent numbers of the *British Medical Journal*, the organ of the British Medical Association, two letters from Mr. Bradley, in which he says—

The Homœopathic Schism.

SIR,—The forthcoming meeting of the British Medical Association in Manchester affords such an opportunity of holding out a hand of reconciliation to the homœopathic practitioners, that for some months past I have debated whether or not to solicit the general feeling of the profession upon the subject. The matter might, and probably would, have remained a mere thought, had it not been for Dr. Richardson's communication, enclosing Dr. Wyld's letter, in last week's *Lancet*. The frank and manly tone of Dr. Wyld's letter encourages me now to hope, more strongly than ever, that this reconciliation may, after all, be effected, and without any sacrifice of principle on our part. Homœopathy is understood to mean the doctrine that "like cures like," including, as a lesser law, the doctrine of the infinitesimal dose; and when we further learn that homœopaths decry the very name of homœopathy, we may for a moment wonder why their Ishmael-like condition continues, and whether we have any right longer to exclude them from our societies and our consultations. The fact is, however, that something peculiar does cling to them still, and that their materia medica and their method of administering certain drugs, we find distinctive features; but I think, in reference to this point, it may be affirmed, in the first place, their crotchets are not a jot more objectionable than crotchets held by many of our own body as to the *modus operandi*, the dose, and the use of remedies; and, secondly, fairly be argued that, in such works as those of Dr. Ringer and Dr. Charles Phillips, we cannot fail to find largely beneficial an extensive knowledge of the homœopathic Pharmacopœia has been to us.—S. M. BRADLEY.

VIII.

SIR,—I have been so frequently asked the meaning of the letter with the above heading, which appeared in your last week's issue, that I am constrained to ask for the insertion of the following brief explanation.

Although it is difficult to understand the logic of the process, there can be no doubt that many homœopaths of the present day believe both in the law of similars and in the law of contraries; there can be equally little doubt that the practice of such believers will differ little, if at all, from the practice of the genuine Hippocratic disciples; and it seems irrational to exclude such men from our consultations and discussions for simply having a little more faith than some others. Indeed, this conduct seems even ridiculous when we reflect that to many of us the term "allopath" is as unsavoury as that of "homœopath." Many quite orthodox practitioners disbelieve in the law of contraries as strongly as in the law of similars, and are of opinion that, if there be a law underlying the one or other, or both, we have yet to discover it; that, in both cases, there are nothing but superficial likenesses or contraries on which the so-called laws are based, yet it is never suggested that such men should not themselves be met on account of their scepticism, or that they should refuse to meet any strictly credulous allopathist. Homœopathy has probably as much to recommend it as allopathy on the ground of ratiocination; neither the one nor the other is anything but a meaningless term; and, this being so, should not we, the followers of rational medicine, rejoice to note a return to reason on the part of one section of those who have gone astray? It is those who either abandon the doctrine of the law of similars, or, like Dr. Wyld, who, while clinging to it, embrace at the same time the allopathic dogma of contraries, that I felt we might approach, and perhaps invite to our annual gathering, indifferent whether they retained the name of homœopath or not. I cannot but feel that, if we refuse to accept the effort at reconciliation now afforded, we are ourselves in some danger of changing places with the homœopaths, and ourselves becoming the stupid party who pin their faith to old cranks.—S. M. BRADLEY.

I have given the substance of Mr. Bradley's two letters, leaving out a few sentences which are irrelevant to the substance of my letter; and when you reflect that those letters are written by the Joint Secretary of the forthcoming meeting of the British Medical Association to be held in Manchester in August, I think you must admit that they have a most important bearing on our cause.

It would, indeed, be a great triumph to the cause of truth and justice if the excommunication passed on us in 1851 should be revoked by the same society in 1877, and I do trust that no sectarian movement on our side may hinder the broad and liberal action suggested by Mr. Bradley's two most important letters.

Finally, I have been accused of surrendering unconditionally to the other side. This I declare to be most contrary to the fact. In my second letter to the *Lancet* I say, "I strike no flag, and I surrender no principle;" but I assert that orthodoxy has all but abandoned its old heroics, and we have all but abandoned our globules, and no longer desire to be nicknamed homœopaths, but honoured as physicians.

That the medical press, in their desire to flatter the general practitioner, should pretend to misunderstand and should misrepresent my letter, is not surprising, and that an old lady of eighty, as I was recently informed, should in great alarm have sent for her dear kind doctor to ask, with fear and trembling, if Dr. Wyld's letter was true, and that homœopathy was to be given up! is still less surprising. But that any man of common understanding, a member of this Society, should accuse me of surrendering at discretion, and abandoning my principles, is to me very difficult to understand.

Permit me briefly to restate my position.

1st. I place Hahnemann as the greatest of medical reformers, not only because he has demonstrated and developed the Hippocratic law of similars, but because his immediate followers were the first to demonstrate, by almost innumerable proofs, that the heroic treatment of disease was homicidal. But, on the other hand, when he asserted

abandoned by the majority of c
chiefly on the 3rd decimal and
ment their practice, not only b
even of mustard, electricity, gal
rubbing, movements, occasional
hypnotics, anæsthetics, mineral
hydropathy.

It has been objected that I
say we make a *frequent* use of t
homœopathica, but surely the c
all of those I have enumerate
entitle me to say that we avail o
of auxiliaries.

If such be the case, are we lo
selves homœopathists? Are we n
men, using similars and contraries
our reason suggests?

If so, and if we find that orth
abandoned its old and homicidal
our gentler and more tentative trea
of our best medicinal remedies,
schools, viz. those who adopt co
therapeutics, and those who adop
therapeutics, are advancing to
common ground, and that the
readjustment of our practice

special study of any branch of our profession naturally secures, while the other side could obtain from us a knowledge of that minute, penetrating, and successful application of medicinal substances, which is as yet to them almost unknown. Finally, the public would obtain not only the double advantage of a united therapeutics, but the comfortable consciousness that in any day of great trial, they could, if desirable, find themselves under the careful protection of a united wisdom and knowledge. And lastly, harmony and peace, instead of illwill and discord, would surround us.

When Bassanio politely invited Shylock to dinner, the Jew indignantly replied: "To smell pork! I will buy with you, sell with you, talk with you, walk with you, and so following; but I will not eat with you, drink with you, nor pray with you." As to the intolerance of certain Christian sects, the case is different, for they will buy with you, sell with you, eat with you, drink with you, and pray with you, but they will not sit at the same sacramental table with you or be buried in the same churchyard.

Again, with regard to the intolerance of certain orthodox doctors, the case is also different from the case of Shylock, for they will eat, drink and pray with you, but they will not trade with you, talk shop with you, nor consult with you!

If, in astonishment, you ask them, Why is it so? they will reply: "Well, your law of similars and your globules may be good or bad, sense or nonsense, time may shew which; but we have this against you, that you put yourselves out of the pale of the profession by assuming a distinctive name and advertising yourselves as homœopathists." Now, as this is the head and foot of our offending, let us calmly consider it, and see what we can do to put ourselves in the right place.

I have already said that using, as we do, every known means of cure within our reach, we cannot logically call ourselves homœopathists. Then why not cease to call ourselves by that objectionable name? Many members of this Society do object to the sectarian name, and I among the

But it is replied, Why give up the name? The following members of Drs. Brown and Broussais were not ostracised because they enrolled themselves as Brownonians and Broussaists. This reply is ingenious, but not a logical answer to the objection, because the fact is that the Brownonians and Broussaists never attempted to make capital out of their names. They never opened Brownonian dispensaries or Broussaistical self-supporting medical institutions! They never traded in a name, and never by these names drew to their consulting rooms the patients of other men. However pure the intention may have been, the fact is that the name of homœopathy does all this, and hence that outcry which is, I think, not altogether unjustifiable by the profession. I confess that the name has always had to my mind a smell of shop about it, and I feel that its assumption not only places us in the position of dissenters with regard to the great church of medicine, but like dissenters we are oft to be considered by the public as somewhat second class.

But it is again urged what are we to do? The public demand homœopathic doctors and will have them, and how are these to be known or supplied unless we carry our colours flying?

I think this difficulty is easily answered in this fashion. Let us suppose that the town of A desires to possess what is called a homœopathic doctor. Well, young Dr. B, a broad homœopathist, gets an introduction to the leading homœopathist in the town and presents himself for inspection. He says he is so far a homœopathist, but he holds himself at liberty to use all known means of cure within his reach, and he does not desire to oppose or irritate his professional brethren by making a noise or advertising himself as a homœopathist, but only quietly to pursue his own way and, if possible, at peace with all men.

The gentleman to whom Dr. B is introduced may, perhaps, be a disciple of the late Dr. Epps, and by no means in love with the lukewarm sentiments of our esteemed young friend Dr. B, but for want of a better choice he accepts him on trial, and introduces him to all his homœo-

ic friends. In a month Dr. B has proved himself to gentleman and a physician, and all the homœopathists in the place are delighted with him. He calls on the three other doctors of the locality, Drs. D, E, and F, who, notwithstanding his unsectarian protestations and gentlemanly bearing, are very suspicious of him, and perhaps scarcely believe in him. Dr. B is, however, determined not to be thrown off balance by this, but quietly pursues the even tenor of his way.

About three months after settling in the place, he hears of a little Cox, heir to a fine property and a patient of Dr. D, who is seriously ill with colliquative diarrhœa. He does not hesitate about saying, "Well, if I had the case of little Cox I could pull him through," but meeting Dr. D accidentally at the post-office, he says to him, "I am sorry to hear that little Cox is so poorly." Dr. D replies, "Yes, I fear he may not get through, and we think of having Dr. X down from London to see him." Dr. B replies, "Oh! I hope it is not so bad as that, would you have any objection to try drop doses of diluted *Phosphoric Acid*?" Dr. D replies, "He would be very too happy to try anything, as he finds his *Chalk* and *Opium* of no use." Dr. B urges him to try the *Phosphoric Acid*, and Dr. D at once proceeds to his little patient, and prescribes drop doses of diluted *Phos. Acid*, in a teaspoonful of water, a dose every action of the bowels. In twenty-four hours little Cox is out of danger. Dr. D is delighted, and like a man he proceeds at once to call on Dr. B. He greets him warmly by the hand and says, "I believe, sir, we owe you to thank for saving that child's life."

From that day the position of our young friend Dr. B is secure and comfortable, and he is a happy man in the town of A. All the doctors return his call, and he is at first consulted privately, but afterwards publicly, in difficult cases requiring a subtle knowledge of medicines.

Surely this is a wiser proceeding than if Dr. B had gone to the town of A, a red-hot homœopathist, breathing out defiance and sword against "an effete and blood-thirsty therapeutics!"

may add that when Dr. B last wrote to me he said he

was doing well and felt quite comfortable, and I am happy to say he seems to have entirely escaped from any symptom of that extraordinary disease, which sooner or later seems to infect a large number of provincial homœopathic doctors, a disease almost unknown to allopaths, viz. an irresistible desire to forsake rural repose and their country patients and blindly to bury themselves in the vortex of a London life. Why does this curious disease so frequently attack provincial homœopathic doctors? Simply because, putting themselves in antagonism to old physic, they have sown the wind and reaped the whirlwind; they are isolated and their lives are a burden to them. But if, like our judicious and philosophical young friend Dr. B, they would determine to be unsectarian and at peace, they would then find that "truly the lines had fallen unto them in pleasant places and they had a goodly heritage."

In conclusion, let us all go in for an honorable peace founded on mutual respect.

The vote of this Society recorded last night of 17 to 10 against publishing a manifesto of our confession of faith, I regard as an emphatic vote against sectarianism.

I ask no man to strike any flag or surrender any principle; but I ask you as men of science, as philosophers, and as physicians, to be to medicine, to the profession, and "to yourselves true," for thus, "you cannot then be false to any man."

Annals of the Hospital.

ON THE PATHOLOGY AND TREATMENT OF DISEASES OF WOMEN.

By GEO. M. CARFRAE, M.D., Edinburgh,
Physician (in charge of Diseases of Women) to the London
Homœopathic Hospital.

LECTURE I.

GENTLEMEN,—In order the more clearly to elucidate what I have to say concerning “Uterine Pathology,” I propose first of all to glance cursorily at the *history* of gynæcology.

This branch of medical science may be said to have originated at the “Hippocratic” period (400 years B.C.). Three books then existed on the diseases of women, which, for a long time—indeed, until quite recently—were supposed to have been written by Hippocrates. It is now ascertained, however, that although they were written in his day, they were not written by him: their authorship in fact is unknown. They treat of metritis, induration of the womb, *menstrual* disorders, displacements, &c.

Soranus the younger, the biographer of Hippocrates (220 B.C.), made important contributions to gynæcology. His best known work is entitled ‘De Utero et Pudendo *fuliebri*,’ and his accurate description of the sexual organs much admired.

In the first and second centuries of the Christian era Aëlius, Archigenes, and Celsus, all wrote on the same subject. Galen, for the first time in the history of medicine, alludes to the use of the *speculum* vaginae.

From this period to the sixth century there is abundant evidence that gynæcology was diligently studied. The works of Aëtius and Paulus Ægineta, which may be looked on as a compendium of the knowledge possessed on the

the subject up to that time, give ample evidence of this fact. "In his sixteenth book," says Dr. Thomas,* "Aëtius treats of the diseases of women in such a manner as to leave no doubt as to his having had a thorough knowledge of many disorders and means of investigation and treatment, which, being rediscovered 1300 years afterwards, have in many instances been regarded by us as entirely new. Thus, he speaks of the speculum, sponge-tents, peri-uterine cellulitis, medicated pessaries, vaginal injections, caustics for ulcers of the cervix, dilatation of the constricted cervix, a sound for replacing the uterus, &c." After reading this passage we are tempted to say with the Wise Man, verily, "there is nothing new under the sun," or with Aristotle, "probably all art and all wisdom have often been already fully explored and again quite forgotten." Paul, of Ægineta, as well as Aëtius, again mentions the speculum vaginæ, and gives minute instructions as to its mode of introduction, &c.

After the fall of the Roman Empire, gynæcology, like every other branch of science, began to languish, and we lose all trace of it during the period of intellectual death which overspread Europe in the Middle Ages. Even after society began to awake from this lethargic condition, it is long before we can see evidence of progress in gynæcological studies. There were two reasons for this. In the first place, the Arabians, who became, after they conquered Egypt, the most diligent and intelligent cultivators of medicine, could not be expected to advance this branch, because of the law which prohibits Mohammedans from examining women. In the second place, when science commenced to be cultivated once more in Europe it was only by priests and monks, and it can readily be understood that, owing to their celibate and secluded life, they would not be likely to devote special attention to "diseases of women." Accordingly, we see little evidence of advancement until the close of the eighteenth century. Then, however, owing to the activity and zeal of Garangeot and Astruc in France, and Denman, John Clark, and Hamilton in England gynæcology received a fresh impetus. The labours of these men were

* *On Diseases of Women*, p. 20.

hily followed up by those of Recamier and Lisfranc in
ce, and Sir C. Clarke and Gooch in England. And
impetus thus given has never since been allowed to

but no sooner do we get glimpses of a distinct *Uterine
tology*, than we see diversity of opinion thereanent. In
et all the disorders to which the uterus is liable, two
s of phenomena are observed. There are (1) some
l lesion, and (2) some constitutional disturbance. In
nce it was believed that the local lesion was the “*fons et
o mali*,” and that the constitutional disturbance was
ndary or sympathetic. In England, on the other hand,
tologists considered that the local lesion was the result
not the cause of the constitutional derangement. This
rity of opinion continues, but in a greatly exaggerated
y, to the present day. Those who believe in the *local*
in of uterine disease differ as to the *kind* of local lesion
originates the mischief. Dr. J. Bennett, for example,
butes the great majority of uterine diseases to *inflam-
on*, originating in the cervix. Dr. Tyler Smith believes
leucorrhœa is the starting-point in most cases of such
se. Dr. G. Hewitt, again, declares that *displacement* of
vomb is the origin of most of the ills to which female
an flesh is heir. Whereas Dr. Tilt declares that a
: many more than we are at all inclined to suppose
from *ovarian irritation*. Many other local lesions have
made the foundation of a distinct pathology. But,
such as those I have mentioned are the most important,
: propose briefly to examine them seriatim.

. Dr. J. Bennett's theory of the origin of uterine
use, that namely, which attributes the great majority
inflammation of the cervix uteri is supported by such argu-
ts as the following:—Inflammation is the starting-point
most all diseased action, in every other organ of the
r. Is it not reasonable, he asks, to suppose that it
be so in the uterus also? Secondly, the cervix is highly
ular, more so than the fundus uteri, and its mucous
brane is more abundantly supplied with mucous follicles,
therefore it is more susceptible of taking on inflammatory

action. Thirdly, the uterus is subject to periodic congestion, and there is, as we know, but one step and a narrow boundary line between that and inflammation. Fourthly, if these views are correct they ought to be verified by clinical observation. This Dr. Bennett declares to be the case. Out of 300 cases of uterine disease treated by him at the Western Dispensary, 243 were due to cervicitis. And similar results were observed in his private practice. Aply as these arguments are supported by their talented exponent, they are open to grave objections. In the first place, I think it doubtful whether the cervix is more vascular than the fundus uteri. It is certain that during pregnancy and menstruation the increased influx of blood is mainly to the body of the uterus. Again, it is questionable whether the mucous membrane of the cervix is more largely supplied with follicles than that of the fundus; and is certain that during menstruation the lining membrane of the fundus undergoes more active change than that of the cervix. In short, all the arguments that Dr. Bennett adduces in favour of cervical, apply, *à fortiori*, to corporeal inflammation. And, if others were wanting, they are to be found in such facts as these: the fundus is much more sensitive than the cervix. We can, without causing much inconvenience to the patient, apply powerful caustics, scarify, or even amputate the cervix; whereas the fundus, especially if inflamed, is exceedingly sensitive, the least touch causing acute suffering. To show how unimportant (comparatively) is cervicitis, it may be mentioned that Dr. West found a granular condition of the cervix in a considerable proportion of *post-mortem* examinations, where the patient died of some other disease: the abnormal condition of the cervix was never suspected during life, so little inconvenience did it cause.

“Any unprejudiced observer,” says Scanzoni (*Die chronische Metritis*, p. 53), “must come to the conclusion that the importance of the so-called *inflammatory affections of the neck of the womb* has been too much over-estimated in the course of the last twenty years; that many a discomfort, many a symptom of disease has been attributed to *these*

conditions without the slightest proof of any real connection existing between them.

“ We, for our part, are firmly convinced that the pathological changes of the *upper portion of the uterus* are of much greater moment, both locally as well as with reference to the disorder which they produce in distant organs, than the recently so highly estimated swellings, hypertrophies, granulations, and ulcerations of the cervix.”

2. The theory of Dr. Tyler Smith* will be best stated in his own words: “ It is my conviction,” he says, “ notwithstanding that in the majority of cases in which morbid states of the os and cervix are present, *cervical leucorrhœa*, or, in other words, a morbidly augmented secretion from the mucous glands of the cervical canal is the most essential part of the disorder, and that the diseased condition of the lower segment of the uterus, which have been made so prominent, are often secondary affections resulting from leucorrhœal malady.” Now, there is no doubt that acrid leucorrhœal discharge may cause cervical engorgement. But the presence of the leucorrhœal discharge presupposes a morbid condition of the cervical mucous membrane. If we admit that this morbid state is inflammation (and it doubtless is so), we are driven back to a belief in Dr. Bennett’s theory. This, however, as we have just seen, is untenable; hence Dr. Tyler Smith’s theory is untenable also.

3. The theory which attributes most uterine ailments to *displacement* has given rise to very great controversy. In 1854 the question was brought before the Academy of Medicine of Paris, and gave rise to a warm discussion. On the one side were ranged Velpeau, Amussat, Malgaigne, Huguier, &c. On the other, supporting what we may for brevity’s sake call the *inflammation* theory, were Paul Dubois, Depaul, Cazenau, &c. In America the late Professor Hodge was the champion of the *displacement* theory. In Great Britain the late Sir J. Simpson first directed the attention of the profession to the important part *displacement* played in producing uterine disorders. And still more recently and urgently these views have been insisted on by Dr. Graily

* On *Leucorrhœa*.

Hewitt. "Patients suffering from symptoms of uterine inflammation," he says, "or more properly from symptoms referable to the uterus, are almost invariably found (a) to be affected with flexion or alteration in the shape of the uterus, of easily recognised character, but varying in degree.

(b) "The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation.

(c) "The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of the chronic inflammation present." *

Now while it is quite true that displacement of the womb very often gives rise to great discomfort, it is also a well known fact that there may be considerable displacement without it giving rise to any morbid symptoms whatever. Moreover, owing to the imperfect support given to the uterus by its ligaments, a considerable amount of displacement is not only compatible with health, but is a normal condition. And Dr. Bennett has demonstrated the fact that *normally* there is a considerable *curve* as well in the uterus. Then again, in many cases where you have inflammation and displacement together, it will happen that if you cure the inflammation the patient's sufferings are at an end, although the displacement may remain: shewing clearly that the inflammation, and *not* the displacement gave rise to the morbid symptoms. "I speak within very reasonable limits," says Dr. Bennett ('Infl. of Uterus,' p. 464), "when I say that scores and scores of my former patients, who had for years suffered from uterine ailments before they were treated, are now living like other people, perfectly free from inconvenience of any kind; walking, running, standing, and going through all the ordinary ordeals of life, *although the uterus has remained displaced*. It has either remained lower than normal, or has kept in ante- or retroversion, and in some to a considerable extent. These women are, however, otherwise sound, free from any inflammatory

* *Diagnosis of Uterine Disease*, Graily Hewitt, p. 2.

lesion, and the displacement consequently gives them no more trouble than all the congenital and physiological displacement described above."

Testimony similar to that of Dr. Bennett, is furnished by Scanzoni, Bernutz and Goupil, West, &c. So that this theory, like the others, must be received *cum grano salis*.

4. The doctrine that the ovaries are most frequently the starting-point of uterine disease has, as I have already said, for its exponent Dr. Tilt. "As a rule," he says, "pelvic diseases of women radiate from morbid ovulation." Morbid ovulation causes ovaritis; ovaritis by sympathetic irritation sets up metritis. Now, although other pathologists are inclined to confine their attention too exclusively to the uterus, and to attribute to its derangement the lion's share in originating the diseases to which women are liable, Dr. Tilt errs on the other side—that, namely, of attributing too much to ovarian irritation, and we find that his views are not supported by clinical observation. If we look at Dr. Graily Hewitt's table of 1205 cases of diseases of women—and they fairly represent such as are ordinarily met with in Dispensary practice—we find:

Tumours of ovary, 9.

Inflammation of ovary, 10.

A very small per centage of the whole number! This is, however, only what we might expect in organs having such an anatomical structure as the ovaries have. They are, as you know, composed principally of fibro-cellular tissue, and are destitute of mucous membrane. Now, it is a well-known fact that mucous and serous membranes are more liable to take on inflammatory action than almost any other tissues, and that, on the other hand, fibro-cellular structures are little liable to be so affected. Hence, I think, we are warranted in concluding that Dr. Tilt overstates his case when he says that, "as a rule, pelvic diseases in women originate from morbid ovulation."

Such then, gentlemen, are the various theories which have been propounded to account for the *local* origin of uterine diseases. They all have a certain amount of truth in them, but they are all liable to grave objections—so grave as to

debar us from accepting any one of them as sufficient to form a basis of uterine pathology. It is extremely common to find all the conditions we have mentioned,—leucorrhœa, cervical engorgement and inflammation, displacement, and ovarian irritation, grouped together in one case; but we cannot accept any one of these *symptoms*, for they are really so, as constituting, in the majority of uterine diseases, the ‘*fons et origo male*.’ There is yet one other theory which has been advanced, however, to account for the origin of uterine disease, to which I must briefly allude, that, namely, which supposes them to have a *constitutional* origin.

By far the greater number of women who apply for advice in hospital practice—I should say quite 80 per cent.—date their ailments from the time when they had a miscarriage, or from a confinement or pregnancy. And it is exceedingly common to get some such history as this. The patient enjoyed good health until after the birth of her child, when she commenced to suffer from aching in the back and bearing down, leucorrhœa, disordered menstruation, nervous and gastric derangement. On examination you find an enlarged, displaced womb, the cervix probably granular, and its mucous membrane secreting muco-pus copiously. The interpretation of these symptoms is, that after delivery, the uterus does not revert to its normal size, remains larger and softer than it ought to be. When the patient commences to get about, the uterus, owing to its increased weight and size, naturally becomes displaced, ante- or retroflected we shall say. This interferes with the circulation and innervation of the organ. The cervix becomes engorged and inflamed, and the general health gives way. The patient has *subinvolution*. Here, then, we get a step beyond the local causes which we have considered, and find that *subinvolution* accounts for a great many of the ills to which women are liable. The next question that suggests itself is why does this happen to some women and not to others? Some patients we know may be exsanguinated from post-partum hæmorrhage, or have tedious labour or malpresentations, in a word, have everything against them, and yet make a

perfect recovery ; while others have, it may be, a perfectly normal labour, and a long period of repose thereafter, and be in every way scrupulously cared for, and yet they suffer from *Subinvolution*? The only solution of the problem is that there is something in the *constitution* of the latter which renders them peculiarly liable to this disease, which *something* does not exist in the former. Speaking of menstrual derangements, Dr. Bennett says ('Inflammation of Uterus,' p. 34), "They characterise a *tribe*, as it were, of the human race—a class of females who are more liable than others, in the course of their uterine life, to inflammatory diseases of the uterus, and to all the accidents to which these diseases give rise." Whether the proneness to these affections in this *tribe* is due to the presence in the blood of some miasm—psora, or to the absence or defective supply of some one or more of its constituent elements, I cannot now stop to enquire. What I wish to impress upon you is the fact that many of the diseases peculiar to women have a *constitutional* origin. But I do *not* wish you to run away with the idea that here we have a solution of the riddle, and that all or even the majority of these diseases are thus to be accounted for. The weak point in all the theories which I have brought under your notice is that they attempt too much. No one pathological theory will account for all uterine diseases, any more than will any one pathological theory explain all the affections of the arm or leg. Hence it follows that no one pathological theory can prove a reliable basis for therapeutics.

Pathology has always hitherto proved a dangerous foundation on which to build a therapeutic system, and this is nowhere more clearly illustrated than in uterine pathology and therapeutics. Each of the theories I have endeavoured to explain to you has been made the basis on which its author has founded his method of treatment. But as we have seen that every one of these theories is more or less fallacious, the treatment which is founded on them must be, to say the least, unsatisfactory. The antiphlogistic method of treating uterine as well as other diseases has, with one consent, been abandoned. Whether this is due to the spread

of Hahnemann's doctrines or to the fact that an advanced pathology has given rise to a more rational system of treatment, is a question I cannot here enter upon. Certain it is that uterine therapeutics have not benefited much by an "advanced uterine pathology." The treatment of cervicitis by means of powerful caustics, as recommended by Dr. Bennett, has not survived its author. I think I state the truth when I say that it is almost universally abandoned. And considering its severity, I had almost said barbarity, its decrease is not much to be deplored. Dr. Tyler Smith, as we have seen, believes that *leucorrhœal discharge* gives rise to cervical engorgement, &c., and in order to cure these he recommends the use of *vaginal injections*. The discharge, he admits, comes from the cervical canal, but as vaginal injections never reach the cervix they cannot "rationally" be supposed to be very helpful in curing the mischief there. But the prime objection to this method of treatment is the fact already insisted upon, namely, that the leucorrhœa is only an indication of more deep-seated mischief. I do not wish you to infer from this that vaginal injections are to be condemned in toto. On the contrary, I think that under certain circumstances much good may be done by them. — What I maintain is, that inasmuch as Dr. Tyler Smith's pathology is faulty so is his method of treatment unsatisfactory and insufficient in a great many cases of uterine derangement.

Dr. Graily Hewitt, taking it for granted that in the majority of uterine diseases you will find "displacement," insists that the foundation of all treatment in these complaints consists in replacing the womb, and retaining it in as good a position as possible *in situ*. And where acute suffering can be clearly traced to this cause, and *this alone*, there can be no gain in saying the reasonableness of adopting this plan of treatment. But, in the first place, we have the authority of such men as Bennett, Scanzoni, and West, for stating that the majority of patients who have displacements experience little or no inconvenience therefrom. And in the second place, we know that the displacement is most commonly caused by *subinvolution*. It is clearly then, I think, our

duty to cure that first. If we succeed in so doing the displacement will probably give little further trouble.

Thus, we see that while none of the theories we have examined will account for all or even a greater number of uterine diseases, so neither are the systems of treatment based thereon satisfactory. Nor is the prospect very encouraging when we enquire for *medicines* suggested by the "rational" school which have a direct specific action on the womb. Dr. Atthill ('Clinical Lectures on Diseases Peculiar to Women,' p. 288) says "that medicines have but little influence on the uterus, and that, therefore, it is not surprising they effect but comparatively little good in chronic diseases of that organ. My own experience," he continues, "leads me to the conclusion that those which have any direct effect on the uterus do not exceed four or five in number. I have satisfied myself that *Ergot of Rye, Sulphate of Quinine, Strychnia, and Arsenic*, exert a direct action on the uterus. I am not satisfied that any other medicine does." If Dr. Atthill would take the trouble to study the 'Homœopathic Materia Medica,' he might considerably increase the number of medicines which have such an action. His book was written in 1875.

Three centuries ago, Lord Bacon complained that medical men were reluctant to search for specifics. "In the inquiry of diseases, he says ('Advancement of Learning,' p. 174), "they do abandon the cures of many, some as in their nature incurable, and others as past the period of cure; so that Scylla and the triumvirs never proscribed so many to die as they do by their ignorant edicts; whereof numbers do escape with less difficulty than they did in the Roman proscriptions."

Again he says, "They (i.e. the physicians) have no particular medicines which by a specific property are adapted to particular diseases." Yet again, he says, "the part of physic which treats of authentic and positive remedies, we note as deficient." It would have been well for medicine and for mankind had these utterances been listened to sooner. But it seems to take two and a half centuries and the genius of a Hahnemann to discover their wisdom. It

would be out of place were I to attempt at present to demonstrate to you—although in my opinion it is demonstrable, nay, I may say an admitted fact.—that just as medication—what we may call the doctrine of specific— is admitted and acted on, so will medicine make real progress. And what I wish to impress upon you now is this: this doctrine is as applicable to uterine diseases as to all others. I believe that Dr. Atchill is wrong in supposing that very few medicines have a specific action on the womb. Our "provings" show that there is a very considerable list of such medicines. And in proportion as we increase our knowledge of the action of these and add to their number, so will our success in the treatment of uterine diseases increase. This increased success can, moreover, take place quite independently of any pathological theories whatever. I would not have you suppose, however, that I wish you to ignore pathology altogether. On the contrary, I think it very important that you should be thoroughly conversant with all the pathological theories that are current, not that you should base them exactly for what they are worth, they are human, as I have said, some with extracts from truth and some what erroneous. But Dr. Hewitt's displacement theory, for example, has this amount of truth to it, that in a very large proportion of cases of uterine disease there is more or less displacement. But you need not be so scrupulous to successful treatment to be so exact in your diagnosis as to put the ends of a finger in a woman's nose to get the ends of a finger in. I say a treatment. In such cases, indeed, you do best to give a large dose of the displaced substance, and to give a large dose of the displaced substance, and to give a large dose of the displaced substance. This does not mean, however, that a large majority of displacements of the uterus depend on a constitutional weakness. The same may be the case when you give a large dose of the displaced substance, and to give a large dose of the displaced substance.

into consideration that you are enabled to select the appropriate remedy.

Nor does the adoption of specific medication interfere with or prevent your making use of other adjuvants to treatment, such as *rest*, a very important adjuvant, let me remark, *en passant*—the employment of heat and cold, appropriate diet, dress, &c. All these points are as carefully attended to by us as by our brethren who discredit the action of specifics. To the latter, however, we attach much importance, believing, as we do, that they and they alone exert a really curative action on the diseased organ or tissue, as the case may be. What these medicines are and what their action is, I now propose to describe to you. In the limited time at my disposal you will readily understand that I cannot possibly describe *all* the medicines that are used. Nor can I give you the minute indications for using each, I can only describe those in general use and the principal diseases in which they are curative.

Aconite.—Although more frequently applicable to affections of a systemic kind, is not without some specific action on the generative organs of the female. Among the pathogenetic effects are, “increased and profuse menses in plethoric females.” “The exact temperament for which *Aconite* is suitable are, sanguine temperament, robust constitution, and diminution of the pains when moving, especially indicate this remedy,” says Hartmann. It is useful also in the secondary effects of congestive hæmorrhage, “tenacious, yellowish leucorrhœa” being among its prominent symptoms. Also “frenzy on the appearance of the catamenia.” Tendency to rheumatic affections is also an indication for its use.

Actea racemosa, like *Aconite*, is a valuable remedy in some kinds of rheumatism, and like it has also an important action on the uterus. “This organ, indeed, seems,” says Dr. Hughes,* “the principal centre of the sphere of the operation of *Actea*. It produces abortion without

* *Pharmacodynamics*, p. 50.

irritation (therein differing from *Sabina*), and excites in labour less unremitting contractions than *Ergot*.

It is useful in dysmenorrhœa and after pains, especially in rheumatic and nervous patients. In the same class of patients it checks tendency to abortion, and, administered some weeks before parturition, facilitates that process."

Irritable uterus is also benefited by it. Uterine epilepsy and hysteria, puerperal melancholia, and melancholia in uterine disturbances. It dissipates infra-mammary pains, a pathognomonic sign of uterine derangement, says Sir J. Simpson, as pain in the shoulder indicates liver affection. Above all, it is curative in menopausea.

Aloes is a medicine which we are apt to overlook, but which is sometimes useful in uterine disease. It is best suited, as you may suppose, to those subject to hæmorrhoids and pelvic congestion, and seems to affect the rectum primarily, but other pelvic organs secondarily. Ex usu in morbis, it has been found useful in some cases of amenorrhœa, but only in large doses.

Alumina (*Oxide of Aluminium*), not *Alum*.—Teste* says, "I have often derived the greatest advantages from the use of this drug in the case of aged females, against diseases that had been apparently seated in the sexual system, but whose primary symptoms had disappeared with the complete cessation of the menstrual periods." Among the most characteristic pathogenetic symptoms are, painless, chronic leucorrhœa, continuing three days after menses. Acid leucorrhœa irritates the genital parts, &c.

Ambra grisea belongs to what, in old-school practice, is called antispasmodics, and is useful in hysteria and profuse menstruation. It causes also leucorrhœa.

Amon. acet. is only known empirically to be useful in dysmenorrhœa (ʒss to ʒj o. h. s. till relieved). In menorrhagia and organic diseases of the womb it has also been of great service. I confess I have had very little experience in the use of this medicine in these cases. Its use is empirical. It has not been proved.

Apis mellifica is a medicine which is apt to be over—

* *Materia Medica.*

looked in uterine diseases. It seems, however, to exert a specific action on the ovaries, causing great irritation thereof. It is said to have caused frequent miscarriage in pregnant women, and has been found curative in amenorrhœa, dysmenorrhœa, and menorrhagia, when resulting from acute congestion of the ovaries, and even in "chronic affections of the latter organs," says Dr. Hughes.

Among the pathogenetic symptoms we find "tenderness of the ovaries on pressure, steady pains in the ovaries, with occasional bearing-down sensations in the ovarian and uterine organs; sharp, cutting pains in the left ovary, worse at intervals, extending down the thigh; severe paroxysms of contraction and spasmodic pain in the right, ovary occurring every fifteen to twenty minutes, and each paroxysm lasting from one to three minutes. Six days previous to menstruation sensation of weight and heaviness in the ovaries; pressing pains at the os uteri; premature appearance of menses, with unusually copious flow; great tenderness over the uterine region, with bearing-down pains, leucorrhœa, and painful urination after four doses of the tincture; green and acrid leucorrhœa, with frequent and painful urination." The latter symptoms warrant us in adding uterine congestion to the list of maladies to which *Apis* is homœopathic.

Arsenicum, as you are aware, is a medicine which has a wide sphere of action; and among its pathogenetic effects we notice profuse catamenia too soon; acrid corroding leucorrhœa. If these symptoms occur with others to correspond, such as pains of a burning or lacerating character, extreme prostration or melancholic or choleric temperament, *Arsenic* will be found a useful remedy. It is curious to notice the observations of the President of the Dublin Obstetrical Society, Dr. Atthill, with reference to this, one of the few medicines used by him, in uterine affections:—"One other drug," he says, "deserves notice with reference to its efficacy in certain forms of menorrhagia. I allude to arsenic. . . . I believe it to be of great use in those cases in which the excessive loss is met with in

females of a leuco-phlegmatic temperament" (Atthill, *Lectures on Diseases of Women*, p. 291).

Belladonna.—The pathogenetic effects of this remedy are by no means commensurate with its utility in uterine diseases. It is a well-known fact that *Belladonna* exerts a powerful effect on unstripped muscular fibre, also that it has a marked power in relieving venous congestion. We know that unstripped muscular fibres abound in the uterus, and that it is largely supplied with veins, and is peculiarly liable to congestion, the absence of valves in the veins probably conducing to this result; hence we might, on physiological grounds, expect that *Belladonna* would have important pathogenetic symptoms. This expectation, however, is hardly realised in its provings. Nevertheless, it is a medicine which we could ill dispense with in the treatment of uterine diseases.

It is extremely useful in puerperal fever, especially when there are "throbbing headache, congestion of the brain, delirium, nausea, furred tongue, dry and sticky mouth, foul taste, &c. It is useful also in congestion of the uterus. Among the symptoms produced by it we find "pressing, early in the morning, as if all the contents of the abdomen would issue through the genital organs." This indicates its usefulness in prolapsus, for which it is a very valuable remedy. In threatened mammary abscess I have rarely ever found *Belladonna* fail to check the disease, and I seldom find any other medicine necessary in galactorrhœa. These observations are verified by Dr. Sidney Ringer. In his *Handbook of Therapeutics*, p. 350, he says, "In *Belladonna* we have a sure remedy for this state of things, as it can completely arrest the secretion of the milk.

Calcarea carb. is a medicine specially adapted to women and children. Hahnemann says: "*Calcarea* generally is indispensable, and curative when the catamenia appear a few days before the 'period,' especially when the flow of blood is considerable. But if the catamenia appear at the regular period, or a little later, *Calcarea* almost never is useful, even if the catamenia should be rather profuse." Hale says

among the symptoms also are leucorrhœa (milky), "itching stitches in the female parts."

Caulophyllum thalictroides (squaw root) is a remedy highly spoken of in America. "For the prevention of premature labour," writes Dr. Hale, "no remedy in the materia medica equals *Cauloph.*" Again, Dr. Helmuth writes that he has used *Cauloph.* successfully for the removal of those discolorations of the skin and face common in women with menstrual irregularities or uterine disease. Dr. Hale thinks it homœopathic to dysmenorrhœa, uterine cramps, spurious labour pains, abortion, and after-pains.

China, as Hahnemann has pointed out (*Mat. Med. Pura*), is an invaluable remedy in the weakness produced by loss of animal fluids. But it has also a specific action on the uterus; it causes metrorrhagia with clots. Hence it will be found useful not only in this complaint, but in curing the resulting weakness therefrom. If, as we constantly find, neuralgic headache or pure "tic" accompanies or follows excessive loss from menstruation, after delivery or miscarriage, *China* or, still better, its alkaloid *Quinine*, most certainly will cure the patient.

Chamomilla is a medicine which has a very marked group of uterine symptoms, the interpretation of which leads us to prescribe it in retention of the menses, with uterine colic. Also in metrorrhagia, yellow corrosive leucorrhœa. Its pathogenesis reveals suppression of the menses, with distension of, and a hard aching oppressive pain in, the pit of the stomach, accompanied with swelling of the abdomen, labour-like pains, and anasarca. Pressure towards the uterus, labour-like pains, with frequent desire to urinate. Cutting colic and driving in the thighs previous to this period. All which indicate retention rather than suppression of the menstrual discharge, so that it is quite compatible with the other group of symptoms observed in the proving of this drug, viz. drawing from the small of the back, followed by griping in the uterus and discharge of large clots of coagulated blood, metrorrhagia, frequent discharge of coagulated blood, with tearing pains in veins of legs, and violent labour-pains in the uterus. Induration of the mammæ,

with drawing, lacerating pain to the touch—a sympathetic symptom of uterine disease very commonly observed.

Cocculus Indicus is a medicine which is indicated in menstrual colic. It is also beneficial in spasms and flatulence in bowels in pregnant women and after delivery. Menstrual headaches, especially when accompanied by giddiness and sickness are also cured by it.

Collinsonia is said by Dr. Hale (*New American Remedies*) to be curative in dysmenorrhœa, pruritus pudendi, prolapsus uteri, constipation during pregnancy. Its analogue is *aloes*, and like it is particularly indicated when there is a tendency to hæmorrhoids.

Conium maculatum was at one time supposed to have the power, when applied locally, of curing cancer. This idea is now exploded, doubtless because many of the cases of so-called cancer were in reality tumours of a non-malignant nature. It has some virtue, notwithstanding, when applied locally to the open cancer (in the form of poultice made from the leaves), of relieving the pain. It might also be given internally for the same purpose with advantage. Although its principle sphere of action is the spinal cord and the nerves radiating therefrom, it has also a very decided action on the glandular system. “I would,” writes Dr. Hughes (*Pharmacodynamics*, 247), “especially suggest its freer use in ovarian depression, showing itself in scanty menstruation and unready conception, as well as in chronic passive inflammation of the organs themselves. Wasting of the mammæ and testicles, with agalactia and amenorrhœa, have not uncommonly resulted for its use.”

Ferrum is a medicine which is largely used by allopathic and homœopathic physicians. It is admitted by both schools to be a valuable, perhaps the most valuable, remedy in chlorosis. But great controversy has arisen as to whether it acts as food or physic in this disease. It is certain that it produces many symptoms closely resembling those of chlorosis. Among others diminution of the size of the spleen. For lack of time, however, I cannot now enter on that question, but would ask you to remember and in your practice utilize the fact that iron is perhaps the first medi-

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

cine to be thought of in this disease. It is a valuable remedy also in amenorrhœa, this being, however, as you are aware, a very frequent concomitant of chlorosis. It may seem an anomaly to say that *Ferrum* is also an exceedingly useful remedy in some forms of menorrhagia and dysmenorrhœa. It is nevertheless true, and may, I fancy, be easily explained thus: menorrhagia produces a condition and train of symptoms closely analogous to those produced by chlorosis, a condition in which a deficiency of red blood-corpuscles is a prominent feature. Whether we accept the "food or physic" theory, it is admitted that iron is a useful remedy in these circumstances. Hence, perhaps, it would be more correct to say that *Ferrum* is useful in curing the anæmia, &c., produced by menorrhagia.

Helonias Dioica, one of Hale's 'new American remedies,' seems to resemble *Ferrum* in its mode and sphere of action. In America it has long had a great reputation as a remedy in uterine diseases, and specially for those depending on an atonic condition of the organs of reproduction. Hence, as in the case of *Iron*, it is useful in anæmia, complicated with amenorrhœa; also in leucorrhœa and menorrhagia and prolapsus, when associated with an atonic state of the uterus. Among the symptoms produced in the provers, are, "pain in lower part of back through to the uterus, like inflammation, piercing, drawing, breast swollen, nipples tender and will not bear the pressure even of an ordinary dress, nipples very sensitive and painful; great uterine hæmorrhage came during the proving, and continued until the medicine was discontinued."

Hydrastis Canadensis (another of Dr. Hale's new remedies) has, as you may be aware, a considerable reputation in curing cancerous growths, but it seems most useful in those cases in which the glands are affected than in cancer of uterus. I cannot say that I have seen much good from its use in uterine cases; but then the same may be said of every remedy which is used for cancer of uterus.

Iodium has an extensive sphere of action on the organism, and among others we notice an important specific influence on the generative system, principally, however, on

the glandular portion thereof. If you keep this in your recollection and remember, in addition, the fact that its pathogenesis furnishes a picture closely resembling scrofulosis and tuberculosis, you will readily understand its action in uterine diseases. Hence, in leucorrhœa, amenorrhœa, chronic vaginitis, metritis, induration of the cervix, and even in tumours originating therefrom, we find *Iodine* an exceedingly valuable remedy—if those maladies occur in scrofulous temperaments. Galactorrhœa and sterility have also been cured by it.

"*Lachesis*," says Hering, "is frequently indispensable at the critical age, even when the menses are too profuse, or with metrorrhagia. The 'flushing' which frequently accompanies the 'change of life' is said to be a special indication for its use. I confess I have been disappointed with this medicine in those case cases in which I have tried it.

Mercurius is a much esteemed remedy by some physicians in uterine diseases, but it seems to me that its action is limited in such cases. In specific ulceration of the cervix or vulvæ I always use it. It is also useful in leucorrhœa of a purulent or corrosive character, especially when you can trace any syphilitic taint. So also, in chronic vaginitis. 'Voilà tout.'

Murex purpurea is a medicine which seems to have a specific action on the uterus. In the provers it caused excitement and congestion of uterus, and has been curative in several such cases. I should recommend you also to think of it in nymphomania.

Nux vomica, although it exerts its principal action on other organs, has an important relation to the sexual group, and will be found very useful in some affections thereof. I think, however, that the secret of using *Nux* successfully depends much on selecting carefully the proper temperament in which to administer it, *i.e.* the sanguine; metritis, leucorrhœa, and dysmenorrhœa, occurring in such subjects, will find their appropriate remedy in *Nux*.

Phytolacca decandra has special affinity for the glandular system. Hence we are not surprised to find it useful in inflammation and suppuration of the mammæ. Unhealthy

ulcers, tumours, cracked and excoriated nipples also come within its sphere of action. It might also prove serviceable in cancer of the breast. Derangements of the mammary secretion, such as galactorrhœa, agalactea, &c., are cured by it. Metrorrhagia, dysmenorrhœa, and leucorrhœa are also among the symptoms produced by this drug.

Platinum is a medicine which has a considerable reputation, principally in menorrhagia; but I have not seen it do any good. Its special sphere of action seems to be the nervous system, and it is particularly useful to irritable, hysterical subjects; also to those who are predisposed to melancholia.

Crocus sativus causes "hæmorrhage from various points," uterus included, the blood being black and viscid. Hence we use it in menorrhagia. It also causes undue exaltation of the nervous system. "Uncommon mirth and cheerfulness, immoderate laughter, frequent alteration of cheerful and sad humour," indicating its use in the hysterical temperament.

It causes metrorrhagia and hysterical symptoms. It also causes dimness of vision. "Her eyes see through a mist;" "obscuration of sight, sudden flashes, sensations in both eyes as if she had been weeping," and so on.

Pulsatilla nigricans is one of our most valuable remedies. Hahnemann characterises the disposition which corresponds to *Puls.* as "timid, with tendency to weep and to experience silent grief and chagrin, mild and yielding, slow and phlegmatic." Teste says it is "particularly suitable to persons who, by the relative predominance of the adipose tissue in their composition, by the whiteness of their flesh, the roundness of their forms, the mildness of their dispositions, and their fitful moods, exhibit all the marked features of the female sex. In short, *Pulsatilla* is peculiarly adapted to women. It causes leucorrhœa of various kinds, and scanty, delayed, and often painful, menstruation. "Contractive pains on the left side of the uterus, resembling labour pains, obliging her to bend forward. The predominant fever symptom of *Pulsatilla* is "chilliness." Hence we find this medicine suitable to leucorrhœa, delayed or defective, or suppressed

324 *Pathology and Treatment of Diseases of Women,*

menstruation. It is also useful in ovarian inflammation or irritation. Given during gestation it facilitates parturition in those whose previous labours have been difficult or tedious. During labour it is useful where the pains are tardy, irregular, or defective. In cases when there is a tendency to false presentation, *Puls.* furthers the tendency to spontaneous version. After labour it promotes lacteal secretion when that is deficient. So that, altogether, it is a medicine of prime importance. Like *Bell.* and *Crocus,* it produces dimness of vision.

Sabina is one of our principal remedies in metrorrhagia and in ovario-uterine irritation, and even inflammation. It prevents threatened abortion. The characteristic indications for its use are, "amelioration of the symptoms in the open air." In menorrhagia, when the blood is bright red, and in metritis when there is sympathetic irritation of the rectum.

Secale, when taken in poisonous doses, produces, as you know, abortion in pregnant women, hæmorrhage from, and sometimes inflammation of, the uterus. Hence its use by us in checking a tendency to miscarriage. It will also relieve after-pains, when these are continuous and unremitting. It is a valuable agent also in post-partum hæmorrhage, and, as you are aware, to re-establish the action of the uterus in tedious labour. But for the two last-mentioned disorders it must be given in fall doses, so as to produce its primary or physiological effect. I believe that the sphere of action of *Secale* is much more extensive than we are aware of, and that new provings of it are much wanted.

Sepia, another important uterine remedy, is principally indicated in congestion. If this extends from the womb to the other pelvic viscera, it is an additional indication for its use. Leucorrhœa, passive congestion, chronic metritis, displacement, especially retroversion and prolapsus, are all benefited by *Sepia*. A new proving has just been instituted of this important drug in America, and at the next meeting of the British Homœopathic Society, Dr. Hughes will, I believe, tell us much that is interesting concerning it.

Sulphur has a special value, as you may be aware, in all chronic diseases. This also applies to uterine affections. It

is often a very useful remedy with which to begin the treatment in chronic cases.

Xanthoxylum exerts its influence chiefly on the female organs of generation. It is most useful in dysmenorrhœa, and when the "period" anticipates. It caused "the menses to come on a week before the proper time;" also an unusual forcing of nature. Menses came on profusely, with dreadful pain, baffling description. It is especially useful in those of spare habit, nervous temperament, and delicate organization.

AMPUTATION AND ITS RESULTS AT THE
LONDON HOMŒOPATHIC HOSPITAL.

By J. JONES, M.D.

HAVING been reminded by our editor that the *Annals* were entitled *Annals of the British Homœopathic Society and London Homœopathic Hospital*, and that I consequently, as one of the staff of the said hospital, had a duty to perform with respect to it, I have thought it as well to relate the following case of amputation of the middle of the thigh, as showing not only our ordinary treatment, but a fair specimen of its result. I say a fair specimen of its results, by which I mean an average specimen—I have had amputation wounds heal up more quickly since I began my career as surgeon at the hospital—as will be seen by the short abstract I append. The patient is a boy, by name James McClune, between seven and eight years of age, and is a native of Lynn, where his parents still live. He was admitted into the hospital with disease of the knee-joint. The joint was excised, and it was noticed that the articular cartilage separated directly it was slightly touched from the bone, which had been removed; there was an abscess which opened just anterior to the cut end of the femur, and on putting in the finger the sinus was found to wind round the femur to the posterior aspect of the bone. A drainage-tube was put in, the limb put in position, and for five or six days all went on well; but about this time his mother came up from Lynn to see him, and whether he had excited himself when his mother was with him, or fretted after she left Lynn again, I do not know; but the next day after she was gone back, the wound in the skin, which had already partially closed, began to gape, which gaping went on until at length the edges of the wound were at least two inches

apart. For months we waited patiently to see the result, desirous of giving him every chance of retaining his limb. The drug that I thought of most service during this long period of waiting in modifying the diseased process, was *Iodide of Mercury*, which he had in the third trituration. In spite of everything, however, the leg went back, though his general health kept remarkably good ; a large abscess formed at the back of the joint, which began to discharge very freely, and it became at length certain that if his life was to be saved, the limb must be removed, as he could not stand the drain of, and irritative fever set up by, the wound much longer.

Accordingly, on May 22nd, he was put under chloroform, administered by my friend and colleague, Dr. Drury. The chloroform soon showed the really anæmic condition of my patient (it always does show the true state of the case ; a little excitement may put, and nearly always does put, a flush upon the patient's cheeks, when the doctor makes his visit ; this excitement is absent, of course, when chloroform is administered, and the real state of things is seen) ; he looked like a corpse itself, there was no colour in the face at all. When fully under the influence of the anæsthetic the leg was held up, and the limb firmly grasped just above the ankle ; the hand which thus grasped it was then drawn gradually up the limb to just below where the tourniquet had been previously adjusted ; the tourniquet was then tightened quickly, and by this means a great deal of the blood which was in the leg was saved, there being little bleeding during the whole operation. I proposed to have taken off the limb just above the junction of its lower and middle third. I accordingly made an anterior and posterior flap in the usual way for this purpose, but on sawing through the bone it splintered, and was evidently diseased. I accordingly with the knife enlarged or deepened, perhaps, the incision between the two flaps, so as to expose the bone for another inch. When the bone was thus exposed, I found it quite bare of periosteum (but I doubt not I had myself done this, for on examining the part of the femur which I had taken off afterwards I found a very great dis-

position for the periosteum to peel off the bone. An immense cavity was formed at the back of the joint, descending three or four inches down the tibia, burrowing between the muscles of the calf and back of leg; the periosteum separated from the tibia in the same way as it did from the femur, and also, as the articular cartilage had done, from the bone after the previous operation.) This inch of exposed bone was then sawn off. The blood-vessels were then tied; there were only two that needed it, the femoral, or, perhaps, I should say popliteal, for it was found quite at the edge of the posterior flap, and a small articular branch beside it. On examining the flaps, I found that I had included in my posterior flap part of the wall and lining membrane of a large abscess, which had formed behind the joint; it was chiefly on the inner edge of the flap; the skin over it was very thin, and I determined to cut skin and diseased tissue in flap all away, by which I gained the advantage of getting rid of all diseased tissue altogether, leaving my patient with nothing but a healthy and clean cut wound to heal up. Nevertheless, there was some disadvantage resulting from this proceeding, for having cut away a good portion of the inner side of the lower flap, the edges of the wound could not be brought accurately together in this part, and the consequence was that when the sutures were put in, the inner part of the wound looked more like an open sore (instead of a wound the edges of which are carefully brought together) than is usually the case after amputation. After the operation he was ordered *Acon.*, 1x drop doses every four hours, which I give to all my patients after serious operations, not waiting for any surgical fever to come on before giving it. The temperature was said to be only 95° after the operation. He has gone on from the time of the operation to the present without a bad symptom, and now has only a superficial wound in the stump, forming a narrow line about an eighth of an inch broad. The ligature in the femoral separated on the eighth day, when the dressings were taken off, the other ligature having separated the first time the stump was dressed. The temperature once went up as high as 101° I think; the

wound healed entirely by first intention as far as the flaps were concerned, leaving only the superficial wound in the skin to heal. The granulations have looked somewhat pale and flabby, and he has had *Calc. Carb.* 6 gtt. ii 4ta hora, *Aconitum* and *Calcarea* being the only drugs he has had since the operation, with the exception of a little *Ferrum*, on account of his anæmic condition. This last we stopped after a few doses, as on one of the very hot days he complained of headache and want of appetite. Our usual mode of dressing stumps is with *Carbolic oil* (1 of *Carbolic acid* to 80 of *Olive oil*). Lint is well soaked in this, and then put on the wound. Lint soaked in *Carbolic acid* lotion of same strength is put on over this cotton wool, and then a bandage. When put into bed the stump is rested on a small pillow, and at first the pillow is covered with marine lint, which is another name for picked oakum—one of the very best things I know of for taking away the smell of discharging wounds. I suppose that in a week or ten days my little patient will be well enough to go out, and as soon as he is he will go at once. His parents living at King's Lynn, I am anxious to secure for him the benefit of the sea air, so shall send him out as soon as I safely can, even if the superficial wound be not quite healed. I close by giving a short abstract of my amputation cases, and also a note showing the power of *Aconitum*, and how it does justify all the praises which those called homœopaths have always bestowed upon it, as one of the greatest antiphlogistic medicines that has ever been brought before the notice of the profession.



A case showing the power of *Aconitum* is that of Frederick Han, a man admitted with polypus of right ear, on the evening of Friday, June 15th, 1876. The polypus was in a very unhealthy condition; extremely fetid pus was issuing from the ear; there was great tension both behind and in front of the ear; the cells of the mastoid process were evidently involved in the diseased process that was going on. On Saturday was not my visiting day, Dr. Robert Cooper, oculist, saw him, by the house-surgeon's invitation, and removed the polypus. But the point to which I wish to draw attention is that the man's temperature was 104.6° at 10 a.m. on Saturday; the house-surgeon gave him one drop of *aconite* θ , and in two hours, before any operative interference of any kind whatever, the temperature had fallen to 100°. I hope to report this interesting case more fully in my next issue, but I draw attention to this as a therapeutic result that is of great importance to surgeons everywhere.

RECORD OF CASES OF SKIN DISEASE TREATED
AT THE LONDON HOMŒOPATHIC HOSPITAL.

By J. GALLEY BLACKLEY, M.B. Lond.

DURING the period commencing Nov. 1st, 1875, and ending June 30th, 1877, one hundred and thirty-three cases of skin disease have come under my care for treatment; the majority as out-patients. A few cases have, however, been either of sufficient severity or of such peculiar interest as to warrant their being placed under treatment in the wards of the hospital.

The following is a classified summary of these cases :

Erythema	...	...	3
E. læve	...	...	2
E. nodosum	...	...	1
Roseola	...	...	1
Urticaria	...	...	7
Prurigo	...	...	4
Lichen	...	...	7
L. simplex	...	...	6
L. pilaris	...	...	1
Pityriasis	...	...	4
Psoriasis	...	...	8
P. vulgaris	...	...
P. guttata	...	...	1
P. gyrata	...	...	2
Herpes	...	...	11
H. circinatus	...	...	1
H. iris	...	...
H. zoster	...	...	1
Eczema	...	...	29
E. simplex	...	...	11
E. rubrum	...	...	1
E. impetiginodes	...	...	8
E. chronicum	...	...	9
Impetigo	...	...	5

Acne	10
<i>A. punctata</i>	5
<i>A. indurata</i>	2
<i>A. rosacea</i>	3
Boil	4
Carbuncle	1
Whitlow	1
Sebaceous tumour	1
Molluscum	1
Parasitic diseases of skin—	
Tinea tonsurans	3
Tinea decalvans	1
Scabies	5
Phthiriasis	3
Sting of horse-fly	1
Cutaneous syphilis	8
Erysipelas	7
Lupus	5
Purpura	3
Total	133

thema.—Of the three cases of erythema, Case 50, of *E. nodosum*, is interesting from the fact that the eruption appears every month, coming out about a week before the menstrual period and fading as soon as the period appears.

urticaria.—Case 120, a case of urticaria, attacking the face, was treated with *Chloral Hydrate*, in doses of gr. $\frac{1}{10}$, three times a day, but without relief. In this case there was no history either of a chill or of any error in diet. Dr. Hering* has recently pointed out as the special indications for the administration of *Chloralum*, “redness and œdematous swelling of the face, cheeks, eyelids and ears,” and the absence of the chloral rash for the extremities. A more attention to these hints may, perhaps, lead to greater success than I have hitherto experienced, for in a considerable number of cases treated with chloralum since the publication of Dr. Dyce Brown’s paper† on the subject, success has been but moderate. *Urtica urens* (1 $\frac{1}{2}$, a three times a day) proved of great service in three of the remaining five cases.

* *Monthly Hœmœopathic Review*, p. 343, June, 1877.

† *Annals of the British Hœmœopathic Society*, vii, 233.

Lichen.—Case 22. Lichen pilaris. William G—, æt. 35, tailor, sanguine temperament, well-nourished. Was under treatment at the hospital twelve months ago for gonorrhœa, which lasted six weeks. Had previously enjoyed good health. Has been accustomed to drink ale largely. Since the subsidence of the gonorrhœa, he has suffered constantly from burning of the hands and feet usually coming on after meals.

March 5th, 1877. Has an eruption of hard, flat papules, a few of them pustular at the point, on the back and inside the thighs. On close examination each papule is seen to be pierced by a hair. There is itching, but not to an inconvenient extent. Where the papules have faded they have left behind slightly elevated dark-red spots about the size of a lentil. The man's general health is good, though he still suffers at times from the burning in the palms and soles. For six weeks I gave the patient *Ant. tart.* ʒʳ gr. j, ter die. At the end of that time, as there was no sensible improvement, the spots slowly disappearing and being replaced by fresh ones, calling to mind Ringer's remarks, quoted by Dr. Hughes,* upon the peculiar rash produced by *Iodine*, I substituted the latter for the *Tartar Emetic*. Improvement at once set in, and at his last visit the patient declared himself, as far as the rash was concerned, practically well.

Case 39 was a case of arsenical poisoning occurring in an artificial-flower maker. The rash, which was lichenous in character, was confined to the arms and itched very severely on getting warm in bed. The patient also complained that "for the last four years he had suffered from periodic attacks of vertigo, coming on every two months and lasting a week. The headache came on every morning on rising and lasted, without intermission, until six in the evening, when it disappeared suddenly."

Psoriasis.—Case 12. Disease came violently at time of

* "It is often very much like acne, and is always hard, shotty, and indurated, but the pustules may be broad and large and covered with what looks like a half-developed vesicle or pustule."—*Manual of Pharmacodynamics*, 3rd edition, part ii, p. 426.

puberty and has continued ever since. Varies in intensity from time to time, but there is always a little remaining on elbows and knees. Improved very considerably under the use of an ointment of *Iodide of Arsenic*, (gr. iij ad ℥j).

Case 34.—Patient, a woman of thirty. Disease commenced at fourteen, just after menstrual function had been established. She got a severe cold, and the menses ceased for eighteen months, during which time the eruption came out, and has reappeared at intervals ever since. Has had six children, and the rash has always come out during pregnancy.

Case 42.—Ellen M—, æt. 15. Psoriasis gyrata for two years; is now fifteen years of age, but has not yet menstruated. Menses appeared at the end of ten weeks under the use of *Pulsatilla*, and the rash at the end of three months had almost disappeared.

Case 116.—Psoriasis guttata and nummularis on arms and legs. After giving *Arsen.* 1 gr. ter die for six weeks without any visible improvement, I prescribed *Ung. Ac. Chrysophan.* (ʒj ad ℥j). The patient was directed to wash the affected parts well with warm soap and water, and after quickly drying them to rub in gently but firmly, for about ten minutes, a small quantity of the ointment. At the end of a week, when she again presented herself, the patches shewed marked improvement. The scales had all disappeared and the subjacent integument was much less red and prominent. She complained of pain at the front of the bend of the elbow, and on examination the skin here was found to be hot and tender and of a dull coppery-red colour; the axillary glands were slightly indurated and tender. She was directed to intermit the use of the ointment for three days and then resume it.

Eczema.—Case 23.—Harriet G—, æt. 45. April 24th, 1876. Has an itching vesicular rash on the palms of the hands and palmar surface of the fingers, which appeared at the age of 15, just after menstruation commenced, and has reappeared annually during the summer, varying in intensity with the heat. When the winter is long and cold it is always later in appearance.

On examination the vesicles are found to be disc-
 nd perfectly transparent, resembling in every respect
 recent vesicles of scabies. They are not present, howe-
 in the flexure of the wrist or between the fingers,
 careful examination with a lens fails to reveal the prese-
 of the burrows of the acari. The skin of the palms ge-
 rally is somewhat tumid, moist, and tender. R. *Rhus t-*
 1^s, a pilule every four hours, and a lotion of *Rhus (3j)*
 mother-tincture to a pint of water) to be kept constan-

June 18th, 1877.—Applied at the hospital again,
 states that the rash disappeared last year after five we-
 of the treatment, a much shorter time than usual.
 year the rash was much later in appearing, owing, dou-
 less, to the long continuance of the cold weather.
 appearances presented being precisely the same as
 year she was ordered the same treatment.

As will be seen by reference to the table the ca-
 included under the head of "eczema" are far m-
 numerous than any other class which one is called upon
 treat, and the results of treatment, one might add, is
 the whole the least satisfactory. It is not very easy
 assign a reason for this, but I have little doubt that
 large quantities of malt liquor consumed by the po-
 classes in London contribute very largely to the product-
 and perpetuation of eczema and its congeners.

In the treatment of simple eczema the most satisfactory
 results were obtained from the use of *Rhus* and *Arsenic*.
 In the impetiginoid form *Sulphur** and *Hepar sulph-*
 were uniformly successful. One case, however, which
 not yield to these was cured by means of *Ant. tart.*
 chronic eczema, which is seen, alas, but too often in hos-
 out-patient practice, *Arsenic* is about the only reli-
 remedy, and I found it necessary to give one, two, or
 three drop doses of the first centesimal dilution. In those

* I have seen a recent case of eczema artificialis (from the presence of the
 acarus scabiei) become an aggravated case of eczema impetiginodes, after the
 patient had been treating himself for some days with large doses of Milk of
 Sulphur taken internally.

cases of chronic eczema affecting the hands and feet, accompanied by deep fissures (so-called psoriasis palmaris or plantaris), *Graphites*, when persevered in steadily for some months, has rarely failed to effect marked improvement. I have given it lately in the 3^x trit., gr. j ter die. A case of eczema of twelve months' standing, brought on by the use of *Sulphur ointment* for the cure of scabies, rapidly disappeared under the use of *Hep. s.* 3^x gr. j ter die. In addition to the internal treatment I have been in the habit of applying, in chronic cases, especially where the patches are circumscribed, the *Unguentum Diachyli* as used by Hebra.* This ointment, when carefully and closely applied by means of linen and a roller, frequently effects a striking improvement in the appearance of a case, and in one case I had under treatment, of chronic circumscribed eczema on the shins, the eruption disappeared permanently under the use of the ointment alone without any internal treatment whatever. In the above-mentioned rhagades of the hands it is both comforting and curative when applied carefully and covered by a glove.

Acne.—Case 125, a case of acne indurata, occurring in a man of 46, was interesting from the fact that it was accompanied by well-marked symptoms of mercurial poisoning. The patient was a thermometer-maker by trade, and had worked at it for thirty years, during which time he had, of course, been in the habit of handling mercury constantly. The skin symptoms presented no special points of interest beyond the fact that the rash extended behind the ears, and the cervical glands in the neighbourhood were enlarged and indurated. The gums were spongy and bled at times, the fauces much congested. He complained that for some months he had suffered from tremulousness, especially of the hands. On his admission as an in-patient this presented all the characteristics of well-marked mercurial erethism. For this I prescribed *Physostigma* 1^x, gtt. j ter die, with very marked improvement.

* The formula for this very serviceable ointment is as follows:—Ol. Olivar., ʒxv; Lithargyri, ʒxxx; coque l. a. in Ung. Moll., dein adde Ol. Lavandulæ, ʒij. Misce, fiat unguentum.

(To be continued.)

The Board of Management have conveyed, on the part of the Governors, as usual, their grateful thanks to many donors for their continued kindness during the year. Amongst these donors were Mrs. Garnett (per Dr. Bayes) £50; Mrs. Worley, £52 10s. 0d.; H. C. Vernon, Esq., (per Dr. E. Blake) £50; Miss Ann Parker (also per Dr. Bayes) £20; and the Board note with great pleasure a further contribution of £20 by the friends of Mrs. Cockburn, still our valued Dispenser. Our Chairman, Lord Ebury, contributed £10, and various friends (per Dr. Bayes) more than £60, in addition to what has been noted above, and many others whose names are too numerous to mention, have practically remembered the hospital during the year. The board cannot refrain from calling the attention of the Governors to the very handsome *annual subscription* of £35 by the Earl of Crauford and Balcarres, also through their friend, Dr. Bayes. The contributors in kind have also been numerous, and the board desire here to thank them cordially. The Countess of Dunmore, Mrs. O'Grady, Mrs. Kidd, Miss Barton, and a lady (per Captain Vaughan Morgan) have sent toys for the children; flowers have been received constantly from the Honorable Mrs. Holland, and from the Flower Mission; a mattress and articles of clothing from Mrs. Otway; and old linen, always valued, from Mrs. Money and others.

At the close of the year, the medical council having revised their opinion as to the number of the internal medical staff, recommended the Board of Management to fill up the vacancy caused by the resignation of Dr. Madden. The necessary advertisements were inserted in the papers, and it may be as well to state here, although properly appertaining to the business of the year 1877, that Dr. Dyce Brown, approved by the council, has been appointed by the Board of Management. Having occurred so near to the close of 1876, the board will seek the confirmation of this appointment to-day.

Two changes have taken place in the medical staff during the year. Dr. Hale, on the internal staff, and Dr. Drury, so far as concerns his duties as physician to chil-

see that what the Board of Management have so long desired—namely, increased subscriptions—is now an accomplished fact, the usual amount of about a thousand lbs (actually in 1875 £1019 9s.) shows for 1876 £1218 l.—an increase of nearly two hundred pounds in new subscriptions.

The Working Expenditure of the Hospital during the year has been £3394 9s. 3d., against £3108 0s. 7d. in 1875—showing an increase of £286 8s. 8d. This amount is made up partly by an increase of the Collector's poundage, and by a large expenditure (which it is trusted will not occur upon such a scale) for Surgical Appliances, by an increase in Printing and similar expenses, and by arrangements for provisions, the number of patients in the Hospital being, as before stated, 66 in excess of 1875.

The total Income of the year (including Legacies, £1181 10s. 6d.) has been £3911 18s. 5d., which, added to £6 13s., the balance of cash in hand from 1875, makes a sum total of £3918 11s. 5d. The total Expenditure on account of the Hospital has been £3617 14s. 3d., which with investment of £1062, investment in furniture, £69 3s. 9d., investment in additions and improvements in the hospital building £378 5s. 1d., and with cash in hand, £3 19s. 4d., makes a sum total of £5131 2s. 5d. The total income of the year has, therefore, been less than the total expenditure by £1212 11s., but it must be borne in mind that the deficit has been swollen by the sum of £223 5s., which was due to the bankers at the commencement of the financial year. This large deficit, £1212 11s., has been reduced by the proceeds of the sale, early in the year, of £500 worth of Indian Peninsular Railway Stock, realising £588 10s. 6d. to £623 16s., and of this, the actual deficiency which still remains to be made up, £300 has been kindly lent by the London School of Homœopathy, and stands, therefore, as a loan, and £323 16s. was due to the bankers on the 31st of December.

The invested Fund of the Hospital, exclusive of house furniture, consists of £9485 11s. 2d., being £400 in excess of the Invested Fund at last audit.

peled to withdrawn from the post of Official Manager to the Hospital—a position which he has held with so much credit to himself and so much advantage to the hospital from the date of his appointment in 1867. For twenty years he has exerted himself in a manner unsurpassed to promote the interests and welfare of the hospital, and he has ever been prominent in organising arrangements by which this institution has largely benefited. It will be sufficient here to recall to mind the Bazaar held in 1867, by which the Funds of the Hospital realised a sum of over £1800; and the Bazaar, with a Fine Art Distribution, in 1874, which realised over £2000—the Fine Art Distribution being originated and arranged mainly by Mr. Trueman. His efforts in promoting the efficiency of the internal arrangements and the comforts of the patients have been unremitting.

Pursuant to the Laws of the Hospital, the Board of Management have offered the vacant post to one of its members, Mr. Alan Chambre, who is about, very shortly, to retire from the public service, in which he fills the position of head of a department in the General Post Office, and they are happy to announce that they have been so fortunate as to obtain his acceptance of the position. He will therefore enter upon the full duties which it entails at the earliest possible date.

It would not be right to leave this subject without alluding to the special services rendered by the Sub-Treasurer, Mr. J. B. Crampert, during so many months when the state of Mr. Trueman's health has been such as to entirely incapacitate him from attending at the hospital. During all that time Mr. Crampert has, in the kindest manner, performed the duties devolving upon the Official Manager in addition to those of his own office, which already occupy much of his valuable time, and he has given these services gratuitously. The thanks of the board due to him are cordially given, and the Governors and Subscribers will no doubt gladly accept the motion which will be made to that effect.

In the last year's Report, a proposition was alluded to

for the formation of a School of Homœopathy by the joint action of the Hospital authorities and of the British Homœopathic Society. Difficulties of a practical kind prevented the carrying out of this scheme on the basis then suggested, but the promoters of the movement have been successful in founding a School with a completely individual organisation of its own. In the aims and objects of this school the Board of Management of the Hospital cordially concur, and it is their desire to assist its development to the utmost of their power. The school which has been founded with the title of "The London School of Homœopathy," will have its rooms within the walls of this hospital, for which it will pay an adequate rental. In consequence of this movement, various sums of money have been already contributed in aid of the extension of the hospital as a field for clinical instruction; and, in addition, the School has offered to subscribe (and, *de facto*, has paid its subscription for the current year) three hundred and fifty guineas annually for the support of ten beds within the wards. Lectures on *Materia Medica*, and on Therapeutics are to be delivered in the rooms of the School by Dr. Richard Hughes; on the Principles and Practice of Medicine by Dr. Dyce Brown; and on Clinical Medicine by Dr. James Jones and Dr. Blackley. It is hoped that this effort, under the superintendence of Dr. Bayes, Honorary Secretary to the School, will end in the successful provision of sound practical instruction in the Homœopathic doctrines and practice. Thus our hospital may become the *alma mater* of a rising generation of physicians, well versed in, and thoroughly competent to practise, homœopathy.

The board trust that the Governors and Subscribers will join them in gratefully thanking the Almighty for the success which has attended their efforts to promote the welfare of the Charity during the year, efforts which will be continued, and if possible, increased, with the aid of the Governors and Subscribers, during 1877.

MINUTES OF THE ANNUAL GENERAL MEETING
OF THE HOSPITAL OF 26TH APRIL 1877.

THE twenty-seventh annual meeting was held in the Board Room of the Hospital, Great Ormond Street, on Thursday, the 26th of April, 1877.

The Right Hon. Lord Ebury, President of the Hospital and Chairman of the Board of Management, presided.

The Rev. JOHN GOREN (the Chaplain) having opened the meeting with prayer,

The Secretary (Mr. G. A. GROSS) read the notice convening the meeting, and the Minutes of the previous meeting, which were duly confirmed.

The Official Manager—elect—(Mr. ALAN E. CHAMBER) then read the report for the past year. Applause followed the conclusion of the report.

Lord Ebury then rose and said: Ladies and Gentlemen, The report having now been duly read, it becomes my duty to move its adoption. It is the habit here for the Chairman to propose the adoption of the report, and I may say that I am very happy to be able to do so on the present occasion, as it is—I am sure you will all agree with me that it is—a truly excellent and most encouraging report. Hear, hear.) Possibly you may have remarked that this meeting generally takes place during the month of April. The reason is this—the last annual meeting took place last year about the same day in April as that on which we are now assembled—that April is the month in which the birth of the illustrious Hahnemann took place: that is the reason why these meetings take place as near the end of April as possible, and I desire to make particular mention of the matter to-day, because people think that, as the report and accounts are out from the 1st of January to the 31st of December each year, it would be better that the meeting should be held nearer the festive season of the year—namely, the

December—than on the 26th of April. It might not be so pleasant to meet in the winter as now—it might do us no harm, such as taking a severe cold, though we should not care much about that, because we have homœopathic doctors to apply to, who, I doubt not, would be equal to the occasion. (Laughter.) With respect to the report which you have just heard read, I wish to say a word or two with regard to it. We have had, during the past year, a good many troubles of all kinds, but we, happily, have been able to surmount them, and, indeed, may say that I hope we have now nearly got over all the difficulties that have beset the hospital during the last year or three years. (Hear, hear.) I wish I could say that we have entirely got over these difficulties, but that is not the case. We have to deplore the absence of some friends who have been associated with us in the past history of the hospital, whom we should be exceedingly glad to see present on this occasion. (Cheers). The Board of Management have done all they can—they have again and again used their best efforts—to induce some of our absent friends to join them in the work of carrying on this important hospital. (Applause). I don't mention names, because that is unnecessary, but I should be very glad if I am able, please God, to take the chair next year, to see all our now absent friends gathered together, and actuated by one and the same object. (Renewed applause). The report expresses regret that the number of out-patients have diminished during the past year. I regret that I am unable entirely to join in the regret which is expressed. You know we have a mysterious entry in our balance sheet, styled "registration fees," which has troubled everybody. People, when they come to that item, always want to know what "registration fees" are? The "registration fees" mean this—that out-patients not provided with a letter from a Subscriber, pay 1s. for the privilege of obtaining, during a period of two months, advice and medicine in other respects absolutely gratis. I think the more institutions take that moderate form of support, the better will it be for the persons that go

to them for advice, and the institutions themselves; institutions acting on this plan take the form of what called "Provident Dispensaries." The question particularly discussed last year. Some hospitals 1 300,000 out-patients in the course of a year, and on calculation being made it turned out that on an average five seconds only could be devoted on each visit to a patient. Now what benefit the patients could possibly derive from that amount of attention, it is not difficult to imagine. I am, however, bound to say that our out-patients are not so treated, and they receive the fullest attention. There is an item that swells the expenditure of the past year, but which is not likely to recur again, at least for some time. If you have a hospital as this, it must be properly furnished. I don't think the Governors and Subscribers will think that the Board of Management have gone beyond their duty in what they have done in this respect. (Hear, hear.) I may observe here that the annual subscriptions are increasing, and that I don't think there will be a great deficiency to make up in the present year, which I have the honour of addressing you. (Hear, hear.) But the great event which we have to announce, on the present occasion, is the establishment (in order to repair a most unaccountable and glaring deficiency in the practice of medicine) of an adequate School of Homœopathy. (Loud applause.) I won't go very far into that subject here, because on the 1st of May we are going to have the first meeting of the new School of Homœopathy, when all matters of interest will doubtless be discussed; but I may just as well say that while other hospitals teach surgery and other branches of medical science, there is no hospital that teaches homœopathy with therapeutics and materia medica (Hear, hear.) This School of Homœopathy will, I doubt not, prove not only a great advantage to this great and distinguished hospital, but it will afford the medical faculty of London a thorough opportunity of understanding what is meant by the homœopathic system.

of medicine. (Applause,) And I beg to tell you, ladies and gentlemen, that no sooner was the intention to found a School of Homœopathy made known, and that it would be founded on a solid basis, and by those well known in the profession, than subscriptions in aid of the object came pouring in, and, in some cases, very large amounts indeed. (Hear, hear.) When the meeting on the 1st of May takes place—and I hope to have an opportunity of being present—we shall then know exactly what we have to look forward to. The School of Homœopathy will constitute a most important adjunct to the Hospital. Such then being the condition of things in connection with this hospital, I beg to congratulate all of you, ladies and gentlemen, on the Board of Management being enabled to exhibit so satisfactory a report, as that they have to-day laid before you. (Hear, hear.) I perfectly concur in that part of the report which mentions with regret, the retirement of Mr. Charles Trueman, the Official Manager, and especially the severe suffering which led to that action on his part. (Hear, hear.) Every word said in the report concerning Mr. Trueman is deserved, and is the heartfelt expression on the matter, of not only myself, but the whole of the board of Management. (Cheers.) I may say that I almost constantly attend the meetings of the Board, and I can, therefore, testify to the zealous and untiring services rendered by Mr. Trueman in connection with the bazaar; the work was almost more than any man could get through. The event that we all regret, Mr. Trueman's resignation, and from the cause I have stated, has so happened, and we have to congratulate ourselves that we have been able to obtain, as his successor, the services of Mr. Chambre—a gentleman who has already distinguished himself in a similar capacity. (Cheers.) We have thus the satisfaction of knowing that the gap which the illness of Mr. Trueman has unfortunately created will be very efficiently filled up. I have now an important duty to perform, and I should not be well satisfied with myself if I passed it over on this occasion. I have

already told you that Mr. Trueman was for a long time unable to perform his duties in consequence of his long and severe illness; in fact I think for nearly half a year his attendance here amounted to nothing at all. During all that period, Mr. Trueman's duties were most cheerfully undertaken, and most admirably performed by Mr. Crampern. (Applause.) His unremunerated services have been most invaluable; what we should have done without them I do not know. (Hear, hear.) Therefore I shall move that a vote of thanks to Mr. Crampern be added to the report. Of the admirable manner in which Mr. Trueman performed his duties, we are well acquainted, and, indeed, proud. (Cheers.) I shall call upon my friend, Mr. Rosher, to second the motion.

Mr. ROSHER said it afforded him great pleasure to second the motion. All public institutions, as the noble lord in the chair remarked, must expect to encounter troubles; nevertheless though this hospital had had its troubles he thought it had a hopeful future in store. (Hear, hear.) If the conductors of the new School of Homœopathy worked together harmoniously, as he sincerely hoped, he believed it would give such an impetus to homœopathy as it had never experienced before, besides greatly benefiting the hospital. (Applause.) He entertained a sincere feeling of regret that they had lost the services of the late official manager, Mr. Trueman, but he thought that they might confidently look forward to receive equally good service from his successor, judging by the energy and ability he had already displayed in the performance of his difficult duties. (Applause.) The motion was then adopted.

Dr. DUDGEON rose with pleasure to propose a vote of thanks to the Board of Management, the officials connected with the Board of Management, and the late official manager, Mr. Trueman, who had so well conducted the hospital during the past year. (Applause.) He considered that a cordial vote of thanks was well deserved by the board, both collectively and individually, for they had evidently been working like busy bees during the past year, or they could not have succeeded in bringing the hospital

20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100

to its present flourishing position. (Hear, hear.) Then, like bees, they knew how to repair the loss of Mr. Trueman's service from illness by providing an official manager from out of their own body. (Applause.) How well another member of the board—Mr. Crampertn—had discharged the duties suddenly cast upon him they had heard from the report. They had also heard full details of the medical operations of the year, and must be well satisfied that in that respect the hospital was excellently administered. (Hear, hear.)

Dr. DycE BROWN said the Board of Management especially deserved a vote of thanks on the present occasion, because they had passed through a busy and troublesome year. The officers, too, had well earned a vote of thanks, as a good deal of extra labour had been cast on them, in consequence of the unfortunate and long-continued illness of Mr. Trueman. (Hear, hear.) It was only at the last meeting of the board that the resignation of Mr. Trueman had been accepted, and they did so with great regret, because they all knew how much the hospital was indebted to him. It was true the house committee met once a week, but it was of great importance in carrying on any business, and especially that of an hospital, that a competent officer should be on the premises every day, who should be empowered to give necessary orders on the part of the board, subject of course to their approval when necessary at the subsequent meeting. (Hear, hear.) It was very satisfactory and pleasant to the board to have found a gentleman so well adapted to fill the vacant post as Mr. Chambre. (Cheers.) The duties of the official manager were so important he might not inappropriately be styled the prime minister of the hospital. (Hear, hear.) They were also greatly indebted to Mr. Crampertn, who had done his utmost for the hospital, at great loss of time and personal labour, to efficiently discharge the duties which he took in hand during the absence from illness of Mr. Trueman. He had discharged his task so well that he well deserved a special vote of thanks. (Applause.) He congratulated the hospital on having the valuable services as their treasurer

of Captain Vaughan Morgan. (Cheers.) It was a source of great satisfaction year after year to learn how well, and, indeed, how increasingly, the hospital was carrying out the great principles of homœopathy.

Mr. J. SLATER proposed with pleasure the re-election of the five retiring members of the board, for they had very efficiently discharged their duties during the past year. (Hear, hear.) He was sure when the report was read out of doors that it would give the utmost satisfaction. He regretted his inability to attend the meetings of the Board of Management so often as he could wish; but he knew that those who were able to attend performed their duties most zealously and faithfully.

Mr. A. C. CLIFTON (Northampton) begged to second the motion and to take this opportunity of speaking on one or two points. He said he was one of those who, years ago, "pooh-poohed" the homœopathic system, but he now saw that there was a great deal in it. (Hear, hear.) The Homœopathic Hospital *per se* was established for the relief of the sick poor on homœopathic principles, but its beneficial operations were confined very much to the locality in which it was situated. It was, in fact, more a local medical charity, and therefore they in London could hardly expect country practitioners, who had their own local hospitals to send their patients to, to be very enthusiastic in supporting a London hospital. They were hampered in canvassing for subscriptions from the benevolent for the reasons he had given. The patients in the country declared they could not go so far from home as London for advice. In fact, the medical practitioners in the country could not send many patients to that hospital. But the establishment of the School of Homœopathy, of which he very highly approved, would tend to disseminate throughout the country a knowledge of homœopathy. Some people did not believe in the school as he did, and declared that two years would see the end of it. That certainly would be its most trying period. Only let them labour and persevere as they had done in continental countries and they would succeed. Perhaps the time might come when medical men, who now

sted the hospital, would send it subscriptions in the
of conscience money. (Laughter.) They were bound
ve the support of country medical men; in fact, the
al could not very well go on without them. All
ir to such men as Quin, and Cameron, and Hamilton,
had, unfortunately, different ways of looking at the
gement of the hospital; and, indeed, the hospital
not yet succeeded in obtaining the full support of
eneral homœopathic practitioners. They should appeal
se people to send their patients to the Homœopathic
ital. If they could persuade the patients that the
at race of medical men would be worked out in twenty
they would subscribe for the education of students;
he medical men would not subscribe if they could not
their patients to the hospital. They might, however,
uch in the country by lectures, papers, and boxes;
y the issue of cards such as he had had printed [the
er here passed several large cards to the table], saying
the hospital was not merely for London, but for all the
ry. He hoped the time would come when the ladies,
were ever foremost in good works, would walk the
s of the homœopathic, as they now did in other hos-
. (Hear, hear.) Not long since the *Standard* and
ing Post contained a notice of private hospitals in
l, where the patients paid about a guinea a week for
board and medical attendance, a plan he should very
like to see imitated in this country. (Hear, hear.)
had an hospital with sixty beds, and he should be
to see added to the wards a ward or two for private
its able and willing to pay a reasonable sum for the
urpose. (Hear, hear.)
rd **ESURY** said the last speaker had given £10 10s.
annual subscription. (Hear, hear.)
e Hon. **WARREN VERNON** said he desired to propose
endment, and in doing so he wished to disclaim
ther entertaining any personal feeling in the matter.
onsidered no person better fitted to fill the post of
l manager than the gentleman who had been selected,
who had accepted the post, but he considered it ex-

tremely undesirable that the official manager as a paid official should be on the Board of Management. He objected to the appointment of Mr. Trueman as a paid official of the hospital, just as he was now objecting to Mr. Chambre on his becoming one of its salaried officers. He was glad to be associated with his colleagues on the board in fighting the battle of homœopathy, but he objected to any of them receiving pecuniary reward whatever out of the funds of the hospital. He was a strong believer in the principles of homœopathy, and gave it his support wherever he went. He was not much in this country, residing a great part of the year at Cannes, where he had happily succeeded in establishing a homœopathic hospital, where a number of patients were received. (Hear, hear). The practice of having a paid official manager, with a seat at the board, did not prevail in other hospitals, and besides, the holder of the post was virtually judge, jury, and everything else. It was a matter for regret that the hospital had lost the skill of such eminent medical men as Drs. Quin and Hamilton. For their alienation he fancied somebody must be to blame. Perhaps it was that medical men not belonging to the staff were elected members of the board. The practice of other hospitals was only to elect to the board retired medical men. For instance, he should be glad to see Dr. Madden elected a member of the board.

Captain W. VAUGHAN MORGAN seconded the amendment.

Lord EBURY (after consulting the rules) held that he could not, under the rules laid down for the government of the hospital, put the amendment.

The motion was then put and carried.

Mr. ALAN E. CHAMBRE begged, in the first place, to thank Lord Ebury for the kind and handsome way in which he had alluded to him in connection with the appointment he had been selected to fill. Having been ill for some months he felt called upon to retire from the government department in which he had filled various appointments for a period of thirty-years, during which time he had endeavoured to serve Her Majesty very faithfully and

zealously. He had always felt the warmest interest in Homœopathy—indeed, he might say that he was as enthusiastic an exponent of homœopathy in society as if he had been a medical man with many patients, and not wishing to lapse into idleness or sedentary habits—not having yet sunk “into the sere, the yellow leaf”—he was desirous of filling some post in which his experience and business habits might be of service. He knew he ran the risk of being compared with the gentleman whom he followed. Mrs. Gamp—or some other equally well-educated lady—had said “Comparidgona was odorous,” but he assured them that so long as health and strength remained with him no effort on his part should be wanting to do his duty to the hospital—not only faithfully and zealously, but with the view to produce more satisfactory results—so far as his exertions could go. He hoped to show in the future—by attaining even more satisfactory results than those laid before them to-day—that some of the kind things said about him were not out of place, and that he was not a very much overrated man. (Applause.)

Dr. POPE next proposed the confirmation of the election of Dr. Blackley to the internal medical staff as well as the outdoor staff. He might say that the medical officers of the hospital would now co-operate with the School of Homœopathy, in order to have clinical lectures in the wards, in the discharge of which important task he should, as curator of the museum, render all the help in his power.

Capt. V. MORGAN seconded the motion, and it was unanimously adopted.

Mr. BOONLE proposed that the name of Dr. Dyce Brown be added to the medical staff. The house committee considered that he would be a highly desirable addition thereto.

Mr. HUGHES seconded the motion. He had read the testimonials of the doctor, which led him to form the opinion that he was a most suitable person to fill the vacant office. (Hear, hear.) As long as able medical men came forward to fill the vacancies on the staff, the hospital could not fail to proceed successfully. He trusted

that all the differences that might arise in men's minds would not interfere with the welfare of the hospital; he trusted they would put aside all personal feelings in order that the hospital might be carried on effectively for the benefit of the sick poor. (Hear, hear.)

The motion was carried.

On the motion of Dr. YELDHAM, seconded by Mr. HUMPHRIES, Mr. Henry Thorold Wood, was elected a member of the external staff of the hospital.

Mr. PIRN said he rose to propose a motion, which might be appropriately styled "the toast of the occasion"—a vote of thanks to the medical staff and to the lady visitors, without whom the hospital would be nowhere. (Applause.) The ladies needed no compliment from him, but they all owed them a debt of gratitude for their kindness in visiting the wards of the hospital. (Hear, hear.) During the past year the medical staff had rendered great services to the sick who had come to the hospital for help. (Hear, hear.) They must not forget that many eminent medical men in the country had been on the staff of the hospital. (Hear, hear.) Medical men from the provinces were in the habit of visiting the hospital when they came to London, and they invariably gave their unqualified testimony to its efficiency, and especially in regard to the internal arrangements and its sanitary condition. (Applause.) The ladies made great sacrifices for the hospital; indeed, those ladies who devoted their time to visiting the sick, conferred inestimable benefits upon them. It was through the influence of the ladies that the poor patients enjoyed real external sympathy. He confessed to have a growing interest in the hospital, and his affection for it increased as the principle of homœopathy increased in popularity. (Applause.) Homœopathy was taking root in the minds of the public, and will bear fruit upwards. (Hear, hear.) In fact homœopathy now enjoyed the confidence of most people, and several of the old practitioners were coming round to it, it being largely practised in families. He believed that the hospital had a great future before it, of which they had only had a mere foretaste last year—it was growing with a

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

giant's strength. All these things must be highly gratifying to those who had borne the brunt of the work in the past. He was entirely in favour of private wards for the middle classes, who could afford to pay for the accommodation. There was in the metropolis many young men and women, friendless and homeless, who could earn from £100 to £150 a year, who, when ill, were actually at a loss to know where to go to, because they did not constitute the usual class of hospital patients, but who would willingly pay for hospital help if provided for them. (Hear, hear.) This was a matter that the managers of hospitals would have to look to in the future. He was sure that no one felt more deeply the absence of some old friends than the noble president in the chair; but these he hoped, had only withdrawn for a little while, and would soon rejoin them in their labour for the welfare of the poor. (Applause.) It might be that the step they had taken to-day—the consideration of altering some of the laws of the hospital—would set all matters at rest, but at any rate the great progress made by the hospital during the past year must be a theme of congratulation to them all. (Cheers.)

Rev. JOHN GOUGH, in seconding the motion, bore testimony to the great attention and high skill of the medical staff. He spoke also of the high estimation in which the lady visitors were held in the hospital.

The motion was unanimously adopted.

Dr. DYCE BROWN returned thanks in the name of the staff, and assured the meeting, that as long as his colleagues and himself were connected with the hospital, their best services would be devoted to its work. (Cheers.)

Dr. YELDHAM moved a cordial vote of thanks to the noble lord in the chair, for his kindness in presiding over the meeting. The institution was under deep obligations to the noble lord, not only for presiding on that and many similar occasions, but also for his constant attendance at the monthly meetings of the Board of Management, of which his lordship was chairman. He need not say that the noble lord's countenance and support invested their deliberations with a weight and dignity they would not otherwise possess.

He begged to assure him that the valuable services he had for many year past, on all occasions, so kindly and readily rendered to the hospital, were fully and gratefully appreciated by the governors and subscribers.

Mr. G. GUY HUMPHRIES had great pleasure in seconding the motion.

The vote was passed with acclamation.

The noble CHAIRMAN, in returning thanks, said they were all impelled by their convictions, and especially for the benefit of their poorer fellow-creatures. His services were always at their disposal, so long as health and strength enabled him to attend. (Applause.)

The meeting then separated.

**REPORT OF IN-PATIENTS UNDER TREATMENT
DURING THE YEAR ENDING DECEMBER
31st, 1876.**

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Discharged at own request or for in-subordination.	Under treatment.	Total.
GENERAL DISEASES :—								
A.—Erysipelas	4	...	...	...	...	...	1	5
Intermittent fever	1	...	...	...	...	...	...	1
Enteric fever	4	...	...	...	1	...	...	6
Hooping cough	2	...	...	...	...	...	1	3
Diphtheria	1	...	...	...	...	...	...	1
Varicella	1	...	...	...	...	...	...	1
Pyæmia .....	...	...	...	...	...	...	1	1
B.—Rheumatism—								
Acute	2	1	...	...	...	...	...	3
Sub-acute	10	5	1	...	...	...	2	18
Muscular	2	1	1	...	...	...	...	4
Chronic .....	...	4	4	1	...	1	2	12
Gout	1	...	...	...	...	...	...	1
Chronic osteo-arthritis ...	...	1	...	...	...	...	...	1
Primary syphilis .....	...	...	1	...	...	...	...	1
Secondary syphilis .....	...	4	...	...	...	...	1	5
Cancer .....	...	...	...	1	...	...	...	1
Uterus .....	...	...	...	1	...	...	...	1
Tongue .....	...	...	...	1	...	...	...	1
Bladder .....	...	...	...	...	1	...	...	1
Stomach .....	...	...	1	...	...	1	...	2
Mamma (operation)	1	...	...	...	...	...	...	1
Tumours—								
Lipoma	1	...	...	...	...	...	...	1
Abdominal .....	...	...	1	...	*1	...	...	2
Scrofula .....	...	...	1	1	...	...	...	2
Rachitis .....	...	...	1	2	...	...	...	3
Tubercular meningitis ...	...	...	...	1	1	...	...	2
Phthisis pulmonalis .....	...	4	9	4	...	...	1	18
Disease of knee-joint.....	...	...	...	1	...	...	...	2
" hip-joint.....	...	...	5	5	...	...	2	12
" elbow-joint (amput.)	1	...	...	...	...	...	...	1
Abscess of elbow.....	1	...	...	...	...	...	...	1
" knee .....	...	...	...	...	...	...	1	1
Scorbutus.....	1	...	...	...	...	...	...	1
Purpura	1	1	...	...	...	...	...	2
Chlorosis and Anæmia ...	3	3	...	...	...	1	...	7
Diabetes mellitus .....	...	...	1	...	...	...	...	1
Debility .....	...	...	1	...	...	...	...	1

* Patient sent to hospital in a state of collapse, and died two hours after admission.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Discharged at own request or for insubordination.	Under treatment.	Total.
LOCAL DISEASES:—								
<i>Nervous System—</i>								
<i>Brain and its membranes—</i>								
Cerebral irritation .....	...	...	...	1	...	...	...	1
„ softening .....	...	...	1	...	...	...	...	1
„ apoplexy .....	...	...	...	1	...	...	...	1
Meningitis .....	...	...	...	...	1	...	...	1
Cephalalgia	1	...	...	...	...	...	...	1
<i>Spinal cord and its membranes</i>								
Spinal irritation .....	...	...	...	2	...	...	...	2
Locomotor ataxy .....	...	...	1	...	...	...	...	1
Chronic myelitis .....	...	...	...	1	...	...	...	1
<i>Nerves—</i>								
Paralysis .....	...	1	1	2	...	...	1	5
Hemiplegia .....	...	...	1	3	...	...	1	5
Paraplegia .....	...	...	...	...	...	...	1	1
Chorea	2	3	3	2	...	...	1	11
Hysteria.....	...	1	5	...	...	...	...	6
Neuralgia .....	...	...	2	...	...	...	1	3
Sciatica	1	2	...	...	...	...	...	3
Nervous shock	1	...	...	...	...	...	...	1
<i>Diseases of Nose—</i>								
Anosmia.....	...	...	1	...	...	...	...	1
<i>Diseases of Eye—</i>								
Amaurosis .....	...	...	...	1	...	...	...	1
Retinitis.....	...	...	1	...	...	...	...	1
Strumous ophthalmia	1	4	1	...	...	...	...	6
Cataract (operation).....	...	...	1	...	...	...	...	1
Keratitis and iritis .....	...	2	1	...	...	...	...	3
Extirpation of eyeball (oper.)	1	...	...	...	...	...	...	1
<i>Disease of Internal Ear</i>								
.....	...	...	1	...	...	...	...	1
<i>Diseases of Circulatory System—</i>								
<i>Heart and its membranes.....</i>								
Hypertrophy	1	1	4	3	...	1	...	10
<i>Veins—</i>								
Varicose ulcers	3	...	...	...	...	...	...	3
<i>Diseases of Absorbent System—</i>								
Ulceration of cervical glands	...	1	...	...	...	...	...	1
<i>Diseases of Respiratory System—</i>								
<i>Larynx—</i>								
Chronic laryngitis.....	...	...	...	1	...	...	...	1
<i>Trachea and bronchi—</i>								
Bronchitis, acute	5	3	...	...	...	...	2	10
„ chronic.....	...	2	1	1	1	1	...	6
Asthma	2	1	2	1	...	...	...	6

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Discharged at own request or for insubordination.	Under treatment.	Total.
Lung—								
Congestion.....	...	...	...	...	1	...	...	1
Broncho-pneumonia	1	...	...	...	...	...	...	1
Pleuro-pneumonia.....	1	...	...	...	...	...	...	1
Pleura—								
Pleuritis.....	2	...	...	...	...	...	...	2
Empyema .....	...	...	1	...	...	...	...	1
Diseases of Digestive System—								
Fauces—								
Tonsillitis	3	...	...	...	...	...	...	3
Chronic enlargement of tonsils .....	...	...	...	2	...	...	...	2
Stomach—								
Sub-acute gastritis	1	3	2	...	...	...	2	8
Dyspepsia	2	6	7	...	...	3	3	21
Gastrodynia	1	1	1	...	...	...	...	3
Intestines—								
Typhlitis .....	...	1	...	...	...	...	...	1
Tænia solium.....	...	...	...	1	...	...	...	1
Ascarides .....	...	...	...	...	...	...	1	1
Diarrhœa	3	...	...	...	...	...	...	3
Dysenteric diarrhœa.....	...	1	...	...	...	...	...	1
Colic	1	...	...	...	...	...	...	1
Rectum and anus—								
Prolapsus recti	1	...	...	...	...	...	...	1
Stricture .....	...	1	1	...	...	...	...	2
Fistula (operation)	2	...	...	...	...	...	...	2
Anal abscess	1	...	...	...	...	...	...	1
Liver—								
Chronic hepatitis .....	...	...	...	...	1	...	...	1
Congestion .....	...	1	...	...	...	...	...	1
Fungus hæmatodes (?). ....	...	...	...	1	...	...	...	1
Cirrhosis .....	...	...	1	...	...	...	...	1
Peritoneum—								
Ascites .....	...	...	...	2	...	...	...	2
Diseases of Urinary System—								
Kidney—								
Bright's disease.....	...	...	...	...	1	...	...	1
Bladder—								
Dysuria .....	...	...	1	...	...	...	...	1
Irritation .....	...	1	...	...	...	...	...	1
Chronic inflammation .....	...	...	...	2	...	...	...	2
Hæmaturia	1	...	...	...	...	...	...	1
Paralysis .....	...	...	...	1	...	...	...	1
Calculus (lithotriety)	1	...	...	...	...	...	...	1
Urethra—								
Urethritis .....	...	...	1	...	...	...	...	1
Stricture .....	...	...	1	1	...	...	...	2

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Discharged at own request or for in-subordination.	Under treatment.	Total.
<i>Generative System—</i>								
<i>Genitalium virilium—</i>								
Phymosis (operation)	1	...	...	...	...	...	...	1
Orchitis	1	...	...	...	...	...	...	1
<i>Locorum virginalium—</i>								
Ovarian dropsy .....	...	1	...	...	...	...	1	2
Sub-acute ovaritis.....	1	1	...	...	...	...	...	2
Chronic ovaritis .....	...	1	1	...	...	...	...	2
<i>Uteri—</i>								
Cervicitis	2	7	4	...	...	1	...	14
Inflammation.....	1	3	6	...	...	...	...	10
Ulceration	1	...	...	...	...	...	...	1
Prolapse	1	1	2	...	...	...	...	4
Retroflexion .....	...	...	...	...	...	...	1	1
Anteversio .....	...	...	2	1	...	...	...	3
Tumours .....	...	2	3	4	...	...	...	9
<i>Vitia naturalium actionum—</i>								
Leucorrhœa .....	...	...	...	...	...	...	1	1
Amenorrhœa	2	...	4	...	...	...	...	6
Menstrua immodica .....	...	...	1	1	...	...	...	2
Menopausia .....	...	2	1	...	...	...	...	3
<i>Affections connected with Parturition—</i>								
Iliac abscess	1	...	1	1	...	...	...	3
Pelvic cellulitis.....	1	...	...	...	...	...	...	1
Debility post partum .....	...	1	...	...	...	...	...	1
<i>Locomotory System—</i>								
<i>Bones—</i>								
Ostitis .....	...	...	...	1	...	...	...	1
Necrosis of tibia .....	...	...	...	1	...	...	...	1
„ tibia and fibula .....	...	...	1	...	...	...	...	1
„ finger (amputation)	1	...	...	...	...	...	...	1
<i>Muscles—</i>								
Talipes varus.....	...	...	...	1	...	...	...	1
„ calcaneus .....	...	...	1	...	...	...	...	1
<i>Joints—</i>								
Gonitis .....	...	1	...	...	...	...	...	1
Synovitis	3	...	2	2	...	...	...	7
Bursitis patellæ.....	4	1	...	...	...	...	...	5
Anchylosis of jaw	1	...	...	...	...	...	...	1
<i>Spine—</i>								
Angular curvature .....	...	...	...	1	...	...	...	1
Psoas and lumbar abscesses	1	...	1	...	...	...	...	2
<i>Cellular Tissue—</i>								
Abscesses	9	1	1	...	...	...	2	13

Classified Summary of the Results of Treatment of 461 In-Patients during the year 1876.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Discharged at own request or for inordination.	Under treatment.	Total.
GENERAL DISEASES:—								
Section A	13	...	...	...	1	...	4	18
Section B	24	24	27	18	3	3	10	109
LOCAL DISEASES:								
a. Nervous System	5	7	14	12	1	...	5	44
b. Diseases of Nose .....	...	...	1	...	...	...	...	1
c. Diseases of Eye	2	6	4	1	...	...	...	13
d. Diseases of Internal Ear .....	...	...	1	...	...	...	...	1
e. Disease of Circulatory System	4	1	4	3	1	1	...	14
f. Absorbent System .....	...	1	...	...	...	...	...	1
g. Respiratory "	9	10	4	4	3	1	2	33
h. Digestive "	15	14	12	6	1	3	6	55
i. Urinary "	2	1	3	4	1	...	...	11
j. Generative "	10	18	24	6	...	1	3	62
k. Affections connected with Parturition	2	1	1	1	...	...	...	5
l. Locomotory System	10	2	5	6	...	...	4	27
m. Cellular Tissue	9	1	1	...	...	...	2	13
n. Cutaneous "	21	4	4	1	...	...	4	34
o. POISONS .....	...	1	...	2	...	...	...	3
p. INJURIES	13	...	...	1	...	...	1	15
Total.....	139	91	105	65	11	9	41	461

Return of Dental Cases (Out Patients).

Extractions—Adults	65
Do., Children under 4	30
Irregularities of the Teeth treated surgically and mechanically	3
Advice Cases	10
Miscellaneous	7
Total Number of Dental Patients during 1877	115

Annals of the Society.

THE ACTION OF SALICYLATE OF SODA IN ACUTE RHEUMATISM.

By HENRY WHEELER, L.R.C.P. Lond., &c. &c.

(Read October 4th, 1877.)

GENTLEMEN,—My attention has lately been drawn to this drug by watching its action, first in the person of a patient who was laid aside with acute rheumatism in the spring, and subsequently in several cases under my own treatment.

In his case, as in all those treated by me, and which I have read to you, the effects were simply marvellous. I do not pretend at this stage of my experience to explain the "modus operandi" of the cure:—I believe we must have more data to go upon, in order to form a true opinion on this point, but certain I am that in all my experience of acute rheumatism, and that is not by any means small, I have never seen so marked an effect in so short a time as any medicine.

I believe some use has been made of the drug at University College Hospital, with unfavorable results; there are several cases quoted in the *Lancet* with variable results, and a case which I shall quote to you from the *Lancet* of March 3rd 1877, where death took place. A discussion upon its merits took place at the Clinical Society,
VOL. VIII. 25

I shall leave you to judge of this when you hear the read.

Mr. Nankivell, of York, has made some few experiments upon himself with this drug, and he has kindly furnished me with the results of what he experienced. I am hopeful from what he tells me that a thorough probe of the drug will throw much light upon its pathogenesis especially as to its power, when taken in physiological doses of raising the temperature of the body.

Mr. Nankivell tells me that last summer he undertook a proving of *Salicin* upon himself. He has no minute notes of the result, but he has been good enough to favour me with the symptoms produced. He says, 'I took ten grains one afternoon, and in the evening I suffered from malaise and chilliness. I slept well in the night, and in the morning awoke apparently all right. By ten o'clock however, I felt the malaise coming on again. There was a headache, fugitive pains all over the body, with fever. At noon my temperature was over 101°. This continued all day. I slept well at night, and was all right next day. On another occasion, about a month after, I brought on a severe attack of the same kind with a similar dose.'

Professor Lee, in a lecture reported in the

am not surprised to find serious physiological symptoms manifesting themselves, and the patient not the better, but the worse.

In three out of the eleven cases treated at Charing Cross Hospital, death took place; the others recovered. I have no means of knowing how much in actual quantity was taken of the drug, because the cases are not fully reported. The case reported in the *Lancet* of March 3rd 1877, and treated at the Bromley Cottage Hospital, is shortly as follows: A stout, well-nourished woman, æt. 25, admitted November 17th with acute rheumatism. Had been ill four days. Wrists, ankles and knees, swollen and tender. Tongue furred, profuse acid perspiration. Heart's sounds normal. Was ordered ten grains of *Salicin* in milk every two hours. On the morning of the 18th, pulse 120, temp. 103·7°. In the evening the temp. 103·8°, pulse 120.

19th. Symptoms the same, no better. Ten grains of *Salicin* every hour. Pulse and temp. the same.

20th. Pain less. Pulse 116, temp. 103·8°. In the afternoon the dose of *Salicin* was doubled, as the temp. was rising, that was twenty grains every hour; in fact the first dose was thirty grains. At this time pulse 112, temp. 104°. At 10 p.m. pulse 120, temp. 105°. Here came on slight diarrhœa.

21st. Morning; pulse 120, temp. 103·8°, pain better. Vertigo, with sensations of humming and buzzing in ears. I presume the *Salicin* was continued to-day, but it does not say so. Evening; the *Salicin* was stopped. Pulse and temp. the same.

22nd. Pulse 112. Temp. had risen again to 104·8°. The *Salicin* was given again to day; this time thirty grains every two hours, but as the temperature continued to rise and the patient complained of burning sensation, it was stopped; this was at 4 p.m. Symptoms of delirium commenced to show themselves, although the pain was apparently relieved. At 9 p.m. the patient was restless and wandering. Face flushed, eyes bright, tongue and skin dry, with eruption of miliaria; pulse 145, temp. 105°. At 2 a.m. of the 23rd the patient was moribund, and at this time

than high temperature, the post mortem reveal morbid appearance of any consequence. And fit revealing the fact that *Salicin does not always* redi temperature.

Now, I have been to the trouble of computing as as I can the quantity of the drug which this perso during the little over four days she was under its in and I find at the lowest she must have taken abou *grains*.

I think you will agree with me that if the temp of her body did not come down under this dosing least went up, and how far her speedy death was result of the excessive dosing it is not for me to say.

In contrast to this I will now read a report of tl which I have treated with this drug, and with do quite so heroic as those quoted by our friends, wh to me to have no idea that a patient can ever suffi drug action.

CASE 1.—Miss W—, æt. 11, fair complexion, and her age. Was called to see her on April 16th an her suffering from severe pain in the right hip-joint, ness to pressure, and inability to lie on her back w

sounds normal. Continue *Aconite* 1, drop doses every hour for three hours, and *Pulsatilla* 1 every fourth hour. The joints to be bound up in cotton wool.

18th.—Has had a very bad night. Fever still high. Pulse 120; temp. $102\frac{1}{2}^{\circ}$. Hip-joint and knee very painful, and on examining the ankle a deep red blush on the outside and great tenderness, with some amount of swelling. The left knee and ankle is also affected; in fact, every symptom of increasing fever. I returned to-day to the *Aconite* and *Bryonia*, determining to allow the disease either to develop or to come under the influence of the *Aconite*, and I increased the dose of *Aconite* to 1^{\times} , two drops every two hours, with *Bryonia* alternately.

19th.—Symptoms much the same; while not worse, they were certainly no better. The pulse was still 120 and the temperature $102\frac{1}{2}^{\circ}$. I now gave five grains of *Salicylate of Soda* dissolved in half a wineglass of water every four hours. She had four doses in the twenty-four hours, and nothing else, making in all twenty grains.

20th.—I could see by the smile on her face this morning that she was better. The temperature had come down in the twenty-four hours $2\frac{1}{2}$ degrees, being to-day 100° . There was still a good deal of pain, but not so exquisitely painful on pressure. The pulse was also down to 110. Continue the medicine, same dose of five grains, but only to have three doses in the day.

21st.—Very much better; can move herself about in bed with tolerable freedom, and is in every way relieved. The temperature about 99° or a little over, and the pulse 100. The joints are not painful to touch, but are stiff when moved. To-day I gave *Rhus* 1, two drops every three hours, and to have one dose of five grains of the medicine at bedtime.

23rd.—I did not see her yesterday, but to-day I find her, to use her own expression, "quite well." I need not pursue the case further than to say that there was no return of pain of any kind, and the stiffness and weakness soon disappeared, so that at the end of ten days from my first seeing her she was well.

I think I may fairly say that this case presented all the symptoms of a bad case of acute rheumatism.

CASE 2.—Miss M—, æt. 14, fair complexion, anæmic. On March 31st I first saw her, when she complained of the usual premonitory pains of rheumatism, slight stiffness and tenderness of the knees and ankles, and of the elbows and wrists. Tongue furred. Pulse about 100; temp. 100°. I gave her *Aconite* and *Bryonia* for twenty-four hours with no effect.

On April 1st the pulse was 120; temp. 103°; and the pains greatly aggravated in all the joints. I gave her fifteen grains of *Salicylate of Soda* every four hours. She took four doses before I saw her again, viz. twenty grains, and on the next day, April 2nd, the pulse was the same, but the temperature was 101.5°. She had again four doses of fifteen grains each the 3rd of April, the next day. The temperature was nearly normal and the pain had all disappeared. She could move her limbs freely in the bed, and was in all respects convalescent.

There was no return either of pain or fever, and her recovery was completed in a few days. I may state that at this patient has had two attacks of acute rheumatism before, lasting from six to eight weeks.

CASE 3.—Mrs. V—, aged about 32. Is three months pregnant, very weak and anæmic. Complains of severe pain in hips, knees, and ankles, headache, foul tongue, &c. Pulse 120; temperature I did not take, not having any thermometer. The pains were so acute I was obliged to get an old bandbox to keep the clothes from the limbs which I had bound up in cotton wool. I gave her ten grains of *Salicylate of Soda*, and repeated the dose in the evening.

The next morning her face was bright and cheerful, and as she herself expressed it, the medicine acted like magic. She was completely free from acute pain in less than twenty-four hours, and with the exception of stiffness of the

nts, which speedily yielded to *Rhus tox.*, she never had a turn of suffering, and her recovery was perfect.

CASE 4.—This case was that of a young man who had been suffering a good many days with acute rheumatism before I saw him, but here also the effects of the drug were usually good, quickly relieving his pain, and enabling him to lie in his bed, which he had not been able to do since his illness.

CASE 5.—Mary R—, æt. 6½, was taken on July 18th with pain and redness in right ankle. The next day the right knee and left foot were also swollen, red, and tender. I saw her on the 19th, about 11 a.m. I found both feet and ankles very tender and swollen, with a spot of redness on the inner side of right foot extending to ankle-joint. The right knee was also very tender and slightly swollen. Her pulse was 110; temp. 102.2°. She was lying on her back, and could not bear to be touched or moved. The tongue was slightly furred. Action of heart normal.

In this case I resolved still further to reduce the dose, and I gave *Salicylate of Soda*, two grains at once, another dose of two grains at 3 p.m., another at 7 p.m., and a fourth at 10 p.m.

20th.—I saw her again at 11 a.m. this morning, and found her free from pain, except by moderately hard pressure over the joints. She had slept well and wanted to get up. Her temperature was 98.5°; her pulse was 90, and all appearance she was convalescent. I gave her two more grains at once, and left another grain to be given at 3 p.m., and another at 9 p.m.

21st.—Her mother reports her quite well to-day and she is able to get up. I found on examination no pain or tenderness of any kind, and all traces of inflammation had disappeared. I gave her a little *Rhus 3* to remove the stiffness of the joints, and left her convalescent.

I can scarcely hesitate to say that this was a fair case of acute rheumatism in the early stage completely cured and cured at once.

The case of my friend, Dr. Allshorn, I can scarcely give you in detail, but he has kindly written me out, however, a few of the effects he observed while taking the drug, and I will read them.

He was attacked in February last with a very severe form of acute rheumatism, very speedily affecting every joint in his body. His pulse and temperature were very high, and one could scarcely help looking forward to many weeks of suffering. The usual remedies, *Aconite*, *Bryonia*, *Pulsatilla*, and *Rhus*, did not reduce the fever or relieve the pain.

After four or five days' acute suffering ten-grain doses of *Salicylic acid* were taken at four hours' interval with the most marvellous results, speedily reducing his temperature and relieving his pain; in fact, in two or three days he was convalescent. Some of the sensations he experienced were—

- 1st. A buzzing sensation in the interior of the brain, as if blood were forced violently through a contracted vessel.
- 2nd. A slight burning in the throat after each dose, as if from pepper.

The conclusions he draws from his own experience as to the effects of the drug are—

1st. It lowers the temperature. His highest temperature during the fever was 103°.

2nd. It decreases the solids in the urine without increasing thirst.

3rd. Decreases intense and frequent desire for food, stimulants, &c.

4th. Soothes nervous irritability.

5th. Increases the alvine evacuations of healthy character.

6th. Decreases pain.

7th. Induces somnolence after each dose.

Since the fever he has noticed—

1st. Greater softness and pliability of the skin, which was before always harsh and coarse.

2nd. Increased facility of perspiration when in the Turkish bath.

It will be seen from the foregoing that this drug evidently possesses the power of arresting the excessive disintegration of tissue, and also of checking the formation of those acid products which induce rheumatism. The decrease of the acid smell of the perspiration is very marked under its use.

Its effects in the chronic forms of rheumatism and rheumatic gout are not in my hands so well marked. I have tried it in several cases, but with no beneficial effects whatever, even where the pains were very severe; but in all these cases the temperature was not accelerated, nor was there any fever. I am therefore disposed to think that it is only, or at least chiefly, in those well-marked cases of sthenic type that its good effects will be evident.

Mr. Nankivell also tells me that he has lately given it to a lad who had had rheumatism for some weeks. When first called to see him he had been ill for some time, and had not been confined to bed. His temperature was 102°, and pulse 100. He took six-grain doses of *Salicylic acid* every hour, and on the second day he vomited the medicine. After changing it to *Salicylate of Soda*, he was able to take it for three days, but with no relief, and the medicine was discontinued.

I have myself given it in several cases of subacute rheumatism of some weeks' duration, and in two or three cases of chronic rheumatic gout, but with no relief whatever, although the pains were very severe, but in all these cases the temperature was not high, nor was the pulse accelerated.

In no case in which I have given it have I found any ill effects whatever follow its administration.

Now, a word as to the dose. I believe the large doses, given in most of the published cases, were the chief cause of failure where it has failed, and even in those where relief has been obtained, and its action most successful, physiological symptoms of the drug have been very frequently manifested, chiefly affecting the organ of hearing. The largest dose I ever gave was ten grains, but in most of the cases five-grain doses have acted perfectly and without the

least physiological effects. I have on several occasions reduced the dose still further, and since writing the above have had two most successful cases of acute rheumatism following scarlet fever, cured each of them in four days with two grains of the salt every four hours.

The conclusion I venture to draw from what I have seen of the action of this drug is that it is one of the most valuable in the treatment of this painful disease when given in suitable cases of an acute type, with high temperature and full pulse. The rapidity and completeness of its curative action, its power of reducing temperature and pulse, manifest its control over the disorganising process of the disease and lead one to hope that it may prove a *true specific*.

Discussion on Dr. Wheeler's paper.

Dr. COOPER had not had any experience with *Salicylate of Soda* in the treatment of rheumatic fever. He would have expected much better results from *Bryonia alba* had Dr. Wheeler used it in larger doses. He has never seen the same uniform and decided effects from *Bryonia* when used in very small doses as he has when appreciable quantities were employed. In one case particularly, where the wrists were much swollen, and where all the symptoms of acute rheumatism without much fever existed, *Bryonia* in drop doses of the mother tincture caused dispersion of the symptoms in a way he had never seen any other drug do.

Dr. CARPRAE thanked Dr. Wheeler for his eminently practical paper. It was meant to be, and was, suggestive, not exhaustive and he considered it a valuable addition to our knowledge of the action of the remedy of which it treats. He thinks, however, that a more extended knowledge and a larger number of successful cases as Dr. Wheeler relates are necessary before *Salicylate of Soda* can be relied on as a specific for rheumatism. Quite satisfactory results as those obtained by the advocates of the use of *Salicylate of Soda* have been obtained by other modes of treating rheumatic fever. Dr. Fleming, for example, has obtained brilliant results for his *Aconite* treatment. The use of alkalies also had been followed by marvellous results. So also had the treatment by wrapping the patient in blankets and cotton wool, and giving no medicine at all. But the very fact of these remedies having fallen into comparative disfavour, and their substitution in their place of the more fashionable *Salicylate*

Soda, shows that they have not answered the expectations of their original projectors. In order to obtain reliable data by which we may assign to this remedy its exact place as a curative agent in the *Materia Medica* he thinks we cannot do better than imitate the excellent example of Dr. Wheeler in testing its efficacy whenever suitable cases present themselves, and detailing the results to the Society.

Mr. BUTCHER observed that he had seen good results from small doses of the *Salicylate* in subacute and chronic cases of rheumatism, one occurring in the case of a homœopathic practitioner. He had seen sudden and fatal rise of temperature caused by too large doses of powerful drugs—*Quinine*, *Opium*, &c., the dose being too large apparently for the system to eliminate. Alluding to the blanket cure he thought it should be used with care, as he had seen symptoms aggravated by increase of external temperature, especially during the recent bad weather, which reminded him almost of the results of heat apoplexy in the East.

Dr. WYLD thought Dr. Wheeler's paper one of the most interesting he had ever heard at the Society. The evidence in favour of the extraordinary utility of *Salicylate of Soda* in acute rheumatism seemed to be perfect. Allopathy had borrowed without acknowledgment many of our best remedies, and now as a powerful instalment of repayments we had to thank the other side for this very important medicine. It was true that many methods of treatment of acute rheumatism had of late years been brought before the profession, with an *éclat* which had not been permanent; and the fear was that the present high estimation in which this new remedy was held might also be but temporary. Certainly there existed hitherto no instance of any acute disease being summarily and infallibly cut short by any drug; and the question is, can this remedy be destined to become quite exceptional? Time only could settle this question. *Salicine* being the active principle of the willow bark, the growth of a wet soil, that is, of one favorable to the production of rheumatism, so far favoured the homœopathic idea; while the fatal instance given by Dr. Wheeler, where the temperature rose to the unprecedented height of 111° under the use of poisonous doses of the drug, might be regarded as a very important pathogenetic proving.

DRUG ACTION CORROBORATING DIAGNOSIS
WITH SOME ILLUSTRATIVE CASES.

By H. THOROLD WOOD, M.R.C.S.

(Read November 1st, 1877.)

MR. PRESIDENT AND GENTLEMEN,—If any testimony were needed as to the marvellous certainty of the curative action of remedies when prescribed on the homœopathic principle, the cases I have the honour of bringing before you this evening would, I think, serve our purpose. In these days, however, the glorious truth of “*similia similibus curantur*” is known and acted upon in all parts of the world, and any remarks I may have to make can be but a repetition of what has often been said within these walls by more able exponents of that truth. Still, as an army must needs be made up of its rank and file, as well as its great generals, it behoves me to take my place, and share with others the brunt of the good fight.

In one who has thoroughly investigated the principles of the two schools of medicine the most striking circumstance that occurs to his mind is the quiet, subtle, rapid cure effected by homœopathic remedies as compared with the blustering treatment wrought by the alteratives, purgatives, tonics, and that ilk of “*orthodox medicine*.” But it is the very certainty of the action of drugs when *appropriately* prescribed, and I purposely lay stress on that word, for assuredly with us a “*miss is as good as a mile*,” that elevates our system and places it in the category of the Arts and Sciences. To such a certainty has this been reduced that I might almost compare a homœopathic physician, when prescribing for his patient, with a mathematician working out a problem. The problem can

proved," and so, too, can the prescription; for, if the patient do not quickly show signs of amelioration, it may readily be assumed that the remedy prescribed was not homœopathic to the disease.

The conscientious student of homœopathy finds to his confusion that in cases of doubt he cannot take refuge behind tonics, alteratives, and aperients, but that he has to set about to discover the exact state of his patient, and then to prescribe a remedy that shall be homœopathic to the totality of the symptoms. Given that the case is only partially obscure, and that the student is well versed in medicine, his efforts in the healing art will soon be rewarded by the recovery of his patient. Should the condition of the patient, however, be a matter of grave doubt and perplexity, a correct knowledge of the action of drugs will serve a twofold purpose. By a process of elimination the actual state of the case can be arrived at, and on the amelioration of the symptoms we may justly infer that the right treatment has been adopted; while the pathogenetic properties of the drug used will be a reflexion of the disease thus explored. Allow me to illustrate this by the following cases:—

M. W—, a little girl aged six years, was admitted as an in-patient under my care at this hospital, on the 14th of August. The mother stated that the child had been delicate from its birth, and was two years old before it could walk. It was not, however, until after an attack of cholera at the beginning of the year that the mother was struck with the child falling about so much, and appearing to lose power of co-ordinate movements. Though, on being carefully questioned on this head, she admitted that the child "had never seemed to get about so well as her other children had," the mother hoped that this was only a transient debility resulting from the fever, and did not give alarm until the 1st of August, when, without any assignable cause, and retaining complete consciousness, the child fell on her face on the floor and knocked a tooth out. On admission there was a peculiar dusky tint on the face

in the spine. This I found to be on a level with the dorsal vertebra. Percussion at this point occasions pain, but a creeping sensation down the back and extremities, accompanied by nausea. She suffered from a general aching in the back, and said the legs heavy. There was frequent dull headache, depression and loss of appetite. Constant desire to evacuate bladder, but the bowels were generally constipated. Lungs and heart healthy. Pulse soft, easily compressed—60 beats per minute. Now, gentlemen, the question is as to the actual seat of lesion—whether it was central or peripheral, or both—whether the motor or sensory were implicated.

Romberg tells us that the principal factor in locomotor ataxy is the diminution of cutaneous and muscular sensibility. Duchenne says that this disorder is not a paralysis, but disturbed co-ordination of muscular movements. Leyden does not believe in a peculiar power governing the co-ordination of movement and its location in the posterior spinal columns. He explains the power of co-ordination as due solely to the direct influence of cutaneous and muscular sensibility. The plausibility of this view is enhanced by the fact that the patient

er does not depend solely upon diminished sensibility, that it exists with the latter.

I am impressed with the idea that the disorder is general, local; that it is a want of nutrition throughout the nervous system, with consequent irregularities in the transmission of the sensory and motor stimuli. It is true that at autopsy in some of these cases the posterior columns of spinal cord have been found to be degenerated in places, again in others no lesion was discovered.

The remarkably beneficial effect of *Plumbum* 6, in the case under consideration, and the order in which the symptoms improved, have convinced me of the admissibility of this r.

Within the first fortnight of treatment it was manifest that the prognosis of the disorder, which had been making rapid strides, was arrested. The child, though no better, was worse.

On the 18th of September, however, marked symptoms of improvement declared themselves, and it is noteworthy that the improvement was general. The complexion became clearer, the expression brighter, the girl appeared to be losing her diffidence in attempting to move. At the same time the appetite vastly improved, and she had gained

Still complained of the "ticking" pain in the back, and inability to retain the urine, though these symptoms were not so annoying as before. Ordered to repeat the *um*.

17th.—Still further improvement; "ticking" pain in the back most gone. Bladder irritable. To go on with the *m*.

19th.—Much better. Does not fall about at all. The back gone. Does not feel tired. Gained strength. Continue the *Plumbum*.

20th.—No return of any of the symptoms. To leave off *um*.

This case is one of uterine displacement in a lady who has been married five years, and in that time has had three miscarriages and one stillborn infant at the

seventh month. When first I saw her, two months ago, the symptoms she described to me led me to be pretty certain that the uterus was strongly anteflexed, but as it was then the menstrual period, it was impossible to confirm the diagnosis by means of examination. However, I prescribed *Sepia* 5, and requested the lady to call again in a week or ten days' time. This she did, and expressed her gratitude for the wonderful relief the medicine had afforded her.

Knowing a pathogenetic property of *Sepia* to be to cause great forcing down of the uterus, with the illis incident to this affection, I had now no doubt as to the actual state of the case, since the homœopathic application of this same drug had brought about this favorable change. Examination proved that there was still considerable displacement in the direction surmised: which, I will at once state, has subsequently almost entirely disappeared under a continuance of the same treatment.

The next and last case to which I purpose drawing your attention this evening is one that I confess places my paper in jeopardy of being voted inconsistent with its title, inasmuch as the evidence is negative. Still, the beneficial, though not curative, effect of one drug used was so marked, in contradistinction to that of all the rest of the remedies resorted to, that it occurred to me a solution of this problem, if not to be found in my paper, would very probably be elicited in the subsequent discussion; and therefore I have ventured to record the case.

In order to obviate taking up too much of your valuable time I have condensed my notes as much as possible.

E. J. L.—, aged ten years, was brought to me three months ago, suffering from extreme debility, dimness of vision, and constant, dull, stupefying headache. Three years ago an eminent oculist was consulted respecting her failing sight, and he at once pronounced the eyeballs to be perfectly healthy, and considered that the brain itself was likely to be affected. His prognosis has proved only too correct, as is shown in the following account of the case:

Aug. 4th.—Complains that she appears to live in a per-

ual twilight; things look as indistinct when approached they did at a distance. The pupils are much dilated, l equally so; the irides contract exceedingly slowly and : slightly on exposure to a strong light. The ophthal- scope reveals that the vessels of the retina are shrunken l empty, but otherwise there is no change in the eye- ls. The headache is always frontal, often immediately ind the orbits. Violent pain when stooping, accom- nished by vertigo. The skin of the forehead looks tense l shiny. General pallor of the skin, especially on the e, although the head is very hot. Naturally of a markably sweet disposition, but has lately caused much omishment and considerable anxiety to her parents by her den bursts of rage. Complains of a pain under the rt, and looks at times anxious, at others vacant. Says re are all sorts of noises in her head, which sound a long r off. The eyes feel heavy and too full. All kinds of ginary things float before the eyes, and when she shuts on she fancies she sees little red spots. Occasionally re is an impediment in her speech, with profuse ptyalism. at loss of appetite. Insipid taste in the mouth, although tongue is clean. Much flatulence after food, accom- ied by distressing hiccough. Inclination to vomit. istipation almost insuperable, because the child dare not rt herself to obtain evacuation of the bowels, owing to darting pain it occasions her to suffer in her head. ols very pale. Difficult micturition. Urine dark, scanty, l strongly ammoniacal. The heart and lungs are very icate, though not actually diseased. Pulse 85—90 per ute; feeling like a small wire vibrating under the ser.

Judging by the general anæmic condition of the child, l of the retina in particular, I did not hesitate to advise rishing diet, with port wine. Cod-liver oil she could : take, even half a teaspoonful of it causing distressing sea and vomiting. Ordered *Cannabis Indica* ʒ, two ales to be taken three times a day.

Ilth.—About the same. Fancies she can see more light, : the improvement in this respect does not appear to be

appreciable. Headache worse, and noises in the head continue. Says she has creeping sensations down the back and in the upper and lower extremities.

Obliged to discontinue the wine, as it always increases the headache for a long time after taking it. To go on with the *Cannabis*.

25th.—Weaker. Cannot keep up her attention to what is being said for two minutes. Has to be reminded that she is being spoken to. Says everything seems dark, but does not crave for light as she did. More resigned. Often feels faint, and looks deathly white. Prescribed *Phosphorus* 5, 2 pilules every three hours.

Sept. 8th.—Weaker still. Says she can only see a glimmer of light at times. Pain in the head much worse. Extremities cold. Head hot. Pulse only 59 per minute. Examination per ophthalmoscope reveals no change. This latter circumstance, added to the anæmic condition of the patient and the consequent asthenic character of the inflammation within the cranium, had influenced me in withholding *Belladonna* from the first. But now that the remedies I had thought most applicable to the case had failed, and I understood that *Arsenicum* and *Petroleum* had been tried with like unsuccess before I saw the child, I determined to exhibit *Belladonna* 3. Eight drops of the tincture to be added to a wineglassful of cold water, and a teaspoonful of this to be taken every two hours.

19th.—Headache was relieved soon after taking the *Belladonna*, and the good effect of the remedy has not been lost by repetition during the last fortnight.

Oct. 3rd.—Not quite so pale. Pain in head not so stupefying. Hears much better, but sight entirely gone. Appetite improved a little. To go on with the *Belladonna* as before.

17th.—Pain in head fitful; not constant as before. Says she feels a lump in her head, and that when she turns her head from side to side there is a crackling noise in her ears. Appetite still pretty good. Sleeps well. Has not lost flesh since the last change of medicine, but has not gained any. No hope of the sight returning.

30th.—Much the same as when last seen a fortnight ago. *Belladonna* still alleviates the headache, though it does not remove it. Repeat the medicine.

Here it is evident that the seat of mischief is within the head. Evident, too, that the nerve current is interrupted by the pressure either of extravasated serum or blood or a tumour, since the flow of blood moreover *vid* the central arteries is impeded. There are no grounds to suspect embolism of the central arteries, as we do not hear of the girl having had rheumatism, nor of her having undergone any operation. Embolism, again, rarely occurs in both eyes at the same time, and it destroys the sight suddenly; whereas in this case the impairment of vision was gradual in both eyes. Then there is the child's own impression that there is "something heavy" within the head.

But can we not form some conclusion from the effect of the *Belladonna*?

It would appear to me as if there were too great pressure within the head, from causes just now suggested, and that the *Belladonna*, by diminishing the already slight flow of blood to that part, alleviated the pain; and so, at any rate, temporarily improved the condition of the patient.

In conclusion, let me add that the valuable hints that may be deduced from the action of medicines prescribed in daily practice have impressed me more and more with the fact that they may be of twofold service—to corroborate our diagnosis and to effect a cure.

Discussion on Mr. Wood's paper.

Dr. DRURY could not allow the discussion on Mr. Wood's interesting paper to close without thanking him for it. As secretary he was very glad to get new members to read papers, and hoped Mr. Wood would feel encouraged to do so again. He concurred with Dr. Richard Hughes as to the paralysis in the first case being due to congestion of the spinal cord. He had been very much surprised after giving some attention to diseases of children to find how common paralysis was to what might have been expected, where the cause was due to congestion, as it subsided recovery took place, but there were other causes in

operation producing wasting of the limb that did not terminate so favorably, and where the mischief was more or less permanent. *Arnica* was a medicine that he had got good from. Some time ago he saw a case of paraplegia caused by angular curvature formed a very unfavorable opinion as to the result; in this case he was most agreeably disappointed. The curvature, of course, remained, but the young lady was now able to walk perfectly instead of being paralysed for life as was feared, as when first seen almost all power of movement was gone. In this case the curries having ceased, the pressure from congestion, purulent deposit, or whatever other mischief was causing the paralysis ceased also, and recovery took place. In such cases the most perfect rest, and such medicines as *Silicea* and *Calcareo*, were likely to do good. In the last case referred to, Dr. Dyce Brown had suggested the use of *Iron*. Given simply because there was anæmia was somewhat allopathic. If the symptoms otherwise indicated *Iron*, it might be a good remedy, but if given in such a case without such indication he would give it as a food to supply a want in the system, but even then in very small quantities perhaps one or two grains of the second decimal preparation of the saccharine *Carbonate of Iron*.

Dr. HALE, in expressing his acknowledgments to Mr. Thorold Wood for his interesting paper, referred to some experiments of Charcot's, which were, he thought, of considerable interest to homœopaths in showing how metals, especially gold, acting by mere contact, restored sensibility to nerves which were insensible to ordinary stimulation in cases of hysterical anaesthesia. The only remark he had to offer respecting Mr. Wood's case was whether the early exhibition of *Belladonna*, although it might have failed to prevent the loss of vision, might not have succeeded in arresting the other cerebral symptoms which followed.

Mr. THOROLD WOOD in reply said that undoubtedly locomotor ataxy was seldom seen in children, and that its occurrence in the female sex had been denied by some authors. Niemeyer, however, does not agree with this latter view. Taking into consideration the pathogenetic properties of *Plumbum* in appreciable quantities, and the order in which the symptoms improved in the case in question under the influence of infinitesimal doses of the same drug, Mr. Wood was inclined to the belief that this case was one of locomotor ataxy. Respecting the second case Mr. Wood said that obviously a reclining posture of the patient was of the highest importance, of so great importance, indeed, that had circumstances allowed the adoption of this measure should not have ventured to cite the case as an instance of it by *Sepia*. Of the third case Mr. Wood had nothing to add beyond what he had already stated. That the remark that the greater benefit derived from one remedy over that of others resorted to, together with a comparison of the prop

the drugs used, appeared to him in a measure to indicate the nature of the disorder. In conclusion, Mr. Wood tendered his thanks for the kindly manner in which his paper had been received, and for the many valuable suggestions that had been made in the course of the discussion.

ON THE ANTECEDENT SYMPTOMS (CONSTITUTIONAL OR DIATHETIC) TO LOCAL CANCEROUS DEPOSIT, ILLUSTRATED BY CASES.

By A. C. CLIFTON, M.R.C.S., &c.

(Read December 6th, 1877.)

MR. PRESIDENT AND GENTLEMEN,—

If any apology is requisite for having chosen so apparently unpractical a subject, one relating more to the pathology of cancer than the treatment, it is afforded me in the fact of the great difference of opinion amongst members of our profession as to whether cancer is of constitutional or local origin—a point which I am of opinion it is well we should have more evidence of, for although I do not admit that pathology should be made the basis of therapeutics, I believe that a knowledge of the nature of disease, its mode and progress of development and the conditions which are favorable or otherwise to it, is an important element in the application of therapeutics, and that it makes all the difference in the world whether we as physicians or surgeons view cancerous tumours to be of constitutional or local origin, for if we think it to be local our treatment will necessarily be directed to the extirpation of the tumour, and to the cachectic condition arising from it, whilst if we believe it to be of a constitutional character, our treatment consequently will be very different, and I think it is owing very much to a belief in the local character of the disease that the treatment of it hitherto has generally been so unsatisfactory.

On the pathology of cancer generally I shall not make any remarks, such, for instance, as whether it is a blood disease, what organs or tissues are most frequently affected, the structure or alteration of cell growth, protoplasm, &c., but shall confine myself principally to the question of the constitutional or local origin of cancerous tumours, whether

is a cancerous diathesis, and any symptoms or signs which it may be recognised, for it will be seen from the of this paper that such constitution or diathesis is med to exist; in support of this hypothesis the evidence red will relate, first, to the greater frequency of the ditariness of cancer than is allowed by pathologists. I "greater frequency" because it is admitted that it is ditary to some extent. The second evidence in support his theory is as to the existence or frequent occurrence 'antecedent symptoms," or of ill health, for some time ous to the local manifestation of cancerous tumours, which I need scarcely remind you is almost universally ed.

n support of these propositions, let it be said that the of my observations has been too limited, and the ber of cases too few, to admit of more than *presumptive* nce, and that it is only as such it is offered, and if it mewhat at variance with the observations of medical in the metropolis or large towns and who are connected hospitals where more cases are seen, I believe it is what to be explained from the fact that country practi- rs, as a rule, know more of their patients, their family ries, their surroundings, and secret springs of health or ontrary, and all that goes to make up the natural e of disease; so that if the evidence is not so extensive at of others, it is of some value.

he form or type of cancerous tumour occurring in the al cases from which these observations are drawn are as are known by the name of scirrhous, medullary and elial. A description of these, or their anatomical acter, will not be given, as however elaborate such t be, it would not only fail to convince the sceptical, oe foreign to the purport of this paper.

he cases are divided into two classes. The first groups comprise twelve, in which there could be no doubt of true specific character, and in whom death has taken e, thereby offering some presumptive evidence of cancer. of these were women and six were men. The seat of lisease was in two cases the stomach, in one the liver, in

four the rectum, in two the uterus, and in three the breast. The second group comprises eleven cases, are all living, and these, from the fact of a few of them having been cured, and several others much benefited, will be considered by some physicians to be doubtful cases of cancer, although judging from hereditary history, antecedent symptoms, and the appearance of the tumours, I think there is but little doubt of the cancerous character of nearly all of them. Nine of these were women and two were men. The seat of the disease was in four the breast, three the rectum, one the uterus, one the right upper jaw or antrum, one the urethra, one the lip and tongue.

The first point to notice is "hereditary influence." Out of the twenty-three cases there were seventeen in which there was distinct evidence of the fact in one or more members of the family, and it was more manifest on the maternal side:—in three there was some history of probable cancerous inheritance, and in three no such history could be adduced. It will at once be perceived that this is a much higher percentage than is generally allowed by pathologists, some admitting one in three to be an average number, others only one in ten, and this discrepancy I believe is due, to some extent as Sir James Paget says, to the fact that "many cases of internal cancer are overlooked, others are forgotten, and many may die before the period of life when cancer is most frequently developed, but not before transmitting to their offspring the cancerous tendency." One other reason for the difference may be in the fact already mentioned of the fuller opportunities afforded in a country town for tracing out family histories.

The second point for observation relates to "antecedent symptoms" or general ill health, prior to the manifestation of the cancerous tumour. Out of the whole number of cases there were only two whose health had been thoroughly good that is to say, twenty-one out of twenty-three patients who have had, or are supposed to have had cancer, had suffered from ill health in some degree, and that extending over many years, before cancer was even suspected by any of the physicians under whom they had been or by myself

whilst some were not seen by me till the cancerous tumour was evident, and a few not till within a few days prior to their death; but in all these the previous history of ill health was told me. The great proportion of cases with such history is scarcely credible, opposed as it is to the observations of other surgeons, and for the sake of my hypothesis I should have been glad to have reduced the number, because it seems like over-stating the case. This, however, may be owing in some measure to the nature of the so-called "antecedent symptoms," which to many minds will be considered trivial, and to be scarcely worth notice, giving no evidence of any connection between them and cancer, and only what are common to other forms of disease, in fact, only amounting to functional derangement of the stomach, liver, kidneys, intestines and uterus, such symptoms with the exception of those of the latter organ go to make up the condition of what is known as "atonic dyspepsia," with biliousness and constipation. What then were these so-called "antecedent symptoms?" To answer this I will give a brief outline of three or four cases, omitting all detail except such symptoms, premising that these cases are characteristic of the whole number. To give all the cases would not only take up too much time, but would be of no practical value.

CASE 1.—A farmer, aged 60 years at death. This patient was under my care for at least six or seven years before any cancerous tumour appeared, and had been under physicians of both schools for at least twenty years previously although able to go about his general work. His bowels had been constipated all his life, and for many years they were never moved oftener than once a week without aperient medicine; he nearly constantly suffered from accumulation of flatulence in the stomach and bowels, with loud eructations and borborygmus: his appetite was irregular, sometimes voracious; he was fond of meat and of ale; of the latter he never drank more than a pint and a half a day; neither meat nor beer disagreed with him, but he was no better by eating less of the former nor

discontinuing the latter. His urine was usually scanty and deposited lithates; his skin harsh and dry and he never perspired; his tongue was always clean and normal in colour; he had frequent shifting pains in various parts of the body, supposed to be rheumatoid; the hue of his face was of a dark brownish yellow; he never had bilious vomiting or jaundice. These were his symptoms before coming to me and which had only been relieved by medical treatment of various kinds. Neither can I say that any drugs which I administered did more than afford temporary relief; in fact, two years before his death they increased in intensity, were followed by diarrhoea and dysentery alternating with constipation, pain in the left inguinal region, emaciation, pyrexia and cancer of the rectum, from which he died.

CASE 2.—A farmer, age at death 35 years. This patient came under my care five or six years before death, but not before a cancerous tumour was manifest in the right mammary region. His previous history was that he had had good health, but on close inquiry it was ascertained that such good health consisted of being able to do his work, and was only accomplished by regularly taking Larwell's or Cockle's pills; this he had done twice a week for many years, unless he did so his bowels were never moved, he would have indigestion, bilious vomitings, loud eructations of wind, pains in his bowels and kidneys, with scanty urine depositing a red sediment. Whilst under my care (a period of five to six years) the tumour was once excised by Mr. Richard Quain and once by Dr. Thomas of Birmingham. Although this patient did not consult me till he had a scirrhus tumour, this never increased in size, nor did he suffer from any ill health whilst under the influence of *Hydrastis*, but when he left off treatment for a few months his symptoms returned, together with increase in the size of the tumour, and it was because he had removed to a distance and could no longer have the same medical treatment that the disease appeared in the liver and increased rapidly, and from which he died.

CASE 3.—Female, age at death 35 years. This patient under my care more or less for three years before her death, and for over two years before cancer was suspected, though during that time she was seen by two homœopathic and one allopathic physician. Her symptoms for many years before consulting me had been, frequent sour rising of mucus from the stomach, pain and tenderness of epigastric region, inability to take alcoholic stimulants or much sugar, frequent sore tongue, alternate constipation and diarrhœa; menstrual catamenia were irregular as to time, duration, and quantity, and were of a very offensive odour; she had bled from epistaxis when a child, and occasionally so up to twenty years of age. During the time she was under treatment these symptoms increased in intensity. Diarrhœa was succeeded by dysentery, the abdomen became rigid and tender, there was much flatulence and borborygmi, her tongue was always dry, red and glazed; there was inability to take any but the simplest food. Pain in the rectum before and during stool came on, with tenesmus, and finally cancer of the rectum which spread to the uterus, in which she died, and I may say that during the whole of that period that I never could see that any medicine administered gave more than mere temporary relief, nor more coming under homœopathic treatment did she experience any benefit from drug treatment.

The foregoing cases are very characteristic of the others. Of course there were differences of degree as well as absence or presence of special symptoms, but these were the most marked. Some cases that were not seen till a few days before death and which were not treated medically by me, learned that although they had never had any serious illness, they had suffered for many years from obstinate constipation, flatulence, pains in the bowels, kidneys, or liver, which had been relieved by aperient medicines and to which they depended for help, regularly taking such medicine once or twice a week. One case not mentioned was peculiar in the fact that, having been discharged from an allopathic hospital as incurable, with "disease of the kidneys,"

390 *Antecedent Symptoms to Local Cancerous Deposit,*

it came under my care, was treated by me for two months without benefit, was subsequently put under a course of *Phytolacca* and in about three months was cured. Then it was that, taking into account her previous history, her mother having died of cancer, and her symptoms having been much like those narrated, I suspected a cancerous diathesis, and to my astonishment in three years she again consulted me for a large scirrhus tumour of the breast; in about three months the tumour was much reduced in size and her general health improved, but being importuned by a travelling quack cancer curer to let him rid her of the tumour, she consented to a course of escharotic treatment, under which she sank.

Such are the bare outlines of the antecedent symptoms of most of the cases, and I can imagine it will at once be said that there is nothing remarkable in them, nothing beyond symptoms of so-called "atonic dyspepsia." It may be so, but I am of opinion that there was an absence of some and presence of other symptoms which forbid that generalisation.

1st. In nearly all the cases the tongue was neither swollen, sodden, furred or pale, but natural in size, clean, and of good colour.

2nd. In one only the tongue was intensely red, dry, and glazed. In many the appetite was not only irregular, but there was a desire for meat and malt liquors, neither of which *as a rule* aggravated the symptoms.

3rd. There was no alteration in the size of the liver, no arrest of or alteration of the bile, as evidenced in the colour of the stools, except where diarrhoea had followed constipation; in only one case had the patient suffered from jaundice.

4th. With the exception of six cases the skin was harsh, dry, and thickened, and the patients scarcely ever perspired.

5th.—The complexion or colour of the face and skin generally was not like that of bilious subjects, but browner, dirtier, varying in degree, in some being very pale, but of an earthy hue.

6th. And finally, although nearly all these cases had

either been under regular medical treatment of various kinds, or had taken drugs or patent medicines of their own choosing, in none of them had such treatment been of more than *very temporary* benefit; several of them had been under *my care* for the space of four, five, six or seven years, before *any sign* of cancer appeared, and I cannot say that, except in the renal case, the drugs which I administered were of *more real service* in curing or alleviating the symptoms than under other treatment (that is, before cancer was *evident* or suspected), for it is only relating to antecedent symptoms to cancerous tumour that these remarks apply: *after* such manifestation or suspicion of it several drugs had a *marked action* for good both on the tumour and the *general health*, although many cases, as will be noticed *eventually*, succumbed to the disease.

The third point for consideration is the cancerous diathesis or constitution. Is there such a condition? This is denied by most pathologists, but what is meant by "diathesis?" Hooper defines it as "a natural predisposition to certain diseases which are generally hereditary." This, however, is I think not sufficiently explicit, for it may again be asked "in what does this predisposition consist, and are there any symptoms by which it may be known prior to the occurrence of a cancerous tumour?" That I believe is at present an open question; if, however, there are such symptoms, do the symptoms narrated in this paper offer any evidence of it or serve as a guide to such? I think they do, especially when taken in connection with the hereditary history; for although they are at first sight so common to other forms of disease, such as so-called "atonic dyspepsia," &c., is it likely, I would ask, that if they were only symptoms of ordinary functional derangement of the stomach, liver, bowels, kidneys, &c.—is it likely, is it consistent with all we know of the result of medical treatment that these symptoms should have resisted all medical means employed by physicians of any school? I think not; and believe that that fact, simple and common though the symptoms appear, yet occurring in nearly all the cases now presented, affords some *presumptive* evidence

of a "cancerous diathesis or constitution," especially when taken in connection with hereditary tendency. I am well aware that there are missing links in the chain of evidence, as well as an absence of specific symptoms, whereby we may differentiate functional derangement of a cancerous or non-cancerous character, but these I am unable to give, and it is a matter for more close and extensive observation. Whether the inferences arising out of the evidence brought forward this evening be correct or otherwise, I trust that they will not be entirely fruitless, as they may lead to a fuller investigation of family histories, and of previous ill health of patients, who may come before us with a similar train of symptoms, but which symptoms resist the ordinary medicinal agents, thus leading to a choice of remedy more in accord with the morbid condition and so prove curative.

Into the treatment of cancerous tumours or cancerous diathesis it is not my intention to enter, as that has been done to some extent so recently by Dr. Gutteridge, and would require another paper; but I may say I am very much in accord with him in believing that much may be effected by drug treatment towards the relief and even cure of many cases of cancer, but only on the supposition that the disease is of a constitutional character, and in this I am fortified by the result of treatment during the past few years, for although death has taken place in the first group of cases narrated, several of them were not seen by me till within a few days of that event, and others were not recognised of cancerous character till the system generally was infected by it, or there was a cancerous cachexia, and so had got beyond the reach of any medical treatment; whilst in the second and more recent group of cases, the belief in a cancerous diathesis operated in the choice of remedies, and which remedies had a marked beneficial action both on the tumours and the general health of the patients, saving many from speedy death. Neither is it of much use, merely mentioning the medicines which have been found of service; for a paper on treatment to be of real value, it would be requisite that each drug should have its specific relationship to cancer pointed out and defined; and this is beyond my power,

ing to insufficient data and want of clearness on the part of myself, but I may say that *Hydrastis Canadensis* has been found more beneficial than any other drug; next to *Phytolacca*, *Galium aparinum*, *Sanguinaria*, *Arseniodatum*, *Lycopodium*, *Bovista*, *Sepia*, *Sulphur*, *Lachesis*, *bo animalis* and *Kreasote*, whilst as to *Conium* I have never seen it do good except in allaying pain or in retarding growth of scirrhus tumours, which were said to have been induced by a blow. *Cundurango* and *Lapis alb.* I have also tried, but have not seen any good results from their use.

Discussion on Mr. A. C. Clifton's paper.

DR. HANSFORD called the attention of the Society to one medicine which Mr. Clifton had not alluded to in his valuable paper, viz. *Kal. bichrom.*; and referred to a case already published by him* where this medicine had proved of the greatest service. The speaker said he had tried *Hydrastis* repeatedly, without encouraging results, but one good has followed its use in cases of cancerous diathesis (which he believed in); during the exhibition of *Hydrastis* in drop doses the bowels had acted regularly. He believed as firmly in the hereditary nature of cancer as he did in any well-established fact in medicine. He regretted that it were in his power to recommend any remedy for cancer, but regretted that it was not.

DR. BUTCHER exhibited a specimen of cancer developing in a gland, and in the isolated glands around the thyroid, together with a stricture in the œsophagus, which only permitted the introduction of small-sized catheter. Death resulted from pressure on the respiratory nerves. He quoted Sir James Paget as a proof of incurability as a test of the reality of cancerous diathesis. He asked the essayist if he had noticed an offensive effluvia from the breath of patients with suspected cancer. In several cases this characteristic effluvia was a great aid to diagnosis. Had seen *Arsenic* in small doses have a wonderful effect in allaying pain in scirrhus cancer, though not in arresting the disease. He considered that the very fact of its hereditary character proved it to be a blood disease rather than one of local origin.

DR. FENALL considered that we were under an obligation to anyone who could throw a ray of light upon so important a subject. He referred to the *British Journal of Homœopathy*, No. xcvi, April, 1866, and *Annals of the Homœopathic Society*, Nos. xxxix and xl, March, 1875.

subject as cancer and he therefore tendered his thanks to Mr. Cutler for the fine light which he had shed in his essay. He was of opinion that in structural diseases larger doses should be given than those usually employed, and it was wonderful what doses could be borne. In tumours of the breast he had found that 5 grains would frequently remove them, but these he did not consider cancerous. As regards the common mutability of cancer he had lately had two cases which raised the question in his own mind. A man whose right kidney was found cancerous had from his boyhood suffered intense pain in that region. He married, and his wife bore several children, and a few months before his death she died of cancer of the uterus: did she derive it from him? He appears to have had the germs of the disease during, or not before, the time of his wedded life.

Dr. Roth mentioned with regard to hereditary predisposition, named by Mr. Cutler, the case of a lady sixty years old, who consulted him about a stomach complaint, and believed that she was suffering from cancer of the stomach, because her mother had often complained. Dr. Roth diagnosed a derangement of the functions of the pancreas, prescribed special diet, and a moderate exercise, knowing that the patient had been previously accustomed to this exercise. Although she at first objected, as being too old, her scruples were soon allayed, and she continued during the following ten years to enjoy both tolerable health, as well as exercise on horseback. In her seventy-first year she was suddenly seized during the night with spasm of the heart, and died in the course of a few hours. Several eminent physicians were had been called in during the night, intended to make a post-mortem in the afternoon, after death in the morning, but as Dr. Roth's suggestion it was postponed until the next day. Although a well-known homoeopathic practitioner had diagnosed years ago a cancer of the pancreas, and another well-known allopath believed a fatty degeneration of the heart to be an immediate cause of death, neither of these two organs was in any way diseased, but a considerable capillary enlargement of the ovary was found. At present Dr. Roth has a young lady under treatment who seemingly he was afflicted of consumption: the patient is slightly scrofula, and has one larger and one smaller movable indurated lump in the mamma on the lower part under the nipple, the larger being more than one inch in circumference, of an irregular shape, but is not painful; an eminent surgeon wanted at once to operate, and mentioned that if were his daughter he would certainly do so. Dr. Roth prescribed a strengthening hygienic treatment, and mixture of *Crataegus maculata*, and locally the so-called medicated tetter-wash, both with the object of keeping up a constant equal temperature, and preventing any external pressure or injury. Finally, Dr. Roth named a case of scirrhus in which he tried the milk treatment during several weeks, during which besides the milk only

quantities of bread have been eaten. The result was that at this time the complaint remained *in statu quo*.

Dr. BAYES said that the subject of Mr. Clifton's very interesting paper was one of more than usual importance. He quite agreed with Mr. Clifton that the constitutional symptoms of cancer are those which we should seek to comprehend with a view to guiding us as to the treatment of the disease before its manifestation became incurable. In addition to the history of the case, and to the dyscrasia or cachexia, he (Dr. Bayes) had observed a tendency to exceedingly rapid action of the heart, on the slightest physical or mental provocation, one of the very constant and ominous symptoms in cancerous disease. Now, this diastolic action has a very practical application in the treatment of the disease, and together with symptoms of atonic dyspepsia would point to the administration of *Hydrastis Canadensis*. In some cases of cancer the previous history of the case shows fatty degeneration of the tissues, and also some weakness in the glandular structures generally; here again *Hydrastis* is indicated. In the paper which he (Dr. Bayes) read before the Society some time since, he pointed out that he did not consider that *Hydrastis* was a specific against cancer, but that its undoubted tonic power in this disease was chiefly due to its action in stimulating glandular functions, hence by making the whole system active and healthy it first starved the cancerous deposit, afterwards permitted its absorption and removal. This was true to him to have been the case in several of the cases he mentioned. He could also corroborate Mr. Clifton's remarks as to the use of *rum*, *Sanguinaria*, &c., but he had had no experience as to their use. The pain of cancer often yields to small doses of opium; one or two teaspoonfuls of brandy in a wineglassful of water will frequently remove all pain for some time. As to the hereditary nature of cancer he entertained no doubt, and mentioned several cases in support of this view. In the relief of the pain he named some cases where *Spigelia* and other homœopathic remedies had removed the pain, where opiates and sedatives had been of no use whatever. In case of large open cancer where the discharge is offensive, the dusting the sore with powder of *Cinchona flava* is found to be of great use in removing pain and offensiveness, and also is a dressing of lint moistened with a weak *Hydrastis* solution.

Dr. DRURY said he had been speaking to a gentleman that evening about the meeting, and had ventured to say there was to be a good paper, as it was to be read by Mr. Clifton, of Southampton. He had not been disappointed, for he considered it one of the best papers he had heard read in the Society for a long time. Several matters of considerable interest had been mentioned upon, but before noticing them he would refer to a fact mentioned by Dr. Galley Blackley, that some medical men had related themselves with cancerous matter. He could only say

that he considered men who did such things great fools, but in such a case as this unless the cancerous matter happened to be implanted in a congenial soil its only hurtful effect might be an unhealthy sore. There was no reason to think cancer contagious; were it so there would be plenty of cases to prove it, instead of the few cases where two of a family occasionally suffered together or soon after one another; in such cases this arose from the disease being a family one. Mr. Clifton had gone very carefully into the subject, and though he had not given his special indications for each medicine, that not being the point he was chiefly anxious to put forward, he felt perfectly satisfied that his medicines were not chosen *haphazard*, but that he had indications for each medicine, and that to these he paid particular attention in selection. Thus, he would not give *Hydrastis* in every case of cancer, but would give it in one case and not in another. We had now got hold of some very useful cancer medicines, but we wanted the indications for their use. It was to Mr. Clifton, and men like him, who treated the matter scientifically and not empirically as had been so frequently done, that we looked for help in the future. Various medicines had been spoken of that were valuable, but they were so only for the cases in which they were indicated. Thus, *Sanguinaria*, which was one of the medicines named, he believed would be found useful in those cases where there was a fungous tendency. In the case of a lady whom he saw a few years ago *Carbo vegetabilis* and *Phytolacca* had apparently retarded the increase of the disease. *Carbo* he believed to be of use where there was a tumour. He had used *Conium* externally and internally in a case where there was a puckered state of skin with scirrhus hardness. This patient had not apparently got worse for some three or four years. Her husband, who saw the beneficial effects of the *Conium*, when he himself attacked with orchitis, and considerable swelling, used the *Conium* lotion with excellent results. A few months ago he had been called in to see the sister of his patient; the one sister had cancer of the breast; but this last one had cancer of the uterus. He saw her in an advanced stage of the disease, as it had spread and perforated the rectum; a small quantity of faeces were beginning to pass through the vagina, but before her death all the faeces came that way. When he first saw her there was a very copious watery, offensive discharge. He gave her *Kreosote* with excellent effect. Though the progress of the disease was not arrested by it, yet there was a marked increase to her comfort in its action on the copiousness of the discharge and its unpleasant odour. For some three months this medicine was continued with benefit. The *Spigelia* used by Dr. Eubank Williams was well selected as a neuralgic medicine, and no doubt acted homœopathically. *Galium* or "Cleavers" was a popular remedy that would be found spoken of in some of our books on wild flowers. No doubt Mr. Clifton had reasons for using it,

and it should be an object for us to ascertain the cases it was suitable for, so as to add to our list a medicine likely to be of use. Where many of our cases seemed to progress, let us do what we will, while others unquestionably were ameliorated, there was encouragement from the latter to look for the homœopathic indications for all our remedies that all our cases might come under the same category.

Mr. CLIFTON replied:—I beg to thank you for the patience bestowed on this unpractical paper, and the criticisms thereon, and although I am somewhat disappointed that there have not been more of the latter, I think it is owing very much to the fact of the bad arrangement and amount of the materials, which has led me to scamper through it in such haste that some of the principal points have been misunderstood. In reply to Dr. Hudgeon, I would say the treatment of cancer is not the subject of the paper, and *Galium* was only mentioned incidentally as being one case of cancer of the lip tongue. There has been no proving of the remedy on the healthy that I am aware of, and the only indications I have had for its use are empirical. Dr. Alley Blackley's objection, that no single premonitory symptom has been mentioned whereby we might say this is a symptom of cancer, is quite true, but then I would ask—can this be said of any disease; it is rather groups of symptoms which go to make up a diathesis, and this has been attempted in *part only*. With regard also to other criticisms and objections I would say I have never noticed any peculiar effluvium of the breath peculiar to cancer. In structural disease I am not of opinion that large doses of drugs are required, and that I have always held that it is not our duty as physicians to see how large a dose of any drug will be borne, but by how small a dose we can cure. With regard to the inheritance of cancer, which has been observed by several speakers as being nothing new, I reply that the point aimed at in this paper has been to show the greater amount of inheritance of the disease than is allowed by pathologists, and not the mere occurrence of such in a few cases. Finally, the chief point in the so-called "antecedent symptoms" which have been brought forward—and have missed the mark from the fact of no criticism having been bestowed on them, owing, as I have said, to the haste with which I have dealt with them—the chief point was not the mere character of the symptoms, but that they had never been more than relieved, and that for a very short time, by any medical treatment. I hope after this paper has appeared in print attention will be paid to that point, and what is erroneous in inference or theory will be corrected.

ON THE EFFECTS OF HEAT AND COLD IN THE PREGNANT AND PUERPERAL STATES.

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

(Read January 3rd, 1878.)

THE treatment of disease by homœopathy is usually considered to relate only to the internal use of medicines, but our aim is, or should be, to cure our patient in the quickest, most agreeable, and most thorough manner, we ought, in my opinion, to make use of all other than drug-medication, which will not interfere with the action of our medicines. Especially if it can be shown that such medication acts on the homœopathic principle should we be all the more inclined to employ it. The use of external treatment in its various forms is a wide subject, and one which I intend to discuss elsewhere, but at present I take up for consideration a limited department of external applications, namely, the use of heat and cold, and these only in one department of practice, viz. in disorders of the pregnant and puerperal states. The subject is, I think, not sufficiently understood, otherwise we should find more frequent and practical employment of these two powerful agents—heat and cold. I propose, in the first place, in order that the reasons for their therapeutic application should be assented to, to inquire what is the *modus operandi* of heat and cold on the system generally, and then to discuss the use of these agents in the special cases I have named.

1. *Of Cold.*—Cold acts upon the body partly through the vaso-motor nerves, and by them upon the blood-vessels, and also through the medium of the sensory nerves of the skin. I need not here remind you that any stimulus to the sympathetic nerves produces in the first place contraction of the blood-vessels over which they preside, and in th-

second place, when excessive, or too long continued, the same stimulus causes reaction in the shape of dilatation of the vessels. On the other hand, stimuli applied to or acting upon the sensory nerves of the skin cause an action to be imparted to the spinal cord, in the way of primary stimulus and subsequent reaction or depression, and these two effects are transmitted reflexly through the spinal cord to the nerves of other parts which cannot be reached directly, but which can thus be influenced in a decided manner either for good or evil, either in the way of producing stimulation, or the reverse effect of depression. By these two means the functions of a part, or of the whole of the body, can be altered beneficially or otherwise, according to the force of the stimulus and the manner in which it is applied. It is in this way that drugs act on the body, and it is by means of their primary action that we homœopathically can remove effects which correspond actually or phenomenally with the results of the secondary or reactive effect of the same drugs. And in studying the action of cold upon the system, we shall see that it is governed by the same laws.

The primary effect of cold is to produce contraction of blood-vessels through stimulation of the vaso-motor nerves. This may be observed by any one upon himself in the use of the morning cold bath, or on placing his hands in cold water. The surface becomes paler than natural, the vessels are evidently contracted and the temperature is lowered, a temporary shivering feeling may be experienced, and the skin is contracted. If the cold is more intense, the circulation becomes feeble, the vessels more contracted, the hands, face, and lips become blue, marked shiverings may be present, and general vital depression ensues. If the cold is still more intense, or is applied too continuously, the circulation of blood in the exposed part is stopped, the vital resistance yields, and the part dies, as we see in the case of frost-bite. Cold, then, applied in excess, or in too long continuance, produces intense vital depression and death. But here it may be urged—if cold thus acts as a depressant, causing gradual yielding of vital powers and death, how is it that there is no reaction, as from excess of other stimuli,

prevent the possibility of it. But when one over-dose is given, or when a certain interval is allowed to elapse between the doses, then the system rallies its powers, and produces the phenomena of reaction. So it is with cold. The continuous application of it, if excessive, so paralyzes the vital powers that they cannot react, and we therefore see death ensuing. But if the cold is applied in a suitable manner to that in which drugs are given, namely, with intervals of withdrawal of the cold, or of complete respite of the cold after one severe application, then we begin to see reaction. And this leads me to speak more fully of this reaction. In the case of the morning cold bath alluded to, the contraction of the vessels is only transient and is within the limits of health, and is followed quickly by the reaction of the healthy ruddy glow which is familiar to every one. This reaction also is within the limits of health, and the circulation thus stimulated continues throughout the day in a normal and active condition. But if the cold is too intense, or too prolonged, then the primary stimulus being excessive, is followed by excessive reaction. This reaction is shivering is attended with marked depression, and the reaction is shown by fever, hot skin, quick pulse, high temperature, thirst, and headache, or by the occurrence of acute inflammation of some organ of the body. The thing happens if the amount of cold is disproportionate to the strength of the system.

in the case of a limb which has been exposed for some time to extreme cold. As soon as the limb is removed into a warm temperature the reaction is apt to be so intense—intense in proportion to the extent of the cold—as to cause severe inflammation, and even death of the part. Hence it is that in treating cases of frost-bite, or parts which are benumbed with cold, one has very cautiously to allow the return to warmth in order to modify as much as possible the rapidity and amount of reaction. That the primary stimulant effect of cold can be obtained in such a further degree as to result in reaction only within the limits of health is evident to every one. The illustration I have already used of the morning cold bath is too well known to require further remark, while the sensation of freshness and vigour which the air of a cold, dry, bracing day has upon one's whole frame is also familiar to all. In medicine, also, the value of the traditional cold-water applications to an externally inflamed part in contracting the dilated vessels and subduing the inflammation is well known, as is likewise the comfort of a cold wet bandage to a head which is hot and throbbing with headache. I might add one more familiar illustration of the primary or stimulant action of cold followed by nothing more than healthy reaction, namely, its effect in checking hæmorrhage, applied directly as when a cut finger is inserted in a cup of cold water, and when cold water is sniffed up into the nostrils in epistaxis, or reflexly, as when cold is applied to the nape of the neck in the same complaint. But not only does cold act as a stimulant in health and in disease, through the medium of the vaso-motor nerves acting on the blood-vessels, but it also acts as a direct stimulus to the sensory cutaneous nerves. This stimulant action is beneficial chiefly on account of its reflex influence on internal organs and on the functions of nutrition through the medium of the spinal nervous centres. The stimulus is propagated to the spinal cord, and thence to the various organs of the body. The result of this is that the various organs affected are stimulated to increased action, the process of oxidation is promoted, the normal balance between degeneration of tissue and nutritive repair is

kept up, and the person thus acted on feels more invigorated, the energies are quickened, appetite is increased, digestion is improved, and sleep is more refreshing.

Cold also shows its double action in its influence on pain. This is a second mode in which it may influence the sensory nerves of the body. The pain produced by intense cold is familiar to all and needs no illustration, but on what its power to relieve pain depends is, perhaps, not at first sight so obvious. That it does soothe pain, either that of inflammation or simple neural pain, is known to every one. The *modus operandi* of this, to my mind, is that it is due to its stimulating power on the sensory nerves. Pain in a nerve is obviously an indication of a depressed condition, and when the healthy tone of a nerve is restored by drug or other stimulants, the pain ceases. Such means are popularly known as soothing applications or as tonics, according to the theory adopted of their action, but they all act by removing the condition of depressed vitality—in other words, by stimulating to healthy action. This, then, is, I think, evidently the mode which cold soothes pain—in short, homœopathically.

Cold, then, acts in a double manner, in three different ways: upon the vaso-motor nervous system, and thence the vessels; upon the sensory cutaneous nerves, thence the spinal cord, and through it on internal organs; and upon the sensory nerves generally, in the production and relief of pain.

We thus see what a potent influence for good or evil cold has on the system, and we also thus see how clearly it acts as a medicinal or therapeutic agent in accordance with the same laws which regulate the therapeutic action of drugs; in other words, that it is capable of being used as a therapeutic agent homœopathically.

We are now enabled to deduce certain rules for its employment homœopathically—

1. In order to produce its primary stimulant effect, cold ought not to be applied to too intense a degree, or for too long time at once, in order to avoid the reaction which goes beyond the healthy limit.

2. The dose, if I may so term it, or the degree of cold should be modified according to the patient's strength or vital powers, in order to ensure the attainment of the primary stimulant action, without the risk of depression and abnormal reaction.

3. It may be used with advantage in acute inflammations, external and internal, acting directly on the former and reflexly on the latter; also in chronic inflammations, in which, as well as in acute inflammations, there is vessel dilatation with more or less stasis of blood, and this with the view of promoting contraction to the healthy standard of the vessels. In the same cases it may be employed with the view of stimulating the processes of oxidation and nutrition, and thus bringing about healthy changes in parts which are acutely or chronically inflamed.

4. In cases of hæmorrhages, with the view of promoting contraction of vessels.

5. As a means of soothing the pain of irritated nerves in connection with congestion or neuroses.

Let us now inquire into the action of *heat* upon the body.

Heat is generally believed to act in precisely the opposite manner from cold, but I shall endeavour to show that though, in one sense, it is the opposite of cold, it yet acts upon the system in precisely the same manner, producing in the first place stimulation, and if the stimulus is excessive reaction in the shape of inflammation, thus acting as a therapeutic agent homœopathically.

That heat produces dilatation of vessels and redness of the surface within the limits of health is familiar to us all, and that if the degree of heat is excessive depression and inflammation results is also well known.

I have only to refer to the effect of a too prolonged hot bath in causing vital depression, syncope, and a state of general fever, and to the production of burns from excessive heat. These are the secondary or reactive effects of heat. But that heat primarily produces contraction of vessels and stimulation of the vaso-motor nerves is often forgotten, and may be even doubted. This is not so easy to demonstrate

404 *Heat and Cold in Pregnant and Puerperal States,*

as in the case of cold, but it may be observed on one's own body, as I have frequently done. If one's hands are cold and still more, if they are apt to whiten or become "dead" from cold, as in the case with myself, on putting them into hot water, the surface may be seen to become momentarily paler before the reaction of redness sets in. But even if this effect were not demonstrable to the senses, we should be justified in assuming it, since we know, from observation of the effects of drugs upon the vaso-motor nerves, that if the vessels of a part dilate, whether within the limits of health or to the extent of producing disease, there is a first stage of contraction of vessels from stimulation of the nerves. The stimulant effect of heat may be observed in many ways, as in the reviving effect of warmth on a previously chilled and depressed body, the invigorating sensation which persons of depressed vital power find in a warm day or in a warm climate, while the direct stimulating power of heat in promoting contraction of dilated vessels is constantly observed in cases of superficial inflammation where the skin is red from dilated vessels, and in which the application of heat produces visible paling of the previously abnormally red skin or mucous membrane. Heat acts also, like cold, not only on the vaso-motor nerves, but on the sensory nerves, stimulating the spinal cord and reflexly the internal organs to more healthy action, when previously depressed. Heat also soothes pain in the same way as cold does, by bringing up the vitality of the nerve to the normal point, when the pain ceases.

Keeping in view, then, this double action of heat, primary stimulation, and subsequent depression and inflammation from overdoses, we have the guiding rules for the use of heat as a medicinal and homœopathic agent.

1. The heat, if applied to as great a degree as the patient can bear it, as with a very hot poultice, should not be employed continuously for any length of time, else we incur the risk of going too far, and increasing by reaction the vessel-dilatation. Such hot applications should only be used intermittently, that is, kept on for a short time and then removed, to be again applied at an interval of two or

three hours. We thus obtain a succession of stimulating effects, producing the object we have in view, namely, the contraction of the inflamed vessels.

Sometimes it is beneficial in subacute or chronic inflammation of internal organs to allow the heat to be so applied externally as to produce slight redness of the skin. In such a case the effect is similar in kind to that produced by mustard, and is a more powerful means of stimulation to the nerves and vessels of the internal organs than if moderate heat short of producing any redness is employed.

2. When heat is applied only to the extent that one may term warmth, as in the wet compress, it may be kept on the part continuously for a lengthened period of time, as the stimulus is then so gentle that there is no fear of abnormal reaction.

3. The amount of heat must be modified in proportion to the vital powers of the patient, as we sometimes find that in delicate weakly persons, a hot poultice causes marked depression and rapid redness of the skin. To such persons, the milder wet compress, which simply produces moist warmth, is more suitable.

4. Heat is applicable to the treatment of acute and chronic congestion, of hæmorrhage, and of defective functional energy arising from want of nervous energy.

In thus sketching the action of heat and cold upon the body, I have endeavoured to show that, though seemingly opposite in their nature, they really act both in the same manner—both producing stimulation of the nervous system when administered in moderate degree, while both cause depression of nerve-power and congestion when employed in too strong a degree or for too long at a time.

We thus see how it is that both heat and cold can be employed therapeutically in the same disorders, and I now proceed to run over the different conditions in the pregnant and puerperal states, in which the use of either or both of these agents may be of service.

1. In pregnancy, is it desirable that a cold bath should be used in the morning? One is not unfrequently consulted on this point, and the reply is easy. If the patient

has been accustomed to have one, then not only is there no harm or danger in the continuance of it, but it is of positive advantage, in giving a daily stimulus to the nutritive functions and to the whole nervous system. The uterus participates in the general toning effect of the bath, and as it (the uterus) increases in size the healthy condition of its muscular walls is maintained, and there is less danger of miscarriage from trifling causes, such as occur in the case of a lady with an irritable or excitable nervous system. Even a plunge bath, which entails a considerably greater shock to the system, and is a more powerful stimulus than the simple sponging, may be continued to the last, provided it has been habitually taken before the pregnancy commences. It is not so common to meet with ladies who take a plunge bath every morning in all weathers, but when it is so I have found decided advantage to accrue from its continuance, in the maintenance of the nervous vigour, the healthy performance of all the functions, and in the labour being unexpectedly easy and quick. But no form of bath should be commenced in the middle of pregnancy which has not been previously habitual, else it is apt to prove too powerful a stimulant to the nervous structure of the uterus, and may cause expulsion of the fœtus. It then becomes a shock, which should be avoided.

When I speak of a *cold* bath, I mean in opposition to a hot one, and not that the water is to be quite cold. I have already noticed the necessity of observing this point, and treating each individual case on its own merits as regards the proper temperature. The essential point is that healthy reaction should ensue. If the patient is vigorous enough to enjoy and react well from the water of its natural temperature, even in cold weather, well and good, but if not, then in cold weather, so much warm water must be added as will raise the temperature to what it is in summer—the chill must be thoroughly taken off—while in summer weather the water can be used of the ordinary temperature. For delicate patients whose reaction is poor, the temperature of the water for the morning sponging should be 70°, and if reaction is not obtained from this, the sponging should

be given up for the tepid sheet. Each case must be managed—as with drugs, so with baths—on its own merits; it must be individualized.

2. When there is a tendency to miscarriage, and especially when this has occurred already more than once, a morning bath for the whole body should be advised to be commenced during the non-pregnant state, and continued during the whole course of pregnancy. This braces the entire nervous system, and renders the previously irritable uterus less likely to develop the morbid irritability which had shown itself in expulsion of its contents. But besides the morning sponge-bath, in cases of habitual miscarriage, the use of a daily sitz-bath should be advised. The sitz-bath is one of the most valuable means which we possess of toning the spinal nervous system, and through its means the pelvic organs. It should be begun as soon as the patient has recovered from her last miscarriage, and continued perseveringly till next pregnancy occurs, and it should be kept up, if not during the whole time of pregnancy, at least till the usual period of miscarriage has passed. By means of the reflex nervous stimulation through the cord on the uterus, its nervous apparatus, and through its muscular structure, is invigorated, and rendered less likely to develop unnatural expulsive action. But unless the sitz-bath has been begun and continued for some time before pregnancy has taken place it is inadmissible. For in such a case the uterus is in too susceptible or irritable a condition to be benefited by the stimulus, which then may act so comparatively powerfully as to produce the very result we so wish to prevent.

Here let me say a few words regarding the sitz-bath generally, and so save repetition afterwards. First, as to temperature; this must be modified according to the constitution and reactive power of the patient.

Some patients have such poor reaction and are so cold that sitting in water of the temperature of 65° will produce shivering. In such a case, then, the temperature of the water should be 75° or even 80° to begin with, and as she gets accustomed to its use, it may be gradually lowered till it

reaches 65°; whereas for patients with good circulation and good reactive power it may be 65° to begin with, and be gradually lowered to 60°. This temperature is as low as it is desirable to employ in the majority of cases. The feet should not only be kept dry, but should they get cold they may be put into hot water. If any chilly sensation is felt after the sitz-bath, putting the hands or feet into hot water for a few minutes will remove it. The patient should sit in the water for seven minutes at first, and as she gets used to it she may remain ten or even fifteen minutes in the water. The time of day when it is employed is also of importance to observe. In the morning, before dressing, the system is too weak to admit of healthy reaction. A number of hours have been passed without food, and a chill is more apt to be felt then than at other times. Neither should it be taken at bedtime, as is sometimes advised, for then there is too great reaction from the cold to the heat of the bed, sleep may be deferred and a feverish state ensue, with the result of producing the uterine irritation which we wish to prevent. Nor, again, should it be taken soon after a meal, as the digestion may be interfered with in consequence of the nervous shock. The best time is about two hours after breakfast, when food has been taken to refresh the strength, when digestion is well advanced, and when the bodily heat is at its best. It may for the same reasons be taken, if preferred, in the afternoon between luncheon and dinner. After the bath the parts which have been wet should be well rubbed dry with a rough towel, and a short walk should be taken. This ensures healthy reaction.

Another advantage of the employment of the sitz-bath during pregnancy is that the nervous supply of the bowels is invigorated, and the circulation quickened; constipation is therefore less troublesome, and piles are less likely to exist.

3. Next, as to the treatment of threatened miscarriage. The old treatment of cold applications to the abdomen and vulva when hæmorrhage occurs is quite inadmissible, if we have any idea of arresting the abortion. When there is the slightest hæmorrhage we know that a portion of the

membranes or the placenta has separated from the womb. The uterus is then in an irritable state, and is prepared to expel the whole of its contents, as is shown by the pains, or, if there are no pains, by the feeling of uneasiness in the uterine region.

The least shock or over-stimulus will at once set up the expulsive action, and the ovum will come away. What we want, then, is to keep the uterus and its nervous supply at perfect rest, in order that the mischief done may be repaired. If the hæmorrhage is serious other means such as plugging are necessary, and cold will be of little service, while, if it is light, cold applications should never be thought of, as the inevitable effect will be that the stimulus of the cold will set up uterine action, and all hopes of arresting the miscarriage are gone. The last time I ever prescribed cold applications to the vulva was a number of years ago, when I was taught a lesson which I could not forget, and which led me to study the effects of heat and cold more than I had done.

A lady, after some over-fatigue, had symptoms of commencing miscarriage, pains and a little discharge of blood. With rest and medicines the pains entirely subsided, and the discharge was reduced to a minimum. Had I done nothing more in all probability the case would have done well, but as there was still a slight discharge, though only enough to tinge the diaper, I told the nurse, the lady being some miles away from home, to apply a cold wet cloth to the vulva if the discharge had not ceased by the evening. The result of this mistake was that soon after its application pains again came on, and the ovum was expelled in a few hours. If we have any hopes of saving the case, cold should never be employed. But, on the other hand, if it is evident that the miscarriage is inevitable, and if the expulsive action is feeble, and especially if hæmorrhage to a moderate extent is going on, *then* we may employ cold applications with the view of stimulating the uterus to increased action, and thus hastening the termination of the case. But if the patient is chilly, or feels chilly when the cold is applied, we may then substitute heat in the shape of a very hot flannel

wrung out as hot as possible, and placed over the pubes. This suggestion may perhaps surprise you, but from what I previously said of the stimulant effect of heat in deficient nerve power, you will see it is quite correct in theory.

You will call to mind the well-known fact of the power of a hot cup of tea or of some other hot drink, taken as hot as possible, in quickening uterine action, a fact which every Mrs. Gamp knows, and you will also call to mind the effect of a hot poultice in causing expulsion of clots after delivery, which I shall have again to mention. These facts will serve to render you less sceptical of the result of applying hot fomentations to the hypogastrium when the uterine action is insufficient. But besides these well-known illustrations of the effect of heat in stimulating deficient uterine action, we have now more decided evidence of this in the results of Windelband and others, who have introduced the use of hot-water vaginal injections in cases of abortion with hæmorrhage. The hot water was found not only to check the hæmorrhage in an unmistakable manner, but to promote uterine action and consequent expulsion of the ovum. I make no apology for quoting the following passage from the *Medical Times and Gazette*, a similar notice appearing also in the *British Medical Journal*, February, 1875.

“ Dr. Windelband, at a meeting of the Berlin Medical Society, read a paper bearing the above title (reported in the *Deutsche. Med. Woch.* for June 17), descriptive of a practice which, paradoxical as it may appear, he regards as one of great importance and efficacy. His attention was first drawn to the subject on perusing an account extracted from an American journal, in which Dr. Mann described the great benefit he had derived from hot-water injection in two cases of abortion—the pains, which had abated, being again aroused, and the hæmorrhage ceasing. Called himself soon after to a case of abortion at three months, in which plugging, ice, ergot, &c., had in vain been tried to induce pains and check hæmorrhage, he found the cervix uteri much relaxed, and the patient almost in a state of collapse. He resolved to try the injections, and, having introduced the uterine tube of a syringe within the cervix,

ew in water at a temperature of 38° or 39° Réaumur 8° to 120°). Immediately the hot water gained admission, the cervix began to contract and uterine pains were used, and by the time that eight or ten injections had been made, at intervals of five or ten minutes, the whole contents of the uterus had been expelled and the hæmorrhage completely arrested. Encouraged by such success, Dr. Windelband has pursued the same practice in all subsequent abortions of a similar character; and, indeed, in all cases of hæmorrhage connected with uterine relaxation, at whatever period this occurred, as also for the relief of spasmodic pains, and for the excitation of pains when too feeble, he has always availed himself of this stimulant, and never found any disadvantage result from the practice. He relates two cases of placenta prævia in which the hæmorrhage was permanently arrested.

Dr. Windelband stated that he only brought these few cases before the Society as specimens, assuring it that he had also met with a great number of abortions and deliveries (the latter less numerous than the former) in which severe hæmorrhage was present, in the relief of which he had almost exclusively relied upon this means, without being disappointed, and without having witnessed any subsequent effects resulting from it. In cases in which hæmorrhage resulted from other causes, such as changed position of organ, chronic inflammation, or uterine fibroma, palliative treatment by this means has proved of great value. He relates the case of a lady, the subject of two intramural uterine fibroids, in whom sudden excitement, mental distress, &c., brought on violent attacks of hæmorrhage, which, owing to the distance at which she lived from medical aid, she was often placed in a dangerous position. By resorting to the means at hand of using these hot-water injections, she found herself in comparative safety, and was enabled to venture upon long journeys, while formerly she never dared to leave home. A two years' experience of the most varied and violent forms of uterine hæmorrhage has amply proved that in these injections we

11.

have a most invaluable and certain means of dealing with these dangerous cases, which is much to be preferred to the employment of cold, astringents, &c., when prompt treatment is required. Plugging during the above period has only been resorted to when, from the suddenness of the occurrence of hæmorrhage, a syringe or suitable apparatus has not been at hand. As far as a limited number of trials show, it seems also that the injections may be used in various conditions of the uterus, which independently of the existence of hæmorrhage, call for a local stimulative treatment.

“As to the mode of procedure, the injections have always been administered by means of a simple irrigator (the patient lying on her back), which enables a continuous and energetic stream to be propelled, the temperature of the water employed commencing at 38° R. (118° Fahr.), and increasing to 41° R. (124° Fahr.), the sensibility of the organs soon adapting themselves to the increased temperature. Not only are the effects soon produced, but they are unaccompanied by any of the unpleasant sensations and the various serious inconveniences that the application of cold so often gives rise to. While the warm injections are agreeable to the feelings of patients, however varying their susceptibility to pain may be, they never induce painful or mischievous reaction.

“Dr. Windelband, in conclusion, observes that if it be objected that these results derivable from the warm injections are not in harmony with the well-known effects of warmth in producing relaxation of tissues and dilatation of vessels, attention should be directed to the fact that it is not warmth that is thus applied, but heat, and that we have to do with a contractile organ of very easy excitability. In fact this heat arrests hæmorrhage by stimulating the muscular fibres of the uterus, just in the same manner as the application of cold does so. The enormous contractile action induced by the injections may be judged of by placing the finger within the cervix while they are being administered. That they induce any direct coagulating power upon the bleeding vessels is not to be supposed, as no

gns of such power have been observed, and the temperature employed is insufficient for that purpose."

I might here mention the mode of bringing on premature labour introduced by Kiwisch, of injecting alternately hot and cold water into the vagina and against the cervix uteri. His successful results and those of others who have adopted this plan further prove the stimulant action upon the womb of these two agents, the alternation of heat and cold being a more powerful stimulant than either alone. It is not the very fact of this powerful action has led to the abuse of this practice, as the reaction was not uncommonly great as to produce metritis. These results, then, serve to illustrate the double action of heat and cold—primary stimulation, and subsequent depression and inflammation.

4. I now proceed to speak of the use of heat and cold in the management of labour. During labour the pains, we all know, may be so feeble as to delay the progress of the case unnecessarily; or, after having gone on fairly for a time, the uterine action may begin to flag, and the pains to become feeble and insufficient. In such an event the use of both heat and cold are of service. If a towel is wrung out of cold water and placed on the uterus, the reflex stimulant action of the cold upon the uterus will frequently have a marked effect in rousing the uterine energy. The wet towel may be kept on until it begins to get warm, and should then be re-dipped in the cold water, and the cold thus applied for ten minutes or a quarter of an hour. But many patients will dislike the feeling of the cold, or it may make them feel chilly all over. In such a case we can then resort to hot applications to the abdomen in a manner similar to that suggested in abortion where the expulsive power was feeble and slow. I have frequently found the external hot fomentations of decided service, and they are most agreeable to the patient's feelings. But to be of service, the fomentations must be applied as hot as the skin will bear them. They should not, however, for the reasons formerly given, be continued more than twenty minutes or half an hour at a time, but during that time they should be renewed every few minutes, as the heat so

soon goes off. A still more powerful means is to alternate hot and cold applications, and there is no subsequent danger, such as occurs from using alternate hot and cold vaginal injections in premature labour. When once the uterine energy is restored there is no risk of hæmorrhage after delivery arising from the use of the heat. But here, again, if the external heat fails to produce the desired effect, we can resort to the injections, *per vaginam*, of hot water, as described when speaking of abortion.

Next, when delivery is accomplished and the uterus is sluggish in contracting, hæmorrhage results. I say nothing here of pressure over the womb, clearing out the clots, &c., as I have confined myself to the action of heat and cold. The value of cold applications in such a case is well known, and may be employed either by dipping the hand in cold water and placing it over the uterus, or by placing there a towel wrung out of cold water. The value of this I need not dilate upon, but I would here protest against the barbarous plan which used to be recommended of pouring cold water from a height upon the abdomen. It is of course a powerful stimulus to the nervous energy of the uterus, but it involves such discomfort to the patient, and such a risk of catching cold from lying on the wet sheets, that it ought never to be employed. Another mode of using cold in *post-partum* hæmorrhage from want of uterine contraction, which is often recommended, is, I think, also a mistake and should never be employed, that is, the insertion of lumps of ice in the uterus. It will certainly, by the powerful stimulus of the extreme cold, produce uterine contraction and cessation of hæmorrhage, but the degree of cold is too intense to be safe from the risk of reaction in the form of metritis. This objection does not apply to the injection of simple cold water into the uterus. The stimulant effect will be obtained as well by it as by ice, without the same risk of subsequent inflammation.

But when cold does not succeed in promoting uterine contraction, or when the cold applications cause shivering, we may use heat. A flannel wrung out of as hot water as

be borne should be applied for a few minutes, or if prefer, the hot and cold applications may be alternated.

use of neither prevents the employment of pressure in the hand, as this can be done outside the wet applications.

The heat, to be of any service, must, however, be as great as can be borne. But if this external application of heat does not succeed, we can then resort to the hot-water injections into the uterus. The water should be of the temperature of at least 100°, and may be even used up to 120°. A continuous stream should be injected for two or three minutes, in fact until uterine contraction takes place.

Heat will not only stimulate uterine contraction and contraction of the uterine vessels, but will reflexly stimulate the whole nervous energy.

I have not hitherto noticed Chapman's hot-water bags to be of any service in the treatment of hæmorrhage after delivery, because they have been chiefly employed in uterine hæmorrhage which is non-puerperal. They have, however, been found of marked service in such states. Should one wish to employ this principle in *post-partum* hæmorrhage, when the spinal bags are rarely at hand, a hot laundry iron, with a flannel intervening between it and the skin, might be used as a substitute. I have never tried this, but throw out the suggestion.

It is commonly believed that heat prevents the contraction of the uterus and promotes hæmorrhage, but as the non-contraction of the womb is usually the result of exhausted nervous energy, the heat, by stimulating this, will rather tend to promote healthy muscular action while it will, at the same time, stimulate the vessels to contract.

It is a common practice when, after the delivery is accomplished the patient is allowed a cup of tea, to order that it shall be given cold. This is from the belief that

heat will relax the uterus, and promote hæmorrhage, from what I have said already, and from the known effect of a very hot cup of tea in promoting sluggish uterine action during labour, you will see that this is a mistake. A hot tea has a most reviving effect on the woman's

frame worn out by the fatigue and pains of the labour, and in thus stimulating the depressed nervous system it tends to promote uterine contraction, and to produce contraction also of the vessels of the uterus. I now never refuse to allow the *hot* cup of tea, but it must be really *hot* and not merely warm.

Not unfrequently a small amount of clot forms in the uterus after delivery is over for some time and the patient has been bandaged up. The size of the clot is not such as to produce hæmorrhage, or even relaxation of the uterus, but its presence is a source of irritation to the contracting uterus, which endeavours to expel it, but is for a time unable to do so. The result is that the after-pains are much increased in frequency and severity, while a certain amount of tenderness on pressure is found over the uterus. On examination with the finger, no clot may be found protruding from the cervix or within reach of the finger, or the os may have contracted well, preventing the finger going in far without pain. We then judge of the probability of the presence of a clot from the symptoms I have alluded to, but it is quite unnecessary to distend the cervix and remove it with the finger. The application of a hot poultice over the uterus will easily and quickly accomplish what we want. In no long time after the hot poultice is applied the uterus is stimulated to expel the clot, with immediate relief to the pains and tenderness.

Sometimes the after-pains are unusually severe, although there is no evidence whatever of the presence of a clot, when no clot passes at all. The cause of this excessive pain is, in many cases, I believe, a form of neuralgia. The system generally, and the nervous system in particular, is worn out, and the uterine contractions are thus performed with increased pain. The application of a hot poultice in such a case gives as much relief as anything I know of, and it is particularly grateful to the patient's sensations. This is never followed by any abnormal increase of the lochial discharge; on the contrary, if it has been rather more than usual, it becomes less after the poultice.

Again, when on or about the third day, symptoms appear

rich make one rather uneasy, viz. uterine tenderness and in, quick pulse, high temperature, thirst, and headache, the application to the abdomen of a succession of hot poultices, along with the internal administration of suitable homœopathic medicine, gives immense relief. Such symptoms may not be of serious import, but we cannot be sure this when they first appear. Our drug treatment, with the use of hot poultices, rarely fails to reduce the fever and remove the uterine tenderness almost entirely in twenty-four hours. In all disorders of parturition hot applications are more grateful to the patient than cold ones.

Should actual puerperal metritis set up then not only could heat be employed externally, in the form of poultices, but hot-water injections into the vagina, of the temperature not less than 100°, should be frequently made. A continuous gentle stream may be injected for a few minutes at a time; or it may be managed in another way, namely, by making the patient lie on her back, with the shoulders depressed and the hips well raised, and by injecting as much hot water as the vagina will hold and making the patient or the nurse close the lips of the vulva with the fingers. The hot water should be allowed to remain in the vagina for ten minutes at a time, and be re-injected; the uterine fomentation should be thus kept up for half an hour at a time. This use of the hot water tends to contract the dilated vessels, and so reduce the inflammation, while it has a marked influence in soothing the pain attendant on the inflammation.

My observations are, I am aware, imperfect, but what I have aimed at is the ventilation of the subject, and to point out that these powerful agents, heat and cold, act in accordance with the same laws as drugs do; we may therefore have no hesitation in including them in our homœopathic armamentarium.

I had hoped to have taken up also the action of heat and cold in the diseases of women, but my paper is already too long, and I must defer the further consideration of this subject till another time.

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

Dr. VERNON BELL said he was glad to hear a paper of this sort in a Society so much devoted to the exposition of drug therapeutics, but he was unable to accept Dr. Dyce Brown's conclusion that the result of the application of heat in uterine hæmorrhage was an illustration of the rule of similars. He quite coincided with Dr. Dyce Brown's opinion as to the usefulness of this application of heat, and his only point of dissent was that the effect of applied heat in hæmorrhage can scarcely be considered an example of the homœopathic principle. Hæmorrhage, Dr. Vernon Bell said, was preceded by congestion and stagnation, and heat was opposed to stagnation of any kind, for it was merely a mode of motion, not in itself a substance. In uterine hæmorrhage, when heat was applied over the sacrum it appeared to stimulate the sacral nerves and the plexuses derived from them, and ultimately to induce contraction of the bleeding vessels. He had recently had an example of the effect of heat in a case of vicarious bleeding from the nose at the "change of life," in which cold did harm and heat was of more service than anything else. He thought it was important to distinguish between the effects of cold and heat in health and disease. Whatever their operation might be in health, there could be little doubt that heat was opposed to hyperæmia and cold to anæmia. Whether in a healthy body prolonged heat induced the true hyperæmic condition, and prolonged cold a true anæmia, he said he did not know, but certainly when these states were of morbid origin they were acted on by heat and cold respectively in the way he had endeavoured to indicate.

Dr. ROHN would have liked Dr. Brown to have mentioned the physiological effects of dry as well as of moist cold and warm applications in the various forms of compresses, douches, shower, hip, and general baths, and also of the continued and interrupted use of cold; he mentioned that no application of cold is of any use if there is not sufficient reaction, and that it is desirable to apply cold sponging, or a short hip-bath, immediately after leaving the bed in the morning and while the body is still warm. About forty years ago, while a medical student in the lying-in hospital at Vienna, he was taught to stop flooding post partum by cold, which was produced by dropping sulphuric ether on the abdomen, and also by the hand dipped in cold water, making circular friction with pressure on the abdomen in the region of the uterus; both these means he has successfully used during the time when he acted as a general practitioner. As both hot and cold injections into the vagina and uterus are at present recommended for the stoppage of flooding it would be desirable to have special indications when

hot and cold are to be applied. He mentioned that in some cases of spinal neuralgia, in which several single spots have been very painful, he was obliged to apply simultaneously on one or two spots a cold, and on a third spot a hot compress; he was guided by the relief caused by the difference of temperature. Dr. Roth usually mentioned a method of treating gout by drinking large quantities of hot water, recommended by Caret de Vaux about twenty years ago in France. Many gouty patients have been relieved and cured by this treatment till it was discontinued in consequence of some cases of apoplectic seizures which have been ascribed to the immediate use of hot water, as the patients took some sixteen to twenty-four half-pint doses in the course of twenty-four hours. Dr. Roth was in 1837 in Graefenberg—where Giesnitz was surrounded by more than 600 patients under the cold water cure—where he had occasion to see the benefits resulting from this treatment, as well as the bad effects, such as emetesis, fainting, and other injurious consequences, from the use of cold water applied in various forms.

Dr. BAYES said that water was used as a vehicle for the application of heat and cold, from its greater convenience, but there was this inconvenience when applied, per vaginam, in uterine hemorrhage, that it might wash away clot, and also that it might so much denude the mucous membrane by washing away its natural mucus. He (Dr. Bayes) had seen an instrument at Rohne and Sesemann's (Duke Street, Manchester Square), invented for the cure of piles, by which the temperature of the water could be used without wetting the parts. A similar instrument could be used for the application of heat or cold to the uterus. Dr. Chapman's ingenious apparatus for the application of heat or cold to the spinal nerves had proved in his (Dr. Bayes') hands of great efficacy, both in controlling menorrhagic conditions by means of heat and in curing anæmia by the application of the ice-bag, which throws blood directly into the uterine tissues. The application of hot water, 110° to 120°, to the forehead in congestive headaches was often most serviceable, and in some forms of neuralgia with extreme sensitiveness to cold, the frequent application of hot water is very useful. Weak delicate skins are strengthened by the application of hot water, since the cool air tones the skin better after it has been first somewhat relaxed by heat. With internal anæmic conditions cold baths prove useful by determining blood to those organs, while in internal congestive conditions hot baths prove useful by drawing blood to the surface.

Annals of the Hospital.

SOME CASES OF DISEASES OF CHILDREN TREATED AT THE LONDON HOMŒOPATHIC HOSPITAL.

By H. THOROLD WOOD, M.R.C.S.

OF the numbers of children that have come under my care within the past eighteen months, the following cases appear to me to be interesting, not because they are exceptional, but on account of the frequency of their occurrence, coupled with the obdurate tendency to resist treatment, or to return again and again.

Eczema squamosum.—William G—, æt. 10. March 20th, 1877. Is covered from head to foot with a dry, scaly, itching eruption in large patches, some the size of the palm of the hand, especially those about the upper arm and shoulders, and on the thighs and calves of the legs, which appeared six months ago. Neither of his parents nor any of his brothers and sisters suffer from anything of the kind. With the exception of the tormenting irritation and smarting of the skin the boy says he ails nothing. He is well nourished and seems in good spirits. Ordered *Arsenicum* 3, one pilule every three hours. Very little meat; plenty of green vegetables. The skin to be bathed with oatmeal gruel.

April 3rd.—Somewhat better. Repeat the *Arsen*.

17th.—Improvement slow, though the patches are certainly smaller. To take *Hepar sulphuris* 6, one pilule every three hours.

From the time he first took the *Hepar sulphuris* until August 7th there was continued improvement. When seen on September 4th matters seemed to have come to a standstill, or if anything the eruption had spread again in parts, owing to a cold. Ordered to revert to *Arsenicum*.

October 9th.—A great deal better again, but the irritation of the skin is almost unbearable. To take *Staphysagria* 3.

30th.—Much more comfortable. The eruption is now to be seen only in very small patches about the elbows and knees. Prescribed *Silicea* 6, one pilule three times a day.

December 11th.—Hardly a trace of the eruption left. The lad is in good health.

This case showed clearly the indications for the use of the remedies employed. As long as the eruption was of the squamous type, and the surface of the body was more or less covered with a white scaly dust, the *Arsenicum* worked well. When, however, the eruption became broken up into smaller and smaller patches, taking on the impetiginoid type, there came a halt in the progress, which in turn was speedily obviated by the *Hepar sulphuris*, a medicine particularly fitted to that condition. Again, owing to an incidental cold, the rash coalesced in several formidable patches, and this was once more dispelled by reverting to *Arsenicum*. Finally, when there remained only a slight delicacy of the skin about the joints, *Silicea* proved of signal service.

Urticaria.—Two cases of urticaria in which the rash was very thick on the arms and legs, but only slight redness to be observed about the face, neck, and trunk, were speedily cured by *Urtica urens* 3.

A third case was temporarily relieved by this remedy, but a complete cure was brought about in a few days by *Chloral hydrate* 3. There has been no return of the rash. In this case the face was much swollen and the eyelids so œdematous that they could be only partially opened. The whole body was bright red, dotted all over with the typical wheals.

Porrigo capitis.—Cases of this nature are always to be seen in the out-patient department of an hospital. For brevity sake I will just mention a few typical cases of each of the varieties.

Favus scutiformis.—Lewis G—, æt. 5 months. The entire scalp covered with small round concave scabs, which coalesce in very few places. Dry, hard, and difficult to detach, leaving depressions in the atrophied cutis. Cured by a course of *Sepia* 6, for six weeks, followed by *Sulphur* 6, for a fortnight. The hair was cut quite short, and the scalp occasionally poulticed with bread mixed with a little olive oil.

Favus confertus.—Edith B—, æt. 12. Head encased in one thick dry scab, through which the broken stunted hair sprouted in a tangled mass. *Sepia* 6, for a month, aided by the poultices as before, removed the disease, which, however, left the scalp denuded of hair, in several places as large as a crown piece. *Graphites* 6 restored the hair follicles to a healthy state in another month.

Jessie H—, æt. 5. May 1st, 1877. A light bran-like eruption all over the scalp.—Patient complained of the insupportable itching, and said the head ached very much. On account of the irritation I ordered *Staphysagria* 3.

May 15th.—The eruption does not itch so much; there is now a good deal of moist exudation from freshly formed vesicles. To take *Rhus* 3.

29th.—Greatly improved; the exudation drying up; few vesicles formed on the forehead and temples; the eyes inflamed. Ordered *Hepar sulphuris* 6.

June 12th.—Nearly well.

Alice G—, æt. two years and a half. Case resembling that just mentioned, with the exception that the irritation was not so distressing a feature. *Arsenicum* 3 entirely dissipated the disease in three months.

This was slow work compared with the following case.

Favus confertus.—Ellen H—, æt. 18. Was ordered to take *Arsenicum* 3. Quite well within a month.

William B—, æt. 8. Suffering from a similar form of virus to the above, accompanied by chronic bronchitis. The lad was evidently in a low state; the inflammation round the vesicles on the head was of an asthenic character. Here *Sulphur 6* worked excellently well. The boy was all but cured in a month.

Enuresis.—Sarah C—, æt. 11. May 15th, 1877. Is much troubled with inability to retain her urine. Any notion is immediately followed by an involuntary emission. Often disturbed at night, sometimes three and four times. The child is in a weakly condition. Shows much eagerness to be cured of her unfortunate habit. No signs of worms. Symptoms point to paralysis of the bladder. Ordered *Plumbum 6*, one pilule every three hours.

May 29th.—Much the same. Repeat the medicine.

June 26th.—Improving. Not so often disturbed at night, sometimes not at all. Continue the *Plumbum*.

Enuresis.—Matilda L—, æt. 14. August 21st, 1877. Has been affected from her birth with this obstinate and troublesome malady. All efforts on her part to regulate her habits are of no avail. She is powerless to restrain the passage of urine, and is perfectly unconscious of it. Is greatly depressed and abashed at her miserable plight. Seems to have lost all the freshness and vigour of childhood. Patient has a plethoric appearance, reminding one of the obesity frequently occurring in the paralytic subject. Prior to attending at the hospital she had been taking *Nuxvomica* without benefit. Ordered *Argentum nitricum 3*, one pilule every three hours.

August 28th.—The same. Repeat the medicine.

September 18th.—Somewhat better. Repeat *Argent. nit.*

October 23rd.—The improvement was only temporary. Prescribed *Plumbum 6*, one pilule every three hours.

November 6th.—Still the same. Repeat the *Plumbum*.

20th.—Improving. To go on with the *Plumbum*.

December 4th.—Decidedly better. Continue the medicine.

18th.—Still better. Some nights are passed without disturbance.

Enuresis.—Isabel W—, æt. 11. October 9th, 1877. Quite unable to regulate her habits. A quantity of urine is voided during sleep night after night. Tried *Lilium tigrinum* 6 for a fortnight, without any perceptible change.

October 23rd.—Ordered *Plumbum* 6.

November 6th.—Slight, though appreciable improvement. To continue the *Plumbum*.

27th.—Further improvement.

December 11th.—Seldom disturbed at night now. Much better in health and spirits. To take the *Plumbum* occasionally.

Convulsions.—Ada F—, æt 7 months. April 3rd, 1877. Has had several fits a day for the past two months. Prior to that time the child was in perfect health, and, indeed, the teething has progressed favorably even now. The beginning of the malady dates from a severe fall. Besides the convulsions the prominent morbid symptoms are the constant vomiting and preternatural sensitiveness. The child clutches at the mother's hand, and starts violently at the least sound or movement of the arm. Pupils much dilated. A dusky tint pervades the whole body, which is most marked on the scalp and around the eyes and mouth. Prescribed *Cuprum aceticum* 6, one pilule every three hours.

April 17th.—Much better. No convulsions during the last ten days.

John H. B—, æt. 9 months, July 17th, 1877. He has been subject to convulsions for several weeks, very few days passing over without his having an attack. Prescribed *Cuprum aceticum* 3, one pilule every three hours.

July 31st.—No convulsions within the last fortnight. Continue the *Cuprum aceticum*.

August 21st.—No return of the convulsions. To take the *Cuprum aceticum* occasionally.

I cannot withstand the temptation of adding one other case in testimony of the exceeding value of *Cuprum acetikum* 3 or 6 in convulsions not due to the presence of worms, nor complicated with constipation.

John C—, æt. 3 months, September 18th, 1877. Subject to fits since he was a month old. Is totally blind, owing to congenital cataract. The child is ill-nourished, due to constant vomiting. Prescribed *Cuprum acetikum* 3.

September 25th.—Improved. Convulsions occurred only twice a week since last seen. Continue the medicine.

There has been no return of the convulsions since October 7th down to the present time (December 11th), but the vomiting has proved most obstinate, only partially yielding to treatment. *Ipecacuanha* 3 proved of most service in obviating this symptom.

Hydrocephalus congenitus.—Beatrice W—, æt. 10 months. May 26th, 1877. On first inspection a more unpromising case could hardly be imagined. The favorable circumstances are that the cranial bones are still patent, the sutures are slightly relaxed, and that the child does not appear to have failed in strength as much as might have been expected. The cranium is very large, approaching a square shape, the forehead overhanging the eyes. The head rolls about in a helpless fashion. There is a vacant idiotic expression; the eyes are restless and never fixed upon any object; pupils dilated. Constant flow of saliva. Has not the faintest idea of using his feet. The wrists and ankles are rachitic. Symptoms of convulsions have frequently been detected, although a regular fit has happily not supervened. Prescribed *Helleborus niger* 3, one pilule to be taken every three hours.

In a case of this severity one could only hope that matters would not grow worse; a change for the better could hardly be expected, at any rate, for some time. For two months it was a matter of doubt what the issue was to be. Feeling convinced that the remedy I had prescribed was the one I could best rely on, the same course of treatment was consistently pursued.

By the 24th of July the mother informed me that she was sure the child was better. I was able to confirm this by finding the measurement round the head had not increased, whereas the child had undoubtedly grown. *Helleborus* was persistently given three or four times a day until the 22nd of October. A steady improvement was manifest up to the 21st of August, when the child began to thrive and gain flesh rapidly. The idiotic look disappeared, and the little patient evidently took cognisance of things about him. The pupils of the eyes were not nearly so much dilated.

October 22nd.—Remarkably better, but still no teeth to be seen. Crams everything into his mouth. Ordered *Calcarea carbonica* 6, one pilule three times a day.

November 6th.—Two teeth through since last seen. Repeat the *Calc. c.*

December 4th.—Child doing very well.

Articular caries.—Ann S—, æt. 13. September 18th, 1877. Patient presents the typical appearance of the erethitic scrofulous diathesis. A skin of remarkable whiteness with a tendency to redden easily, and through which the rose-pink or bluish subcutaneous veins are visible, a deep redness of the cheeks and lips, and blueness of the thin and transparent sclerotica. Muscles thin and soft. Teeth handsome and of a bluish lustre; the hair fine in the extreme, breaks easily. The integuments about the right elbow-joint are swollen and indurated. Several sinuses open on the inner and outer aspect of the joint; a thin sanious discharge oozes from these. Complains of pain and a grating sensation on flexion, extension, and rotation of the forearm. Neither of these movements is perfectly carried out; that of flexion to only half the normal extent. The girl has now lived in an orphan asylum for some time, and says she has every care and kindness bestowed upon her. There is reason to believe that the scrofulous habit of the patient is congenital, and that the disease of the elbow-joint has been brought about by a fall or two she has had, which in a healthy child would have probably had

no further effect beyond a few bruises. Prescribed *Silicea* 6, two pilules three times a day.

October 2nd.—The joint is not nearly so much swollen. The sinus on the inner side of the joint is closing. Discharge thicker and not so copious. Says she suffers very little pain, and the grating sensation is only felt occasionally when the joint is moved to the full extent.

16th.—Very much better. Grating sensation entirely gone. Can flex, extend, or rotate the limb easily. Sinuses healing up rapidly. General health improving wonderfully.

CLINICAL LECTURE ON MENORRHAGIA.

Delivered at the London Homœopathic Hospital.

By GEO. M. CARFRAE, M.D.

GENTLEMEN,—The term Menorrhagia is generally used to indicate an excessive flow of blood *at* the usual menstrual period, or hæmorrhage from the womb *during the intervals between* those periods. Some authors, however, restrict the use of the term to excess *at* the “period,” and then the word Metrorrhagia is used to signify hæmorrhage *between* the ‘periods.’

Menstruation, when perfectly normal, consists, as you know, of a gradual, painless exudation of uncoagulated blood, lasting from three to six days, and returning at intervals of about four weeks. It commences at puberty and lasts, except during pregnancy and suckling, until the “change of life” occurs. The *quantity* of blood exuded at each “period” has been variously estimated at four to eight ounces. But this quantity is liable to great alterations, not only in different individuals, but in the same individual at different times. This is especially noticeable at the “change of life,” when the function is carried on very fitfully both as to time and quantity before it finally ceases. It is not at all uncommon to find patients who have been all their lives quite “regular,” when they reach the climacteric have profuse flooding. Again, *change of climate* has often the effect of greatly increasing the menstrual flow. Then again, there are individuals who have habitually such an amount of loss at each ‘monthly period’ as would be considered quite a ‘flooding’ in others, and would be followed by the same result; and yet they suffer no inconvenience therefrom.

How then, you ask, are we to discriminate between

normal menstruation and menorrhagia? The answer is—
 By the *effects* of the loss on the patient. When you have
 a very free discharge habitually—especially if it occurs in a
 plethoric, indolent temperament—which gives rise to no
 discomfort, you must not be too solicitous to check it.
 Very little more discharge than is habitual, on the other
 hand, occurring in an already enfeebled or anæmic indi-
 vidual may call for prompt interference.

The 'causes' of this 'effect'—menorrhagia—are very
 various, and may be conveniently divided into—

1. Those which are constitutional. And 2. Those which
 are local.

1. Among the former may be mentioned—

Malaria.

Lead poisoning.

Organic disease of the kidneys.

Tendency to tubercular deposit in the lungs or else-
 where.

Plethora.

Anæmia.

2. Among the latter may be mentioned—

Simple congestion or subinvolution of the uterus.

Displacements of the uterus.

Disorders of the mucous membrane lining the uterus.

Abnormal growths, such as polypi or fibroids, in the cavity
 or walls of the uterus.

Malignant disease of cervix or fundus uteri.

Retention of portions of membranes or placenta after
 abortion.

Ovarian irritation.

Excessive coitus, &c.

The causes of this diseased condition being so numerous
 and varied you can readily understand the importance of
 forming an accurate diagnosis in each case that comes
 before you. Indeed, the success of your treatment will to
 a great extent depend thereon; and, although a good
 many of the cases which come under your notice are
 dependent on organic disease of some kind, you must not
 therefore suppose that it is hopeless to attempt to relieve

them. Although you may not be able radically to cure them, you may do much to relieve the patient. There are many, however, which have a purely functional origin, and these for the most part, we pretty confidently hope to cure perfectly. And I propose now briefly to consider the means at our command for so doing—in other words the treatment of menorrhagia.

When the disease can be traced to blood-poisoning, or to Bright's disease of the kidneys, or to tubercle, your attention will principally be directed to the disease which causes the uterine hæmorrhage, and you will be guided in the selection of your remedy accordingly. When, however, the bleeding has a purely functional or local origin, you will probably select one from among the following medicines:

*Belladonna.**China.**Ferrum.**Sabina.**Crocus.**Secale.**Platina.**Hamamelis.**Calcarea carbonica.**Arsenicum.**Ipecacuanha.**Acidum nitricum.*

Belladonna is principally useful, I think, in passive hæmorrhage occurring in plethoric subjects with indolent habits, and it may be indigestion from a too liberal diet; also liability to portal and pelvic congestion. In these patients who formerly would have been treated by venesection and purgatives. I may here quote the case of S. S— in illustration of this.

S. S—, admitted out-patient November 3rd, 1877. Married ten years. No family. Florid complexion; corpulent. States that for the last six months she has had constant hæmorrhage from the uterus with severe backache. I asked her if she felt weakened by the discharge? She said, "On the contrary, it seems rather a relief to me."

On examination I could detect nothing abnormal in the condition of the uterus. To take *Belladonna*.

November 27th.—She reports that the hæmorrhage had entirely ceased. Pain in back not so severe. Feels "a

great deal better in herself," but has leucorrhœa; for this I prescribed *Pulsatilla*.

I heard from her some considerable time afterwards. There was no return of the hæmorrhage.*

China (and its alkaloid *Quinine*) finds its appropriate place in the treatment of menorrhagia when it occurs in precisely the opposite condition to that which I have just mentioned, that is, in menorrhagia associated with anæmia. I would ask you to bear in mind that this medicine is not only useful in curing the weakness caused by debilitating losses, but has a specific action on the uterus of the kind now under consideration. Among the pathogenetic symptoms one of the provers mentions "Increase of existing menstruation, even to metrorrhagia; the discharge is passed in black clots (after an hour)."† Again, in the proving of *Chininum sulfuricum* we have—"uterine epistaxis coming on generally a few hours after the first dose, and lasting continuously, though moderately, for sixteen hours (one gramme daily)." "Moderate uterine epistaxis lasting two days (eight centigrammes daily for two days)."‡ So much for the pathogenesis of this drug.

Now, let me quote, in illustration of its curative action, the two following cases.

E. H.—, admitted March 26th, 1876. Married. Has five children, youngest five months old. Has had hæmorrhage since birth of that child, with great weakness and bearing down.

On examination there is a considerable amount of uterine congestion.

I prescribed *China* ϕ $\text{m}\nu$, ter in die.

April 11th.—Discharge has quite ceased. Is stronger and improving in every way. Rep. med.

This patient steadily improved, and on May 16th was discharged cured.

* This patient again reports (January 1st, 1878) that she feels exceedingly well in every way, but when the "period" came last time it was very free. As, however, this gives rise to no discomfort—is, in fact, rather desirable with such a habit—I do not use any means to check it.

† *Allen's Encyclopædia of Pure Mat. Med.*, vol. iii, p. 197.

‡ *Op. cit.*, vol. iii, p. 233.

E. P—, admitted January 6th, 1877, æt. 32. Married. Has one child nineteen months old. Since its birth has had profuse menstruation every fortnight, which has weakened her very much.

I prescribed *Quin. nit.*, which she took till March, with the effect of improving the state of the menstrual discharge. She then got cold, and complained of cough, expectoration, pain in chest, night sweats, &c. For this *Phos.* was prescribed. In April she was discharged cured, the cough, &c. gone, and menstruation regular.

Ferrum finds its place in the same class of cases as *China*, that is, in those associated with or dependent on *anæmia*. It is also useful, however, in cases dependent on organic disease of the womb.

Sabina is one of our most valuable medicines for the cure of menorrhagia, especially if it is caused by uterine congestion, and is complicated with rectal and vesical irritation.

The following cases will illustrate this.

E. B—, admitted May 9th, 1876. Married; has had three children, the last three months ago. Has had hæmorrhage ever since. On examination the uterus was found to be considerably enlarged and the os patulous. I prescribed *Sabina*.

May 23rd.—She reports that the hæmorrhage has quite ceased, but she still feels weak. Ordered *China*. The next report is, discharged cured.

S. M—, æt. 35, admitted September 5th, 1876. Married; has five children, of whom two only are alive. Is suffering from menorrhagia, with congestion of uterus; very weak. Ordered *Sabina*.

October 3rd.—Reports "menstrual period" regular as to time, and normal as to quantity, that is, it lasted four days. She then reports that she has got cold, with hoarseness, frontal headache, &c., for which I prescribed *Spongia*. Shortly afterwards she became pregnant.

J. R—, æt. 24. Married four years; has had two children. Admitted 21st March, 1876. Has had uterine hæmorrhage since Christmas, and is very weak and anæmic in

sequence. On examination I found that there was considerable enlargement of the uterus, and os very patent. Ordered *Sabina*.

On the 28th she reports that the hæmorrhage has ceased, and she is altogether better. I prescribed *China*. She improved steadily, and was discharged, April 18th, well.

M. B—, admitted May 2nd, 1876. Has had hæmorrhage for three months. Examination reveals nothing abnormal in the state of the uterus. No displacement or enlargement. Prescribed *Sabina*.

June 13th.—States that there is still some hæmorrhage.

28th.—Hæmorrhage much the same. To take *Crocus*.

July 25th.—Nearly well.

After this the patient complained of piles, for which I prescribed *Cauloph.*, which speedily relieved her.

N. A. B—, æt. 34, admitted April 11th, 1876. States that nine months since menstruation lasted a month, and has, since then, been very profuse at each 'period.' She has also leucorrhœa between the 'periods.' Feels very weak. On examination the mucous membrane of the cervix was found to be inflamed, but the fundus of the uterus seems normal. I prescribed *Sabina*, and for some time, which I have not recorded in the case-book, *Cauloph.*, but she did not improve satisfactorily.

July 11th.—She reports that menstruation is still too profuse and too frequent. I then gave her *Crocus*.

August 22nd.—Reports that she is much better in every way.

She then took *Quin. nit.* for a fortnight, and was discharged cured.

Now, you will observe that while *Sabina* relieved *Crocus* cured the last two cases; and I think that if I had given the *Crocus* at first instead of the *Sabina*, probably the cure would have been more speedy. The cases in which you will be induced to select *Crocus*, as a rule, are those in which the discharge is black and clotted, and in which it is of a passive kind and not dependent on any organic disease.

Chamomilla is useful when the discharge is similar to

that mentioned is diminishing the use of *Crocus*, especially if the attack comes from violent excitement.

Secale is, in my opinion, one of the most useful remedies we possess for menorrhagia. It and *China* are perhaps the only two medicines of recognised use by the old school which have a specific relation to the uterus. You are doubtless familiar with the physiological effects of *Secale*, and when you have symptoms resembling those,—i. e. spasmodic contractive pains in the uterus with profuse hæmorrhage,—you have an indication for the use of this medicine. But its usefulness is not confined to such cases. In its pathogenesis we find recorded *congestion of the uterus*. Hence we may use it in menorrhagia having such an origin. I find it most useful, however, in those cases which are caused by the presence of a fibroid or other organic disease. Here is an example of its utility under such circumstances.

E. B—, æt. 38, married nine years. Has had no children, but had one miscarriage shortly after marriage. She has a large fibroid, which has gone on steadily increasing in size. She has severe dysmenorrhœa and profuse hæmorrhage at the monthly period. Between the periods she has a profuse watery discharge.

I prescribed *Secale* ϕ η v, ter in die, with the result of diminishing very much the menorrhagia and dysmenorrhœa. She even fancies that the tumour is diminished in size.*

Allow me, gentlemen, to call your attention to the *dose* prescribed in this case. It was η v of the pure tincture. You have doubtless noticed that I very often prescribe such a quantity—not only of this but of other tinctures—and as this differs from the dose usually prescribed by my colleagues I think I ought to explain to you why I do so. In the first place, I have carefully watched the results of the administration of the higher potencies at this Hospital and elsewhere, and I confess I have been disappointed and dissatisfied with the results. In the second

* January 1st, 1878.—This patient came to the hospital to-day. She says she feels so well that she thinks it unnecessary to continue attendance.

place, I believe that the medicinal aggravation which Hahnemann laid so much stress upon rarely if ever takes place, even from such doses as I give. At all events, I very seldom see it. And lastly, I agree with Dr. Black in thinking that the proper curative dose lies very near, or just within, the physiological dose. I have no time now to go further into this vexed question, but you will gather from this brief statement that I belong to those whom Dr. Hughes, in his paper read at the Liverpool Congress, on the "Two Homœopathies," classes as a believer in the *first* homœopathy. *A propos* of this digression, I may state that this patient, E. B—, had used *Secale* for months before she came to me, but in a *high potency*, without the least benefit.

This lecture has already occupied so much of your time that I can only briefly state the indications for the selection of the remaining medicines I have mentioned.

Calcarea carbonica is recommended by Hahnemann in those cases in which the period *anticipates*. If this happens in a patient predisposed to phthisis, there will be an additional reason for its selection.

Platina and *Hamamelis* are chiefly indicated when ovarian irritation is the cause of the hæmorrhage.

Arsenicum will often be very serviceable when there is reason to suspect endometritis as the cause of the mischief.

Ipecacuanha, although mentioned last, is by no means the least important of the remedies for menorrhagia; indeed, it is a very valuable one, chiefly when nausea is a prominent symptom.

Dr. Ludlam has great confidence in *Nitric acid* in cases of passive hæmorrhage from the uterus. The pathogenetic indications for its use are not very clear, nor can I say much in its favour from my own experience, but coming from such a reliable source I think it deserves your careful consideration.

It frequently happens that cases come under your notice in which, after the most careful selection and fair trial of the medicines indicated, the disease progresses obstinately. When such is the case, when you have carefully examined

the different organs,—when you have found that the kidneys, liver, lungs, &c., are all healthy, that there is no cause to suspect *blood-poisoning*, when you have by bi-manual and specular examination of the uterus failed to get at the cause of the disease or by your remedies to cure it,—it will then be needful to explore carefully the interior of the cavity of the uterus. This you do by dilating the cervix uteri with sponge-tents. Very frequently this leads to the detection of fungous granulations of the mucous membran , or the presence of a small sessile or pedunculated mucous polypus.

I shall briefly detail a case requiring such a procedure to you.

Miss M—, æt. 31, single, after a long walk, was seized suddenly with severe hæmorrhage amounting to flooding. That was about seven years ago. Since then she has always had hæmorrhage more or less. It is not confined to the regular 'periods' but comes on from the slightest cause, and very often apparently from no cause whatever. She feels very weak in consequence. She was under the care of a colleague for some time, and as he had used all the medicines which seemed indicated without any benefit I suggested dilating the cavity of the uterus with sponge-tents. This was done. The mucous membrane was found to be in a spongy, fungoid state, but I could detect no foreign growth of any kind. I applied a solution of *Tinct Ferri. Perchlor.* to the unhealthy membrane and gave *Secale* internally. She left the hospital quite cured. I ought to mention that some months afterwards there was a recurrence of the disease. The same treatment was adopted, and she is now well, except that the 'periods' last longer than is quite right. As she is still under treatment as an out-patient I hope to get that cured also.

In addition to the purely medicinal and surgical treatment of menorrhagia, there are other points which are quite as important. One is that the patient should keep the horizontal posture while the hæmorrhage lasts. Another is that the *diet* be carefully regulated. In such a case as that first quoted, you will order a spare diet and forbid the use of

stimulants. In the case of an anæmic patient, on the other hand, you will order a generous diet, and it may be a small quantity of stimulant. Lastly, I think you will always find an excellent adjuvant to the treatment in the employment of heat to the lower part of the spine, in the manner recommended by Dr. Chapman in his pamphlet on *Functional Diseases of Women*. I believe the principles contained in that pamphlet to be in the main sound, although practically I have not found such satisfactory results as Dr. Chapman leads us to expect from his method of treatment. Nevertheless, I look upon the employment of *heat* by means of india-rubber bags to the spine as a valuable adjunct in the treatment of menorrhagia, organic as well as functional.

I may here remark that Dr. Chapman's pamphlet furnishes a significant commentary on the state of *rational medicine*. In almost all the text books on gynæcology you find that cold applications are recommended in uterine hæmorrhage of all kinds. Dr. Chapman declares that this is quite wrong, and that you ought to use *hot* applications under such circumstances. So that in this nineteenth century, with all its boasted scientific advancement and its very rational system of medicine, physicians are by no means agreed as to the action of such simple reagents as heat and cold. Can we wonder, then, at the divergence of opinion with regard to the action of the 300 or 400 remedies contained in the *Materia Medica*? The moral I would have you draw from this commentary is—"Prove all things: hold fast that which is good."

CASES OF CONSTIPATION TREATED BY *NATRUM MURIATICUM*.

By W. BAYES, M.D.

Mrs. S—, æt. 40. Subject to catarrhal affections and to erythema of face. Has acid indigestion; wine, sugar, and fat disagree, causing heartburn. Tight sensation across forehead Bitter taste. Liver rather smaller than natural. Chronic constipation, for which she has been under an eminent allopathic physician, who ordered Friedrichshaller, Carlsbad salts, &c. These act well, but without the purgatives she has no action.

19th January, 1875.—Ordered ℞ *Natrum. mur.* gr. ij 3rd trituration to be dissolved in two tablespoonfuls of water. A tablespoonful to be taken at 11 and 4 for four days, then to wait four days and resume. ℞ *Natrum mur.* 30 gtt. j to be taken every night in a dessertspoonful of water for four nights, then to wait three nights and resume.

The patient did not return till the 7th of May, when she came with a sore throat. She had never been constipated since taking the medicine. I saw her again on 28th May this year (1877); the bowels had never been constipated again. The cure was complete.

Miss S—, æt. 12, the daughter of the above patient, also suffered with chronic constipation, and was cured in fourteen days by the same remedy,

Miss P—, æt. 60. A very weakly woman, alightly asthmatic, with lateral curvature of the spine, a hard and very suspicious tumour between the right breast and armpit, and a considerably tumefied right ovary. Cachectic looking and very much emaciated. Subject to very frequent bronchial catarrh, had for many years had no action from the bowels without an aperient, and was in the

[Vertical markings and symbols on the right margin, including letters like 'J', 'i', 'b', 'B', 'C', 'E', 'F', 'H', 'I', 'J' and various symbols.]

constant habit of taking castor oil or rhubarb pills. Tongue very much furred and somewhat fissured. Palpitation of heart and lowness of spirits, with nausea. Pulse 80.

1st May, 1877.—Gave *Natrum mur.* 8 in two-grain doses twice a day for four days, dissolved in a tablespoonful of water, and a drop of the 30th every second night in a dessertspoonful of water.

On May 24th she returned, saying that there had been no necessity for her to take any aperient since her last visit, as the constipation had yielded wholly to the *Natrum muriaticum*.

I do not think it needful to multiply these cases, although I have verified the above experiences in a large number of cases. "Excessive liability to take cold" is usually met with in patients likely to benefit by *Natrum*, but this is only one of many other symptoms pointing to great irritability of the mucous membranes. "Emaciation" is also a leading symptom, although there are many cases of constipation in stout and well-conditioned people in which *Natrum muriaticum* will act well; but irritability of skin, a tendency to eczema or other rash from chill, and a chronic state of dry or irritable mucous membrane, with an excessive liability to catarrhal troubles, will usually indicate *Natrum mur.* I need hardly, perhaps, remind the practitioner that before prescribing this remedy, he should inquire as to whether the patient has been in the habit of excessive indulgence in the use of table salt, in which case such a habit should be abandoned, and either *Nitrum spiritum* or *Arsenicum* should be given as its antidote.

Heaviness and aching in the forehead with a sensation as if full of cold, accompanied with depression of spirits, are also strong indications for the use of the *Natrum* in constipation, as also are aching and tensive pains in the region of the liver.

The curative action of *Natrum muriaticum*, where given in infinitesimal doses for the cure of constipation, affords one of the best illustrations of the development of medicinal power by trituration and minute subdivision. It renders

440 Cases of Constipation treated by *Natrum Muriaticum*.

probable Hahnemann's theory of the dynamization of drugs by trituration and succussion. It is difficult to understand how the infinitesimal dose of a substance, already existing in considerable quantities within the body, and taken in comparatively large quantities at almost every meal, should nevertheless act with vigour as a medicine. That it does so is a well ascertained fact, in the experience of every competent homœopathic practitioner, and those who desire an explanation of the apparent paradox, may perhaps find it in some relation to the metamorphosis of cell-life, which may be more easily modified by particles of a substance so prepared as to reach the ultimate cells in a state of so minute division as to be able to enter and produce their impression where grosser particles cannot penetrate.

Annals of the Society.

RECENT DISCOVERIES IN PHYSICAL SCIENCE ILLUSTRATING THE LAW OF SIMILARS, OR MATERIALS FOR A MECHANICAL THE- ORY OF HOMŒOPATHY.

BY W. DEANE BUTCHER, M.R.C.S.

(Read May 2nd, 1878.)

MR. PRESIDENT AND GENTLEMEN,—When I looked round me for a subject which should be of sufficient interest to bring before your Society, I found I could not do as so many of your members have done during the past session, viz., draw on the fertile resources of a long professional experience for matter worthy of your attention.

I therefore chose a subject with which I happened to be familiar, and intended to have given a *resumé* of the numerous modern discoveries in physical science, to have detailed the advances in experimental research and in scientific methods, and to have briefly reviewed the points at which they seemed to touch on the practice and theory of homœopathy.

Circumstances however hindered the production of my paper, and I availed myself of the delay to extend the limits of my inquiry.

In the recent investigations of science there seemed to arise many points of resemblance between the action of physical forces in inanimate bodies, and the effect of therapeutic agents on the living organism. In the department of Kinetics the action of the homœopathic law of similars

appeared to govern the "transfer of energy." Identical principles revealed themselves in the domain of physical dynamics on the one hand, and in that of Pharmacodynamics on the other. So many and so varied were the instances of analogy between physical and medical action, that a mechanical explanation of the law of similars seemed not so improbable as it had at first appeared. I was encouraged, therefore, to bring before your notice to-night a series of observations, materials which may at some future time serve in the construction of a "mechanical theory" of drug action, and of the homœopathic rule of drug selection.

We must remember that our school was not originally founded on an established theory, or hypothesis, but on a practical rule of therapeutics. Formulated by a German physician half a century ago, it has survived opposition and misrepresentation, the attacks of enemies, and the unkind zeal of friends. More wonderful still, it holds its ground intact at the present day, in spite of the marvellous development of medical and scientific knowledge. The "similia similibus" of Hahnemann is an empirical generalisation, founded on accurate observation and experiment, and has therefore withstood triumphantly the test of time. Hitherto, however (as far as I am aware), no rational theory of a rule so successful in practice has been attempted; or if attempted, no satisfactory explanation of homœopathy as a whole has as yet been adopted. Hints there have been of a wider generalisation, of which homœopathy is but a part. Analogies with other forces and modes of action have been pointed out, but no means has been discovered of reconciling Homœopathy with the main body of science. When the time comes for finally submitting the law of similars to the test of scientific investigation, Homœopathy will stand or fall, according as it does or does not show itself to be in harmony and accordance with other established laws of nature. On this question however, judgment will be pronounced, not by a narrow professional clique, but by the general consensus of scientific opinion. Homœopathy will then make good its claim, not merely or mainly as a rule of drug selection, but as a law of

molecular dynamics, pervading all nature, as true and as universal as that of gravity itself.

In what follows I shall endeavour to show the strictly mechanical nature of the homœopathic law; and for that purpose let me remind you of the strictly mechanical nature of our art. We are still all too prone to retain the quasi-priestly character of our predecessors, who claimed to be the high priests of nature, and with manifold ceremonies tended the altar-fires of these our temples and tabernacles of flesh. Rather should we resign ourselves in these more prosaic days to our true rôle of mere machinists, whose duty it is to maintain and repair, to regulate and control, a marvelously complicated and delicate piece of machinery.

The idea that the human body and brain is but a machine has been eloquently expressed by an American writer, himself an accomplished physician:—

“Our brains,” says he, “are seventy-year clocks, wound up once for all by the Angel of Life. Tic-tac, tic-tac, go the wheels of thought; our wills cannot stop them, sleep cannot still them, madness only makes them go the faster; death alone can break into the case, and seizing the ever-swinging pendulum which we call the heart, silence at last the clicking of the terrible escapement we have carried so long beneath our wrinkled foreheads.

If we could only get at them as we lie on our pillows, and count the dead beats of thought after thought, and image after image jarring through the over-tired organ. Can nobody block those wheels, uncouple that pinion, cut the cord that holds those weights, blow up the infernal machine? What a passion comes over one sometimes for rest and silence,—that this dreadful mechanism, unwinding the endless tapestry of time, embroidered with spectral figures of life and death, could have one brief holiday.

If any one would only contrive some kind of lever, one could thrust in among the works of the horrid automaton, and check them or alter their rate of going.”

Gentlemen, you know too well that Medicine through ages past has invented many a lever, many a coarse and clumsy contrivance to poke in among the wheels of this

delicate and complicated mechanism,—all unmindful of the caution one sees sometimes even on clock-work toys : “ Quoi-
qu’elle soit très solidement *montée*, il ne faut pas *brutaliser*
la machine.”

It is the boast of our school however, that we have no need to “ *brutaliser* ” the human organism in our efforts to regulate it; but that we are possessed of a safe and certain method of delicate adjustment, applicable with the greatest certainty and safety, without any danger of disturbing its proper rate and mode of action.

If then you will bear in mind that, for the nonce, we are merely machinists, dealing with mechanism by strictly mechanical means, according to certain physical laws, it will simplify greatly my attempt at elucidating those laws to-night.

Let us examine more closely this seventy-year clock, which it is our duty to tend,—a marvellously complicated assemblage of parts. But no one part, organ, wheel, or pinion is simple or homogeneous. Each may be resolved into its constituent cells, which so far as our sight can demonstrate, are its ultimate constituents.

The doctrines of cell-action and cell-pathology teach us that the cell is the centre and origin of all vital action, and of the varied phenomena of life, health, and disease. But even the cell is not homogeneous. The microscope even here reveals to us protoplasm and formed material,—nucleus and nucleolus,—cell-wall and cell-contents. Each cell is capable of a partially distinct existence, and exhibits phenomena of nutrition and reproduction,—of growth, development and decay.

Marvellously linked together too are these cells,—by sympathies we may not understand,—perchance by social instincts we do not dream of.

Each one is a microcosm, or little world, in which are reproduced in miniature all the phenomena of life. The mind can however analyse the cell still further, and break up cell-wall and cell-contents each into its constituent molecules and atoms.

I have often thought that a tree afforded the best

illustration of a living cell. When we view a cell from without and at a distance, it resembles some giant oak, seen on the far off horizon. All invisible are mighty limbs and wide-spreading branches, "sprouting a shady boon for simple sheep." We can discern only a dark, solid mass of many-tinted green, standing solid and silent against the azure sky.

But suppose we approach more closely, and take our station within its circle. No longer an homogeneous mass—we see it is composed of an infinitude of parts. No longer still and silent, it is full of life and motion. Birds flit aloft among its branches, the hum of insects enlivens the gloom beneath. The wind, too, sways its giant arms, and soft airs sigh amid the branches. Its leaves flutter to and fro with melodious murmur,—sunlight and shadow alternately chequer the grass beneath,—and what at a distance appeared an innate inanimate mass is seen to be instinct with life and many coloured motion.

Such is our cell. Simple and homogeneous it may appear to the highest powers of our glasses; but the more powerful optics of the mind perceive in it a marvellous complexity. Could we but transport ourselves into its interior, and take our station inside the magic circle of its "cell territory," the oak-tree would be silent and simple in comparison.

What should we see? Clashing atoms and clustering molecules, more numerous than leaves and branches,—wide desert wastes, traversed by soft caloric breezes, or convulsed with electric storms. Communities held together by twig-like bonds of adhesion, swayed by chemic forces of attraction and repulsion, molecular alliances and discords, atomic loves and hates. A more mobile atmosphere, the imponderable ether, bathes the atom leaves. Pulses of sound, vibrations of light, tremors of heat, currents of electricity, ethereal waves, atomic storms, rush through the interspaces. There is no silence or repose in Nature. Atom leaves flutter unceasingly to the sway of atomic breezes, dancing to and fro in mazy whorls to the music of molecular forces;

trembling, vibrating, swaying ever to the swell of ethereal waves.

This then is the cell, the arena in which the forces of life and death contend for mastery,—the theatre in which is played the drama of life,—a Universe in miniature, where, like the stars in their courses, atom-worlds revolve, each in its appropriate orbit, in obedience to laws as fixed and immutable as those which govern the motions of the celestial spheres. It is among this constant flux and reflux, this marvellous complexity and minuteness, that we have to study the harmonious vibrations of health, to detect the discordant tremors of disease,—to restore the one and arrest the other,—and this without disturbing the delicate adjustments of this most marvellous machinery.

Let us see a little further what modern research has discovered of the nature and structure of these atom worlds, which from another point of view may be regarded as the single stones or bricks of which our body is built,—the ultimate architectural units of the organic edifice.

Professor Clifford thus describes a structure which would have all the properties of an Atom. "Suppose I have several metal bells, which answer to quite different notes, attached to a set of elastic stalks which spring out of a common centre to which they are fastened; and each bell able to spin round on its stalk. This structure will represent an atom. An elastic framework of whalebone is supposed to surround each bell-structure, so that one atom cannot approach another closer than a certain definite distance." Now variety and freedom of motion is the great characteristic of such a structure. The centre is capable of movement in all directions,—the whole assemblage of centre, stalks, and bells spins round its own axis, or round any other axis whatever. It is able to vibrate to and fro as a whole, and to execute all kinds of complicated evolutions. The motions are perfectly definite, although infinitely varied. No single bell can sway or spin at any rate of motion but one, viz. that to which it is set or tuned. The whole structure, too, vibrates only at one rate and to one definite note.

A Gas—the air, for instance—consists of myriads of these structures. They fly about in straight lines, and continually come into collision, when their elastic frameworks cause them to rebound. In our atmosphere there are chiefly two kinds of these masses. The atoms of Oxygen are all alike, and of the same size and weight; they fly about with the same velocity, and if any foreign movement be communicated to them, they vibrate at the same rate and to the same note. The atoms of Nitrogen are also all alike in every respect. They differ, so far as we know, from those of oxygen only in being lighter. They, therefore, fly about more quickly, vibrate more rapidly, and thus respond to a higher note. In a Liquid, the elastic atom-frameworks are so close as to be in contact, and yet the atoms are in continual motion, rolling about among one another. Any one of them travels from end to end over the whole of its confining space; not, however, in a straight line as they do in a gas, since being in contact they must necessarily move in a wavy path. In process of time any one particle at one part of a liquid will have traversed all its different parts one after another, and each atom will have come in contact with every other individual particle of the liquid.

In a Solid, a crystal for instance, there is no such motion. The atoms retain pretty much their relative positions. Suppose a ball fastened by elastic strings to the floor, to the ceiling, and to each wall. Then, if moved, it will oscillate about its mean position, but will not leave that position far, and will return to it quickly. This is the degree of motion of the particles of a crystal. Each atom is attached to its neighbours by the force of cohesion as by elastic cords. But you will remember that besides the motion of the atom structures as a whole, each one was able to revolve about its centre or to spin about its axis. Each little bell attached to its centre could also vibrate, oscillate, and spin. There is, therefore, plenty of motion even in a solid, and each of its atoms can respond in various ways to external impulses.

Professor Stokes describes an experiment which well illustrates the mode in which atoms respond to impulses

from without. Imagine a room filled with structures composed of sets of bells, each answering to a definite note. Let these notes be C, F, and A. Then suppose the gamut or an air to be sung softly at one end of the room, while a listener is stationed at the other end, the bells forming a screen between. As long as any note is sounded which does not belong to the bells, the voice note is heard undiminished, and the bells are still and silent. But when the voice comes to either of the notes C, F, or A, which belong to the bells, the sound of the voice notes is deadened, or entirely inaudible, and the bells begin to vibrate softly themselves.

Again, suppose a trumpet to play a tune at the end of an avenue, and a screen of violin strings, tuned to the note F, to be interposed between it and the hearer; then every other trumpet note will be audible, but whenever the note F occurs it will be deadened. The structure capable of causing the sound F is also able to absorb or destroy the same note F. Now, just as the bells filter out a certain sound from the gamut of voice notes, just as the strings absorb certain definite waves of sound produced by the trumpet, so do the bell-like atoms of a gas filter out definite waves of light from the spectrum or light-gamut. If we pass light through oxygen, for example, it weakens or intercepts certain particular colours or tones of light; similarly hydrogen absorbs certain other tints. Each substance absorbs those waves which coincide with the particular rate of vibration of its atoms. The bell-like molecules are set ringing themselves, but arrest the notes corresponding to their own especial tones.

This is no fanciful analogy, but represents exactly what takes place when light is absorbed by the vapour of any chemical substance. It is the basis of spectrum analysis, one of the most wonderful developments of modern science.

As we shall need to understand it, the present will be a convenient time to explain the structure of a Spectroscope. It consists essentially of a prism for analysing a ray of



light, and is illustrated in the third figure of this paper at page 457.

Let us examine a ray from a perfectly white light, from an electric lamp for instance. It will be figured as a narrow white line on the screen. On interposing the prisms, the whole ray is split up into a number of coloured rays. Thousands of narrow lines of all shades of colour will be depicted on the screen. They are ranged so close as to form the continuous spectrum or strip of coloured light (R, O, Y, G, B, I, V, in No. 3, page 457).

Now let us see what this examination tells us in reality of the source of light. It not only tells us that the lamp is emitting coloured rays of all degrees of refrangibility, but it also reveals to us the causes of that difference. The lines of red light at one end are the result of waves of ether recurring 400 billion times per second. This represents a corresponding frequency of motion in certain of the atoms composing the flame. In the same way the violet lines tell of vibrations in the flame recurring as many as 700 billion times in one second. We know still further that the path or swing of the atoms, whose motion is thus visible, varies in length from 600 to 400 millionths of a millimetre; and that the atom motion is communicated to the ether and travels through it at the rate of 196,000 miles in one second of time. You see, then, that a Spectroscope is an analyser, a counter, and measurer of molecular motion and vibration; at least it analyses those vibrations of which the velocity is within the above-mentioned limits.

Now, it has been observed that when the sun's light is thus analysed many of the coloured lines are missing, and its spectrum is crossed by numerous dark lines, the most important of which, B, C, D, &c., are shown in spectrum No. 1, and are called Fraunhofer's lines.

Why are these tints missing? If a continuous spectrum be represented by the letters R E D, Y E L L O W, B L U E, then the solar spectrum shows certain gaps thus—R-D, YE-LOW, BL-E. Why are the colours represented by E, L, and V blotted out? The answer is not far to seek. The sun's

photosphere emits rays of all degrees of refrangibility, i.e. it contains atoms which are capable of vibrating to all the colour tones from red to indigo; but certain of the ether waves are absorbed and destroyed in their course from the sun to our eye. For instance, the black lines at D in spectrum No. 1 show that the vibrations recurring 550 billion times per second have been absorbed. Hence we infer that between us and the sun there exists a substance whose atoms are of such size and weight as to be capable of themselves vibrating 550 billion times per second. If that be the case, we argue further that the same substance when heated will vibrate also at the same rate; it will therefore emit rays of the identical degree of refrangibility which it has absorbed or destroyed in the solar spectrum.

Such a substance does in fact exist in the sun's envelope and in the terrestrial atmosphere. It has been discovered that Sodium is the substance whose atoms are capable of vibrating at the rate of 550 billion times per second,—intercepting those identical light waves in their passage from the sun,—and of emitting when heated rays of the same degree of refrangibility with the D lines in the sun's absorption spectrum.

There are some thousands of these black lines,—tinted threads which are missing when the colourless skein of white sun-light is unravelled; but each line tells of intervening atom bells, with tones corresponding to the missing colour-tones; these have been set swinging by the ether waves, and have thus absorbed and intercepted the corresponding rays of light. We shall have occasion to refer to this subject again.

You see, then, that Atoms are bodies silent and motionless in themselves, but ready to answer to any force or motion from without. Varying in size and form, attuned to different notes, they are like so many reeds or strings on which the forces of nature can play what music they will.

Tuned to every note of nature's gamut, there are atoms ready to start into musical vibration at a breath of any of her forces. So far as we know, once set in motion they are not arrested except by giving up motion to their fellow

atoms. The very essence, then, of an atom is its capacity for distinctive motion, and vibration only at a definite velocity.

This then is all, or nearly all, we know concerning the atoms and the molecular architecture of matter. But the phenomena of nature depend also on certain forces, which were at one time supposed to be independent of matter. The labours of Mayer, Joule, Tyndall, and others, however, have demonstrated the "correlation and mutual convertibility" of the forces. Heat, light, magnetism, and electricity are proved to be only "modes of motion." In natural phenomena, then, we have to deal with matter and force, *i.e.* with material atoms and the vibratile motions of those atoms. The forces of nature are therefore mechanical forces.

Nor can we suppose any longer that the Vital force alone is an exception. "No really scientific mind," says Tyndall, "will be disposed to draw a substantial difference between chemical and mechanical phenomena. They differ from each other as regards the magnitude of the masses involved, but in this sense the phenomena of astronomy differ also from ordinary mechanics. The main bent of the philosophy of a future age will probably be to chasten into order, by subjecting to mechanical laws the existing chaos of chemical phenomena."

If in the foregoing quotation we read *vital* for *chemical*, it will express the belief of most advanced physiologists. "Life," says Dr. Carpenter, "is a peculiar mode of activity. We discern the essential identity of this vital activity with that force which maintains the ceaseless cycle of activity in the universe at large."

If, then, the phenomena of life itself are due to modes of motion in the atoms of specially adapted matter,—Health must consist in the normal, orderly, harmonious motion, vibratile or otherwise, of those atoms; while Disease must be due to discordant, inharmonious atom vibrations,—excessive or deficient activity of molecular motion.

So, too, a Therapeutic agent is no mere aggregation of material particles with mysterious virtues, but a vehicle

either for communicating or absorbing force, for changing phase or mode of vibration, or for operating some alteration, acceleration, or retardation in the motion of the atoms of living tissue. One chemical substance differs from another, principally as the spectroscope reveals to us, in the size and weight of its atoms, and hence in the velocity of their vibration. It is in virtue only of this difference in their motion that they act on different organs, and can affect differently the motion of those organs.

To recapitulate, I have endeavoured to prove the following propositions:

I. The living tissues and organs are composed of assemblages of atoms in constant motion, and ready to have that motion altered, arrested, or increased by appropriate means.

II. Any given drug is an assemblage of atoms in motion, or capable of vibration, and differs from every other drug mainly in the character, velocity, and mode of vibration of its atoms.

III. The motion of both organic and inorganic bodies are alike simply mechanical in their nature, and governed by mechanical laws.

If the above propositions be granted, then I shall proceed to show that all therapeutic action is a case of *transfer of energy* in a kinetic form from drug to disease, or *vice versa*, and that the transfer of motion takes place according to certain well-known mechanical rules.

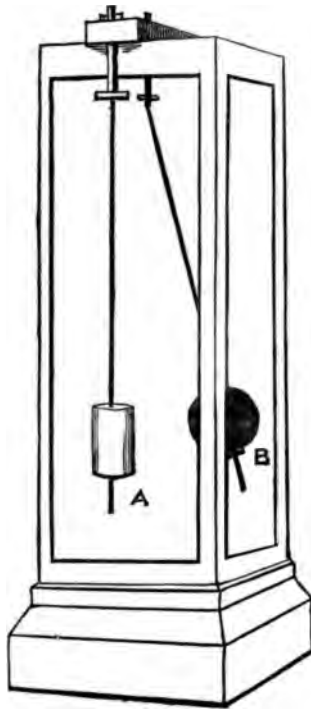
Lastly, I shall hope to make it clear that "similarity" between the drug motion and the vibration of the morbid tissue is a necessary condition of transfer of energy, and that the Homœopathic law is already recognised (under another name) in the domain of physical science.

I have described somewhat in detail the molecular structure of our bodies and the laws of molecular motion, in order to bring vividly before your minds the conditions of the problem which medicine attempts to solve.

"Whether our intellection be real or imaginary," says Tyndall, "it is of the utmost importance in science to aim at perfect clearness in all that comes, or seems to come, within the range of the intellect. For if we are right, clear-

ness of utterance forwards the cause of right, while if we are wrong it ensures the speedy correction of error."

I will now proceed to describe certain experiments illustrating the "transfer of energy" between visible masses. We shall find that the conditions which render such transfer possible are, in fact, identical with those which render possible the action of remedies on the living body, viz., homœopathicity, or similarity of action.



Experiment 1. Here is a clock-case, within which is swinging a pendulum (coloured black in the figure) of such a length as to oscillate exactly once in a second of time.

Now, supposing it be inquired :—How can the motion of the pendulum in the locked clock-case be affected or arrested from without?

Suppose we attach to the wooden support, outside the

case, another pendulum, of exactly the same length (the white one, marked A), and let it remain at rest. After a few moments, the external stationary pendulum will begin to take up the motion of the oscillating one. This motion will gradually increase, until, after a time, the second pendulum swings to and fro as freely as the first had done. But at the same time the black one inside the case begins to swing through a shorter and shorter arc, till at last it is reduced to rest.

Here there has been transfer of energy from the black to the white pendulum. The vibrating pendulum has started the resting one into motion,—the resting one has absorbed and arrested the motion of its fellow. If the experiment be allowed to proceed, the white pendulum will, in its turn, yield up its motion; and after a further lapse of time the black one will be vibrating and the white one will be at rest, as at the commencement of the experiment. This action and reaction, this alternate interchange of motion, will go on for a considerable period.

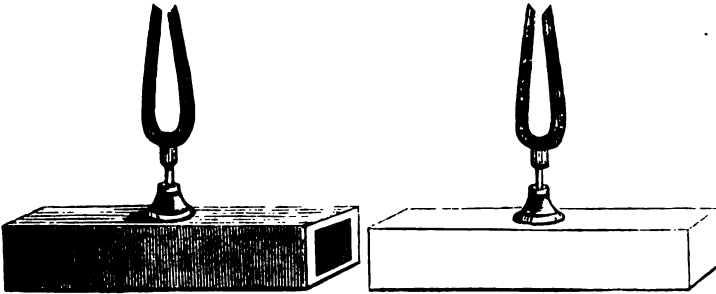
If now I lengthen one of the pendulum rods by a quarter of an inch only, the experiment fails. The white pendulum is no longer capable of exactly imitating the motion of the black one; its beat is slower, and therefore, the motion of the two being dissimilar, the mutual transfer of energy is impossible.

In this case the wooden support has been the medium through which the transfer of energy has been affected. Through it material vibrations have passed from one body to the other.

There are, then, two conditions essential to the transfer of motion. (1.) A medium of communication must exist. (2.) Similarity of motion must be possible. Each mass must be capable of exactly imitating the motion of the other. The relation is, in fact, that of Homœopathicity.

In our experiment the white bob is unlike the black one, in shape, size, weight, and material. It is, nevertheless, a true *simillimum* in the one essential respect, viz., “capacity for motion.” If set swinging, the beat of the white will be exactly similar to that of the black one. When one of

the rods was lengthened ever so little, the condition of homœopathicity no longer obtained, and we saw that no transfer of energy was possible. Thus the law of "similia similibus" holds good in the domain of Physics. Motion can be arrested only by an agent which, under favorable circumstances, is capable of imitating that motion precisely.



Experiment 2. The next illustration represents an instance of transfer by means of atmospheric waves. In this instance, too, I shall show that no transfer is possible except between bodies possessing similarity of motion. In the figure the shaded tuning fork is supposed to be in motion, vibrating 170 times per second, and sounding the lower F of the scale. Now, if we approach to it a silent tuning fork of any other note than F, there will be no response. I may try forks corresponding to every other note of the gamut, and the motion of the one will in no way affect the other. If, however, I bring near it "a simillimum," i.e. a body capable of imitating exactly the motion of 170 vibrations per second, it will start into motion. (The second silent fork, tuned to the same note F, is unshaded in the diagram.) It will not only respond to the motion of the vibrating fork, but it will speedily deaden the original vibration; and an interchange of energy will take place, as in the case of the two pendulums. In this case the air is the medium of communication between the two bodies.

Experiment 3. A more subtle medium even than air is capable of transferring motion between bodies which possess

the needed Homœopathicity. If a magnetic needle be floated on water or suspended in air, it will influence the state of rest or motion of another similar needle; and that through the intervention only of magnetic vibrations in the imponderable ether.

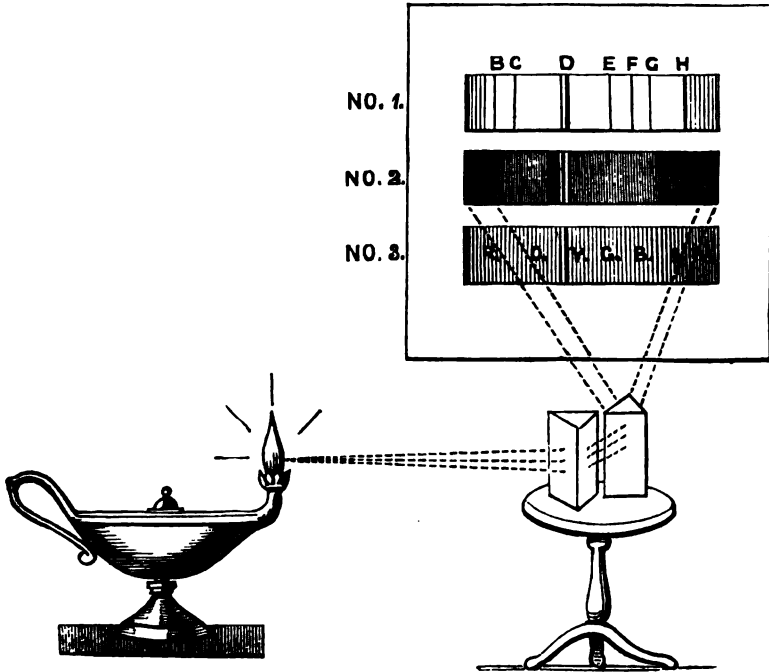
Indeed, wherever in nature there are atoms vibrating, and other atoms in juxtaposition, two conditions only are necessary in order that there may occur a Transfer of Energy from the moving to the resting particles.

The first is universally present in the imponderable ether, viz. a medium through which the vibrations of the one may reach the other.

The second condition is "similarity of motion." In the words of Professor Tait, when showing the above experiments to an audience of professional men in 1874, "All these," he says, "depend on the Transfer of Energy in a Kinetic form between two bodies,—and the test of the capability of the one for receiving the energy which is sent out by the other is this,—that the natural undisturbed times of vibration of the two bodies shall be as nearly as possible precisely the same." This is in fact the Homœopathic law applied to Physics. For instance, a tuning-fork, A, can arrest the motion of another, B, only if A can under natural favorable circumstances produce the very same *symptom* (viz. vibration accompanied by a certain note) which it is required to arrest or absorb in another.

Experiment 4. The next experiment approaches more nearly the conditions and complexity of vital phenomena. I shall take the flame of a lamp, such as you see here depicted. I shall show you the same flame suffering from disease, exhibiting symptoms of deficient or unhealthy nutrition. We will seek among different chemical substances for a Similimum in true Homœopathic style. And lastly we shall see the flame cured, and the unnatural symptoms disappear under the influence of a substance which is able to produce similar phenomena or symptoms in a normal flame.

Here then, is a lamp—a favourite symbol of life—a classic emblem of its brevity and destructibility. From a scientific point of view it is no inapt type of a living



organism, inasmuch as it possesses Identity, notwithstanding constant change of material—Individuality in spite of ceaseless influx and efflux. It resembles a living organism too in its capability of self-support, and its power of reproduction,—in its need of air and aliment,—and lastly in its being a centre or arena for the play of certain forces, rather than a substantial entity, or collection of material particles.

Such being the case, it will need no great stretch of the imagination to suppose a flame capable of imitating the phenomena of disease by exhibiting morbid and unnatural symptoms.

Now, the instrument best calculated for noticing and

isolating these unusual symptoms is the Spectroscope, which has been described above. We will use it as a sort of lamp-stethoscope,—first to make ourselves acquainted with the symptoms of a natural healthy flame. If then we unravel a ray of the lamp when burning with a clear, steady, white, healthy flame, we shall obtain a bright continuous spectrum with no marked transverse lines, and no evidence of a surplus or deficiency of molecular action.

Suppose the light to become suddenly smoky, flickering, and unpleasant to the sight, but with one marked peculiarity or symptom, viz. a yellow, jaundiced tint.

If we then submit the yellow light to the action of our spectroscope, and endeavour to diagnose the disease,—instead of the gently graduated, uniformly bright spectrum of the healthy flame, we shall find an index of the flame's molecular motion as depicted in No. 2. Here are two brilliant yellow lines athwart a faint spectrum, showing a manifest excess of atomic vibration of a certain definite character and velocity. We know from its position that the peccant atom-pendula are swinging through arcs of 5890 millionths of a millimetre in length, and vibrating at the rate of some 550 billion times per second. How then can we arrest this motion, which we know to be the cause of the disagreeable yellow tint in the light?

First let us try, according to the homœopathic rule, for a therapeutic agent which will cause a similar symptom in a healthy flame.

We may introduce a number of different substances into a white flame without producing any like effect. Potash will give a violet tint and lines; copper a green colour, &c. But we find at last that one substance, Soda, will make the light burn with a yellow tint. When, in addition, we examine a soda-poisoned flame with our spectroscope, there is no longer a doubt. The two vivid light lines, D (No. 2) show that a *simillimum* has been found.

Let us put it to the test, and see if our *simillimum* will, in fact, neutralise or destroy the symptom, akin to the one it is found able to produce.

In fact, if we introduce into the exterior of the jaundiced

yellow-coloured flame some vapour of Sodium, we shall see the disagreeable colour disappear, and the light will burn white once more. Not only so, but the morbid symptoms, as revealed by the spectroscope, will also disappear. The two bright yellow lines are blotted out, and two dark lines (as in No. 3) will show that the excessive molecular waves have been intercepted and absorbed by the vapour of the soda, leaving darkness in their place.

This phenomenon is well known as the "reversal of the bright lines in the spectrum," and is a most beautiful example of strictly homœopathic action. It is a case of Transfer of Energy between *similars*—*i. e.*, bodies capable of similar motion.

The disease in the flame was unknown except by its symptom—yellowness. In this case, it is true, we could go one step further, and isolate the molecular motion which is in excess. We cannot do this, however, in the human body, but we believe that certain morbid symptoms of an organ are always associated with definite alterations in the molecular vibration of its tissue. Pain, for instance, is always associated with an excess or deficiency of vibratory motion in the nerve tissue. Let us suppose that a vibration of x billion times per second produces pain. Its atompendula beat x billion times per second. Then, in order to arrest that motion we must find a medicine which is able to cause pain, by itself communicating an identical frequency of vibration to healthy nerve tissue.

Whether this drug will cure pain or no, it is plain that no drug that is not homœopathic, *i. e.*, no substance that cannot vibrate in unison with the tissue, will be able to arrest the morbid motion.

"Hypothesis non fingo," says Newton, himself the author of the most brilliant hypothesis the world has ever known; but he alludes only to hypotheses destitute of foundation in observation and fact.

I am well aware how much must be done before the hypothesis I have sketched can be received as a well-established theory. I have shown that the doctrine of Transfer of Energy in Therapeutics is in accordance with

other forces and modes of action in nature. But it must also satisfy four other conditions. It must be in accordance with every known fact in the domain of Therapeutics and every observed phenomena in the action of medicines. It must not contradict any other established law of nature. It must be susceptible of continual progress within the limits of its own department. Lastly, it must afford means of prevision, or foretelling certain phenomena of therapeutic action hitherto unknown.

Time fails me to show how clearly, simply, and beautifully this Hypothesis accords with and accounts for the many obscure and debated points which surround the practice of Homœopathy.

The question of infinitesimal doses no longer presents any difficulty; for if we can imagine but one single atom in a medicine vibrating with appropriate motion and velocity, it will be quite sufficient to set a neighbouring tissue atom in concordant vibration; and hence the action may go on from one to another molecule throughout the whole organ.

The increase of virtue communicated by potentising and diluting may be explained by the fact, that the motion of a single atom may be simpler or less embarrassed when there is a sensible space between it and its neighbours.

The theory gives a satisfactory explanation of the doctrine of Organopathy, or the selective affinities of remedies; such as that of *Nux Vomica* for the spinal cord, of *Digitalis* for the heart and kidneys. We only need to suppose that *Nux* and the tissue of the cord are tuned to the same note. Of a dozen agents brought into relation with the heart ganglia, *Digitalis* alone will call forth a response, or rather, the heart is sensitive to the vibrations of *Digitalis*, while that of other more potent drugs are unheeded. Just so rays of radiant heat strong enough to shatter the brain, fall unheeded on an eye while it is acutely sensitive to a taper's light, which emits ethereal waves whose impulses are attuned to the nerve tissue of its retina.

On no other hypothesis can we account for the fact that some animals feed on substances which prove deadly poisons

others; "that one man's meat is another's poison." A tug will set up in one organism a vibration,—a storm among the molecules, which is incompatible with that other motion which we call Life; while it will be altogether unaided by other tissues, tuned to other notes of the vital scale.

Again, we cannot doubt that medicines do occasionally act "from a distance," without being absorbed into the circulation. The practice of Olfaction is an instance in point. But if an effect is produced on the nervous stem without contact, it must be an instance of "transfer of energy," through the medium of ethereal waves.

Of the same kind are the phenomena of Metalloscopy and Metallotherapy, where the presence of metal plates in contact with the skin is capable of influencing nerve action to a marked degree. This is a case of direct correlation between the atomic motion of the metal into vital motion of the diseased nerve.

The theory is in accordance too, with the "Germ theory" of disease. For a disease produced by germs is not a disease produced by that slightly more complicated motion which we call Vital. Indeed, there are many recent observations which would lead one to suspect that a living germ is the true therapeutic simillimum indicated in the treatment of germ-produced diseases. On this subject I have only time to allude to an observation of Billroth's, who found that the deadly *Bacillus anthracis* of splenic fever would not develop in secretions previously occupied by the harmless *Bacillus subtilis*. In this case, and in that of Vaccination, the tissue-atoms are like Gyroscopes,—the motion of one disease steadies them, and renders them incapable, so long as it lasts, of taking up other disease vibrations.

These and many other points of interest, I propose to examine at some future time. At present I must rest satisfied if I have raised some curiosity on the subject. Its investigation will well repay the labour of any one with leisure, and who is not tied to the galley-oar of professional labour.

I trust that among the many "endowments of research" this one may be thought worthy of attention. I believe that the systematic examination of drugs by spectroscopic analysis alone would be rewarded by discoveries pregnant with important issues. The present age is big with expectation of still more potent means of penetrating the secrets of nature, even although the Microphone be not able to keep its promise of enabling us "to hear the grass grow." We are debarred from all public aid in putting our theories to the test of experiment. Let us hope that private industry and private munificence may in some measure compensate the disadvantages under which we labour.

Professor Clerk Maxwell at Cambridge lately addressed his audience thus—"When bees crowd around the flowers 'tis for the sake of the honey that they do so, never thinking that it is the dust they carry from flower to flower which is to render possible a more splendid array of flowers and a busier crowd of bees in the years to come. We cannot do better than improve the shining hour by helping towards the Cross-Fertilisation of the Sciences." It is to this same cross-fertilisation of the sciences of Medicine and Physics that I have attempted to contribute to-night, in hopes that Homœopathy at any rate will acquire renewed vigour by the contact.

Nor when science and homœopathy join hands will poetry be absent. Long before Hahnemann, Shakespeare, with the prescience of true genius, had given his adhesion to the truth of the law of similars—

"Tut, man, one fire burns out another's burning,
One pain is lessened by another's anguish;
Turn giddy, and be holped by backward turning;
One desperate grief, cure with another's anguish.
Take thou some new infection to thine eye,
And the rank poison of the old will die."

In conclusion I must apologise for the length to which this paper has extended. In the words of Pascal, I may say, "It would not have been so long if I had time to make it shorter."

I am fully aware of the many objections which may be fairly offered to "the molecular theory of drug action," and

to the matter and manner of my argument. Whether the analogies between physics and medicine, which I have attempted to point out, will stand the test of critical examination, I know not. This much I venture to hope, that my suggestions may contribute in some degree to a satisfactory theory of Homœopathy.

At any rate, the consideration that the progress of modern research is not antagonistic to the theory of our school, and that our practice is scientifically rational, may help to comfort and confirm many wavering minds. We may look forward at last with just and proud elation to the fast approaching time when the practical maxim so bravely propounded by Hahnemann, and so loyally adhered to by his disciples, shall be recognised as a great law of nature, universal as that of gravity itself, when the *similia similibus agentur* of Physics shall take its place beside the older maxim *similia similibus curantur* of Medicine.

In the words of Harvey, "the die is cast," and we, like him, may "put our faith in the candour of the lovers of Truth and learned minds.

Discussion on Dr. Butcher's paper.

Dr. DUDGEON said he was sure that all members would agree with him in thinking that the paper just read was highly interesting and ingenious. Many similar attempts had been made to find analogies to and illustrations of homœopathy in the physical, moral, and social spheres, the last of which he remembered was a very ingenious essay by Dr. Neidhard. But to his mind these analogies never seemed to run on all fours. They touched homœopathy at a single point only, and were rather poetical similarities than real resemblances. The fact was that the homœopathic law was no explanation or revelation of what took place in the organism on the employment of a homœopathic remedy, but merely a rule to guide us in practice. Many explanations had been offered of the process of cure by homœopathic remedies, but none could be deemed satisfactory, and all examples drawn from other spheres must be defective in the absence of knowledge of what actually occurred within the organism. He would not attempt to follow Mr. Butcher in his illustrations drawn from mechanics, optics, and acoustics. He did not think that the homœopathic cure was satisfactorily explained by a transference of energy, by the extinction of one musical note by a similar note, nor by the phenomenon of spectrum analysis. It

was a very fascinating occupation to trace out such analogies; but however agreeable this might be to the ingenious discoverer, he would find that they failed to produce conviction in the minds of those who were not already prepossessed in favour of homœopathy, or of a particular theory of the process of cure.

Dr. HUGHES considered that the Society was much indebted to Mr. Butcher, not only for the thought he had bestowed on the paper he had prepared, but for the pains he had taken to clothe his views in fitting language. It had been a literary as well as a scientific pleasure to listen to it. In commenting upon what had been advanced he must begin by making a correction, which he was sure would not be unwelcome. Mr. Butcher seemed to think that no previous attempt had been made to explain homœopathic action from the analogies supplied by the operation of the physical forces. The thought, however, had been a favourite one with Dr. Madden, and first suggested by him in his pamphlet on *Homœopathy and Medical Reform*, published more than thirty years ago, had been applied to the discoveries of spectrum analysis in his paper in the *Monthly Homœopathic Review* of 1868, and finally elaborated in the brilliant address prepared by him for our second Congress in 1871, whose chair he was, alas! unable to fill. Dr. Hale also had brought forward similar views at the London Congress of 1874, and Dr. J. C. Morgan, in America, and he himself (Dr. Hughes), in this country, had expressed themselves convinced that in this direction the explanation of the working of the law of similars was to be found. Dr. Drysdale had said at Liverpool that he was glad to find that he (Dr. Hughes) had abandoned this view as untenable, but, indeed, he had never done so. The very difficulties he had felt in the conception, and which had hindered him from proceeding further with it, had been removed by Mr. Butcher's paper to-night, which he thought the most complete development of the whole subject. Hitherto the interference of undulations had been the physical idea to which the curative action of similar remedies had been compared. But that of the transference of energy, as now so excellently put and illustrated, supplied an analogy much more complete and satisfying; and he considered that by propounding it Mr. Butcher had made a real advance towards making homœopathy no mere empirical rule, but an ascertained law of science.

Mr. CAMERON said that the author of the paper to which they had all listened with so much interest was evidently familiar with physical research, and he could assure him that essays of that character would always be welcomed and appreciated by the Society, whether they related to homœopathy or not. There was nothing new in the attempt to explain physiological and therapeutical action on physical principles. From the earliest times of our profession these attempts had been made, and systems of more or less duration had been founded on them, and failed because

the element of vitality, which transforms merely physical tissues, and eliminates from them others of a totally different kind, could not enter into the attempted analogy to explain the phenomena of life. These phenomena are not in themselves more mysterious, nor more difficult to explain than those physical ones to which we give the names of *gravitation, electricity, heat, light, &c.* We know life just as we know these forces of matter merely by its phenomena; and we no more think it necessary to attribute its manifestations to some *entity* apart from its phenomena, than we consider it necessary to attribute gravitation, electricity, &c., to entities apart from *their* phenomena. But, the phenomena of life and of dead matters are of so different a kind, that no attempt to explain the former by reference to the laws which regulate the latter can ever succeed. It was, therefore, no disparagement to Mr. Butcher to say that he has not been more successful in his ingenious endeavour to explain physiological and therapeutical actions on purely physical principles, than the many illustrious investigators who had failed in the same field by mistaking the *objects* of physical inquiry.

Dr. WYLD thanked Mr. Butcher for his interesting paper, which he thought was somewhat too subtle to be discussed impromptu. Papers of this kind he thought not only interesting but elevating, although they were perhaps cast in a pitch somewhat over the heads of the busy practitioner. Dr. Wyld defined homœopathic action as a *direct* specific action, and *any* action reaching the centre of any abnormal action, might be expected to *alter* that abnormal action, and thus cure. He considered *change* to be the law of healing, as exemplified in change of air, of diet, of habits, of thoughts, or of occupation. Hence we find almost every form of chronic disease has from time to time been cured by every variety of treatment—homœopathic, allopathic, electric, hydropathic, mesmeric, or psychic. The world dynamical can mould matter into any variety of forms, and hence cure any abnormal action or effect. The Divine mind is the supreme force in the universe, and man is but a particle of this Divine mind. Hence every possible form of disease can be cured by that psychic force into which medicine may be ultimately resolved.

THE POISON OAK OF CALIFORNIA (*RHUS DIVERSILOBA*); WITH ILLUSTRATIVE CASES.

BY J. MURRAY MOORE, M.D.

(Read June 19th, 1878.)

AMONG the novel studies in his Californian experience of the medical stranger from Europe, none are more interesting to the homœopath than the phenomena produced on many persons of a special susceptibility by contact with the common shrub called Poison-oak (*Rhus diversiloba*). Practitioners coming from the Eastern or Western States of the Union are less surprised than the European, because familiar with similar, though less intense symptoms derived from the "Poison-Ivy" (*Rhus radicans*), indigenous to those States, while Southerners are well acquainted also with the like effects from the Poison-Sumach or Poison-elder (*Rhus vernix* or *venenata*). Hoping that this subject, not quite so trite as many, so far, might present some novelty of interest to this society, and that the provings or cases which follow may be useful as confirming some parts, the skin symptoms especially, of our pathogeneses of *Rhus toxicodendron* and *Rhus radicans*, I have collected in this essay all the facts that came within my own cognizance relating to it, and have condensed whatever trustworthy information was accessible to me during my three years' sojourn in California.

So general is the interest in the matter in San Francisco society, that often is the innocent guest of lavish Californian hospitality at dinner-party or ball startled by the abrupt question, "Do you poison?" from some fair one. He is ready to indignantly repudiate the insinuation, not imagining that an *intransitive* verb is used by the *always-*

abbreviating Americans, when it is quickly explained that "no offence is meant," but that, instead of the very uniform weather, a more lively subject of common-place talk, namely, whether he has found himself susceptible to the virus of the poison-oak or not, has been lauched into the conversation. To the fair one especially, the burden of danger from exposure to the shrub is a grievous one, for it produces an erysipelatous inflammation of the face, neck and hands, so disfiguring as to enforce seclusion for many days, even weeks, from society, and shuts out those liable to the poison from all country pic-nics and excursions during the dry season.

From the recently published 'Botany of California,' we learn that scientific botanists have identified the Poison-oak or Yeraa as the *Rhus diversiloba*, or *lobata* according to Hooker, belonging to the Exogenous Natural Order Anacardiaceæ, whence we derive our Anacardium. This is Lindley's arrangement but Sir W. Hooker places the *Rhus lobata* in the Terebinthaceæ of Jussieu.

It is a shrub growing from three to eight feet high, the stem slender and erect, or stouter and climbing by rootlets; leaves (of which I have here some specimens) ovate, obovate, and elliptical, one to three inches long, obtuse or rather acute, three-lobed or coarsely dentate, or sometimes entire, the lobes and dentation being obtuse, of a smooth glossy green on the upper surface, slightly downy and paler below, after July turning to a dark red colour, mottled with yellow. Flowers in pedunculated panicles, whitish, one and a half inches long; fruit a berry, two to three lines in diameter, somewhat compressed. *Rhus diversiloba* resembles the other members of the *Rhus* family, but it is distinguished from *Rhus toxicodendron* of the Atlantic States and Canada by the acuminate leaflets sharply toothed or entire; the nearly sessile panicles of flowers; and the more dense fruit of the latter.

It is probable that our *Rhus radicans*, though separately proved, is merely a climbing variety of *Rhus tox.*, and not a separate species of *Rhus*.

Rhus venenata (Varnish tree), the most nearly akin in

poisonous action by contact, &c., to the subject of this paper, is yet sufficiently distinct, botanically, by its pinnate leaves, with three to six pairs of opposite leaflets, besides the terminal one, its greenish flowers, and the milky, highly acrid juice which exudes from incisions in its bark.

The habitat of *Rhus diversiloba* extends over the whole Northern Pacific Coast, from British Columbia down to Southern (Mexican) California, growing most abundantly on the coast range of hills from near the sea-shore up to an elevation of 3000 to 4000 feet. The thinnest soil is sufficient for its nourishment, even the sandhills on which the city of San Francisco is rapidly extending itself towards the west affording a plentiful crop, a far from enjoyable illustration of Horace's "R(h)us in urbe." But in the more fertile volcanic-alluvial soil of the country it flourishes, the bane of farmers, rooting itself so firmly in the soil as almost to defy extirpation, and menacing all who rashly interfere with it, of human kind, with erysipelas, though cattle, horses, and sheep, eat it with impunity. Of country places where I have known it to be really virulent, the best known are Menlo Park (thirty-two miles south of San Francisco); Oakland (across the bay, east of South Francisco); Saucelito, north-west; Mare Island and San Rafaël, north of San Francisco; all lovely spots for summer excursions, but where, if I may be permitted to paraphrase the poet—

"Every prospect pleases, but only Rhus is vile."

The shrub is a perennial, beginning to shoot up afresh in February or March, according to the earlier or later rainy season, and has proved very virulent to my friends in the former month. But in the experience of most physicians, the emanations affect the majority of victims in April, May, and June, the latter month being flowering time. In fact, during each month in the year, except November, December, and January, this plant is dangerous, and one of my 'provers' was poisoned even in the last-mentioned month.

Those individuals whom I have known to be unfortunately gifted with this special susceptibility, have been light or brown haired, of fair complexion, not always thin skinned,

of slender build, but not always of delicate constitution, and the males have been the more numerous of the two sexes. Those who have recently arrived in the State, and do not recognise the shrub, fall the easiest victims, by contact or proximity, or breathing the circumambient air. Natives of the United States and of all parts of Europe are equally liable, but native-born Californians, of whatever race, seem exempt, for even children can handle and chew the leaves—the most virulent part—with impunity. For myself, I have been so fortunate as to escape completely, though I have climbed a mountain of 4000 feet, crushing aside the bushes of *Rhus* with bare hands, while perspiring freely, and have reclined for hours in their shade. But some of my acquaintance have been poisoned even by the dust of the road, blown off the shrub upon them while travelling outside a coach (in California “a stage”); and Mrs. L—, the lovely wife of a well-known millionaire, is powerfully affected by getting to leeward of it, or by the smoke of any burning bushes. We are reminded of the special susceptibility of certain persons in our own country to that specific irritation of the respiratory mucous tract called hay-fever, or summer catarrh. But the California “summer,” more properly the dry season, lasts from the beginning to the end of October, and a very much larger percentage of the community suffer from poison-oak than among us from hay-fever. Seeing that a relaxed state of the skin-pores, as when perspiration is going on, strongly favours the absorption of the poison, I conclude that the morbid agent must be to a large extent volatile, perhaps an essential oil, like bergamot, or a camphor resin, like Eucalyptol, from the Australian gum-tree. But no chemist has yet isolated the poison. It may be that when we have had the patient research and ingenious experimentation of a Blackley (sen.) directed to this subject, the irritative agent may be found to be some kind of microscopic sporule, which by penetrating a thin epidermis, or by insinuating itself into the open or relaxed sudoriparous glands, may occasion the very disagreeable phenomena of “*Rhus* toxication.”

All practitioners who have treated such cases admit that

in some persons the virus and its sequelæ are extremely difficult to eradicate from the system. It lasts with them for years, breaking out every year about the same month when it was caught, and no number of attacks seems to inure the constitution or protect against fresh infection. Dr. Max Werder tells us of a man who was poisoned in California in September, went back to the Eastern States, had an annual eruption of *Rhus-erysipelas* for six successive years, and during the seventh attack was carried off by a pneumonia, which would not have been fatal, probably, to him when in his ordinary health. Many sufferers cannot take a hot bath above 100° Fahr., without an efflorescence of the poison. I cannot help comparing this latent poisoning to those effects that we see in some cases of impure vaccination, when the latent struma of the infant is roused in such a way as to produce for many months crops of papules, swollen glands, &c. In fact the poison-oak dyscrasia might seem in one case to have been transmitted to the fetus, although the mother could not have been exposed to any of the bushes for at least five months before conception. Within ten days after its birth the infant's skin displayed a few characteristic vesicles scattered about. Both parents were quite free from scrofula or any other taint, but the mother had been several times poisoned. The first crop of vesicles slowly disappeared, but after vaccination (with the purest bovine lymph) they reappeared and lasted for two months. I ought to have stated earlier that even the tough, yellow hide of the "heathen Chinese" is not proof against the *Rhus*, hence the difficulty land-owners experience in getting this shrub rooted out of the soil by their Chinese gardeners. I must now give the three provings I have selected in a narrative form, apologising for lack of full information in the third, as my notes of it at the time were not intended for homœopathic literature. I have refrained from giving any general description of *Rhus* poisoning, because the following cases convey the idea more graphically.

PROVING No. 1.—In February, 1876, Miss M—, a slight

brown-haired, but not fair-complexioned lady of twenty-five, walked up a hill at San Raphaël, fifteen miles north of San Francisco, on a warm morning, and while perspiring freely gathered ferns which grew among the poison-oaks. She did not handle the leaves of the latter, though she must have often touched them. About this time of the year the young leaf-shoots are beginning to sprout, and the California sun-rays being as powerful in February as in July, their virus is pretty energetically developed. Miss M— proved very much infected—quite unknown to herself—for on the next day (Saturday), having returned to the city, she felt in the afternoon chills and feverishness by turns, and general malaise. Next day (Sunday) she awoke feeling really ill. She had a dull frontal headache, anorexia, nausea, stiffness of the limbs, extreme languor, and an eruption of itching red papules behind each ear and on the neck. On Monday these papules enlarged and became more numerous, and the eyelids were red and œdematous. Face was red and swelled; the cervical glands became tumid and slightly tender. On rising from bed she fainted, and again later in the day syncope came on. On Tuesday the rash had extended all over the face, over the hands, between the toes and the thighs. The itching was becoming more and more intolerable, and partook of a burning character; the nausea continued, and vomiting occurred this day. During this day and the two following the urine was scanty, high coloured, and passed with a feeling of heat in the urethra. Bowels were costive all through the attack. About the fifth day from their first appearance the papules had become vesicles, which rapidly coalesced on the face and burst, emitting an acrid serum, which, on drying, formed a crust, so dense as to make the movement of the facial and buccal muscles painful. The nose and lips were much swollen. The œdema of the eyelids was so great as to close up the left eye entirely and the right partially. The burning and itching were somewhat relieved after the breaking of the vesicles. The acute stage was now over (six days after the commencement), but the cracking of the crusts over the face, &c., occasioned such disfigurement that the lady was

confined to the house for a fortnight more; by that time all traces of the skin-erysipelas had disappeared, only an unusual irritability (to flannel, &c.) of the integument remained, and a hyper-sensitiveness to cold air. The treatment was mixed. On the third day a homœopathic physician was called in, who prescribed *Sulph* 200, and a weak *Arnica* lotion, neither of which relieved any one of the symptoms. A very low diet was ordered and adhered to throughout, when the acute stage was over steam-baths were taken, the first two being followed by a sulphur and bran bath. These baths relieved the itching temporarily, but extended the vesicles over the body and legs. She felt very weak afterwards. A second attack in August, 1876, from a slight exposure to the shrub at Menlo Park, an open flat country, thirty miles south of San Francisco, abounding in scrub-oak, poison-oak, tarantulas and gophers (a kind of mole), was promptly checked by the local use of *Camphor* dissolved in *Arnica* tincture. The erysipelas of the face, however, was very intense for four or five days, and *Rhus* 200 materially relieved it.

A third and a fourth attack in September, 1876, were promptly checked (as to the face symptoms) by the same lotion; and, so far, it has proved the only abortifacient of the *Rhus*-erysipelas I have known or heard of; but it is too strong for many people's skins, and must be used with great caution. The virus must have remained in Miss M—'s system, for, about five months afterwards, when in the city, namely, in February, 1877, a fifth attack came on, without any fresh exposure, shortly after taking a bath rather too hot. One of the earliest symptoms this time was the peculiar rheumatism of *Rhus*, affecting the legs chiefly, a stiffness of all the joints on first moving them; aching pains in the joints, constant feeling of lameness in the legs. The vesicles that appeared during the first two days were few and scattered, and strongly resembled the eruption of chicken-pox. There was a slight amount of pyrexia. *Clematis erecta* 200, and afterwards *Sulph.* 200 were prescribed by her homœopathic physician without benefit. After an illness of nearly three weeks, during which the

rheumatism and derangement of the whole digestive system was very marked, a course of four Turkish baths rapidly restored the health and the smoothness of the integument. Since that time no exposure having taken place to the Rhus-emanations, this lady has remained free from any sign of its baleful influence, but it is not too much to say that she dreads the poison-oak more than the earthquakes of California.

PROVING No. 2.—John W—, a light-haired, robust Englishman, of 23, with pock-marked face, a newly arrived immigrant, was travelling as colporteur in Napa Valley, one of the most fertile in the State, about fifty miles north of San Francisco, during the middle of January, 1876. The weather being warm in the intervals of the showers, he got much heated while carrying his pack up and down the hills, on which the poison-oak was abundant; he lay down among them while sweating, and one or twice relieved the bladder there, quite ignorant of the risk he was running. He proved to be a sensitive, for on the 13th January, the day after he had last been among these bushes, heat and itching of the scrotum and inner adjacent surface of the thighs commenced, worst on the hairy parts. Next day the characteristic papules, on a base of diffused redness and œdema, appeared on the forehead and neck, rapidly spreading in all directions, and accompanied with heat, itching, and burning, but with very little general pyrexia. The urine was not high coloured, but felt "hot" when being passed. The digestive system was not disturbed much, only loss of appetite being experienced. The itching was relieved by cold, but aggravated by heat, warmth, and rubbing or scratching; his head felt hot, but did not ache. He consulted me for erysipelas, but I was by this time familiar enough with the phenomena of poison-oak to identify the nature of this peculiar "erysipelas," the history of the attack making the diagnosis absolutely certain. Not having had a case to treat thus far, I gave him *Veratrum viride* ϕ , in one third of a minim doses, without hunting about for a more exact simillimum; I ordered also a lotion of *Sulphate of*

Magnesia (ʒss to ʒj of tepid water) to assuage the irritation locally. After commencing this treatment the erysipelas continued to spread for a few hours, reaching the ears and the mouth, and then seemed entirely checked, gradually subsiding from about six hours after the first dose of *Veratrum viride*. Within three days all the rash and other symptoms had completely disappeared, leaving only a slight scurfiness of the forehead. But the poison still lingered in the system, for, two days after ceasing the medicine, a relapse, not severe, occurred, and once more the same remedy quickly arrested it. No return has been experienced. The papules in this case did not develop into vesicles, and I ascribe this not so much to the possibly less intensity of the infection as to the effects of the remedy.

PROVING No. 3.—Wilson K—, æt. 10 years, of pure blond type, with thin freckled skin, born in England, was poisoned while playing on some sandhills in the rear of Post St. San Francisco, in February, 1876. He plucked some of the leaves, but threw them away quickly. However, within eighteen hours his face had become red, inflamed, and hideously swollen, his eyes being both quite closed, and the itching and burning were most distressing. The local erysipelas and œdema lasted one week, the papules developing into vesicles, which became confluent and followed the same course as in Proving No. 1. The general eruption extended over the whole body, and did not disappear for five weeks. A medical man of the old school attended, and ordered a salt-and-water lotion, and an occasional saline aperient. The salt lotion relieved the itching of this the first attack, but failed in two subsequent attacks. I heard this month that the boy had now apparently attained immunity from the poison-oak.

Had I entertained from the first a fixed purpose of following out this (to me) interesting subject of poison-oak, I could have annotated numerous other accidental provings, but I must ask the Society to be content with the foregoing three, the accuracy of which I vouch for. It will

be found that they corroborate the following symptoms, as given in 'Hall's Jahr.,' edition 1862.

A. RHUS TOXICODENDRON.

1. *General*.—Chilliness, followed by feverish heat; languor; debility. Great languor of the whole body. Sudden paroxysms of fainting. Weariness of the lower limbs. Stiffness of the limbs on first moving them. Lameness in all the joints, worse on rising from a seat after having been seated for some time.

2. *Skin*.—Itching of the body. Burning itching here and there. Burning, itching eruptions, *particularly on the scrotum*, prepuce, eyelids, and eyes, with swelling of the parts, and small yellowish vesicles, which ran into each other, and became moist. Confluent vesicles, most of them containing a milky or watery fluid.

3. *Face*.—Erysipelatous inflammation of the face, with swelling also on the neck. Swelling of the face, particularly of the eyelids and lobules of the ears. Pale swelling (of the face), with burning closing of the lids and lachrymation, followed by an eruption of vesicles filled with a yellowish liquid.

B. RHUS RADICANS.

The pathogenesis of this drug being so very similar to that of *Rhus tox.*, I will not repeat the symptoms confirmed, except these two, namely—

Œdematous swellings of the eyelids with smarting; and

Redness and swelling of the eyelids with itching and burning.

ANTIDOTES.

Are there any antidotes, it may be asked of me, to this vegetable irritant poison? It is a popular belief, so widely extended throughout California that there may be some foundation for it, that chewing the leaves, or even eating one leaf or so, will protect from the dangerous effects of the plant. But I have not been able to trace out a single authentic case of such protection, though I have diligently sought for one. A prophylactic, still on the

principle of "a hair of the dog that bit you," recommended by some of our school with success, is a morning and evening dose of *Rhus tox.*, 3 or 1, continued all the time during which a patient is in a dangerous neighbourhood. My friend, Dr. Eckel, who has had as many as ten or twelve cases at the same time under his care, has thus protected a sensitive lady patient so successfully, as to enable her to pass two summer seasons in the country in comfort, for the first time in her life, without an attack.

TREATMENT OF CASES.

Perhaps a short summary of the treatment adopted in California of these cases may not be superfluous.

As the process of elimination from the system of the poison of the skin chiefly, and the kidneys secondarily, is very painful and disfiguring, almost all sufferers resort to the doctor, unless they buy and use some patent nostrum, some of which are, undoubtedly, soothing and beneficial to the skin. Steam and Turkish baths are much resorted to as soon as the patient is able to go out of doors, and they prevent the system, in especially susceptible patients, from becoming deeply and chronically affected. Yet, in some persons, these baths weaken too much in the California climate, where it is dangerous to relax the skin-pores. It may be that, in time, some kind of medicated bath will be invented which will, in the acute stage even, soothe the irritation, eliminate the virus, and brace up the skin-pores again, so as to almost make them proof against further infection.

The old school physicians use various lotions or liniments, each according to his notion, and usually order mild aperients.

Homœopaths also order lotions, though not invariably, to satisfy the cravings for *local* alleviation. The best are—1. A decoction of the leaves of the *Grindelia robusta*, or gum plant. 2. The solution of *Camphor*, in *Tinct. Arnicae*, the strength uncertain, to be used cautiously in the early stage only.

The following compounds are also used by various col-

leagues :—*Vaseline*, *Glycerole of Bromine* (ʒviii to ʒiv), *Neutral Salicylate of Soda*, *Perchloride of Iron*, *Sulphate of Iron*, *Oxide of Zinc*, *Bicarbonate of Soda*, *Common Salt*, *Sulphate of Magnesia*, *Bran water*.

The internal remedies most favoured are :—*Rhus tox.*, 3 or 200; *Croton tiglium*, 8; *Arsenicum*; *Graphites*; *Sulphur*, 200; *Clematis erecta*, 200; and *Bryonia*. None of my colleagues use *Veratrum viride*, though I found most satisfactory results in Proving No. 2, nor do they use *Arnica* as an internal remedy, though I think it would prove a good similar.

In conclusion, I will not intrude further on the time of the meeting by dilating on the tempting subjects that arise out of this paper, such as the curative relation of *Rhus tox.*, high or low, to the pathogenetic effects of its near ally; the contrast and resemblance of *Arnica-erysipelas* to that of poison-oak; the possibility of *Rhus diversiloba* becoming an additional remedy for erysipelas and acute eczema; the very near resemblance of *Rhus diversiloba* to *Rhus venenata*, physiologically, &c.; all of which may form topics for discussion.

I trust that my description and the specimen leaves shown will enable any one present who may visit California to recognise and easily to avoid this baleful shrub; and I cannot but congratulate our dear old England' on being free from such a bane to country-places; for the virulent effects of poison-oak are to many residents and visitors a most serious counterpoise to the delicious climate and magnificent scenery of that wonderfully attractive state—a state which, in spite of rascally stock-jobbing and anti-Chinese riots, in spite of overcrowding rushes from the East and the West to its one great city, is now the most prosperous state of the Union, whose capital will, so long as the Isthmus of Darien remains uncut by a canal, become the great Liverpool of the Pacific Ocean.

Discussion on Dr. M. Moore's Paper.

MR. ENGALL thanked the essayist for his very interesting and suggestive paper. He had met in practice with cases of Herpes

zoster, the pain produced by which had persisted for years, and he thought as the action of this poison existed for years it might be useful in such cases. As it was stated that this poison acted through the open pores of the skin, and as the natives did not suffer so much from the action of the poison as strangers, it would be well if it could be ascertained whether the natives perspired less than they. With regard to the foetus being affected through the mother having suffered from the effects of the poison, these cases were always open to the suspicion of resulting from syphilitic infection. As animals ate it with impunity he thought that experiment as to the action of medicines upon the lower animals should be received with great caution.

Dr. MARKWICK asked if Dr. Moore had used *Apis* in treatment of any of his cases. The symptoms described by Dr. Moore appeared to resemble very strongly a case lately under his care, in which the symptoms were produced by the application of *Ung. Picis* to an ulcer of the leg. The whole surface of the body became covered with an eczematous rash. *Apis* 3x very speedily cured this case.

Dr. BAYES would make but few remarks on Dr. M. Moore's most interesting account of the pathogenesis of the *Rhus venenata* which would increase our confidence in its homœopathicity to certain forms of erysipelas. From Dr. Moore's description, the *Rhus* erysipelas appears to be closely allied to that induced by *Arnica* and *Hydrastis*. In meeting a case of erysipelas induced by an irritant poison externally applied, he (Dr. Bayes) used a *Camphor* lotion, but if this were not successful he should apply (in a case of *Rhus* poisoning) either an *Arnica* or a *Hydrastis* lotion. If the deeper tissues of the cutis vera, or if the connective tissues were involved, simulating phlegmonous erysipelas, he (Dr. Bayes) would give *Apis* 3x or *Silicea* 12x internally and externally, or perhaps *Veratrum viride*.

Dr. YELDHAM said he rose rather to echo the expressions of approbation of Dr. Moore's paper that had fallen from previous speakers than to contribute anything to the discussion. He would, however, suggest to the consideration of members of the Society the great difference that existed between diseases arising from natural or ordinary causes and those produced by drug poisoning. In treating the former the law of similars was truly and properly applicable; in the latter case the treatment was antidotal, and therefore very limited in its sphere and uncertain in its effects. He would not attach much importance to the use of internal remedies in such cases as those so well detailed in the paper, in which there was a spontaneous tendency to cure, by the elimination of the poison from the system, through the common emunctories of the body. Medicines might properly enough be given, and might do good, but the amount thereof was uncertain. He thought *Cantharis*, as had been suggested by Dr. Bayes, was well indicated in Dr. Moore's cases, especially if

applied externally as a lotion. *Belladonna* was another medicine that commended itself to their attention. He had seen a marked case of erysipelas with vesication produced by the local application of *Belladonna* to the skin. *Anacardium*, as he had shown in the *Monthly Homœopathic Review*, would in a similar manner cause erysipelas and vesication. But his chief reliance in such cases would be placed on soothing and cooling applications to the inflamed and irritated skin, such as sweet oil, goulard wash, camphor lotion, and warm baths, and in *Camphor* taken internally, as the most common and powerful of all our antidotes.

Dr. COOPER considered Dr. Moore had introduced to our notice a remedy of which we already had many of the same class, but, nevertheless, a great deal of interest attached to the poison-oak, and its action, compared with most others of the same class, seemed to be more virulent and prolonged. Dr. Cooper would have been inclined to use *Anacardium Orientale* as a remedial against its effects rather than *Arnica*. Dr. Moore's paper seemed to show that local applications of *Camphor* controlled its effects, and also that *Veratrum viride* given internally helped to subdue its influence.

Asked if diarrhœa was not produced by it. (In reply Dr. Moore said, constipation rather than diarrhœa resulted from it, hence a great peculiarity in its action contrasted with other similar remedies; its effect seems confined to the skin, and the absorbents connected with it, while the mucous surfaces are left untouched.)

Dr. DUBY thought papers of this class very valuable, as the introduction to a new remedy promising to be of use in such troublesome complaints as eczema, lichen, &c., was a fact that came home to all who had experienced trouble in treating those affections. The rapid action reminded them of some other agencies, also rapid in their action, that might some day be turned to account in obtaining curative agents. He well remembered when he was an allopath taking large doses of *Hydriodate of Potass* for rheumatism, the effect of which was to bring out a large crop of measles-like spots, accompanied by much itching on legs and thighs. He was also reminded of the action of the jelly-fish, the unpleasant effect of which those who had bathed much in salt water had probably experienced. The action of nettles was of interest in connection with the curative action of the juice of the common dock when the leaves were rubbed over the affected part. The recollection of this led him to think that it might prove of use in skin affections if applied locally. Its action would be homœopathic as well as palliative. Few remedies allayed irritation better than the *Linimentum calcis*, which was also a valuable remedy for burns. His attention had lately been called to the recommendation of turpentine, in the proportion of one part to three or four of olive oil, applied twice a day with

a camel-hair brush. It allayed irritation and checked pustulation. Dr. Moore, by taking advantage of facts brought under his observation, introduced a new medicine that was probably destined to become one of our useful remedies. Similar sort of information often came under our notice that it was not easy to take advantage of; thus the fact that wounds inflicted with weapons dipped in the juice of the unripe pine-apple produced tetanus was something to bear in mind; but the opportunity of turning it to account, so as to secure a new therapeutic agent was not so easy.

Dr. M. MOORE briefly replied to the inquiries and comments of the members who had taken part in the discussion. In reply to Dr. R. he would state, that the tincture of the leaves or of any part of the *Rhus diversiloba* has not yet been made, but he hoped to obtain some from Mr. Boericke, of San Francisco. The intensity of the poisoning was about the same, whether caught from handling the leaves or from the *aura* of the plant. And no doubt the exaggerated stories told by travellers of the Upas and Manchineel trees were founded on this fact. In answer to Dr. Cooper, constipation, not diarrhoea, had been observed to rule in most cases. He quite endorsed Mr. Engall's suggestion that this plant would be homœopathic to obstinate and deeply seated Herpes zoster breaking out recurrently. Native-born Californians perspire less, and less often than those resident who were born elsewhere. The majority of the sufferers within Dr. Moore's experience were males. He had no great confidence in the absolute controlling power of internal remedies in those cases; but *some* good was done. He had only enumerated those homœopathic remedies actually used by various colleagues, but he would add to the list, from his own investigations, *Apis*, *Cantharis*, and *Urtica urens*, as being likely to be very useful in Rhus erysipelas. The Rhus leaves were the most virulent parts of the plant. Dr. Moore was gratified that the subject of the essay had reminded Drs. Markwick, Bayes, and Drury, of the novel facts about the pathogenetic erysipelas of the *Unguentum Picis*, *Hydrastis*, and *Iodide of Potassium*. In conclusion, he thanked the members for their kind appreciation of his paper, and might truly say that any labour in preparing it was compensated by the remark of Dr. Dudgeon that these provings were a solid though brief addition to our pathogenetic literature.

ADDRESS DELIVERED BEFORE THE ANNUAL
ASSEMBLY OF THE BRITISH HOMŒOPATHIC
SOCIETY, JUNE 20TH, 1878.

BY DR. R. D. HALE, VICE-PRESIDENT.

GENTLEMEN,—In compliance with the custom which has prevailed in this Society for the last few years, of giving an address from the chair at the end of the session, I beg to offer you a few remarks touching our present position and prospects; in the first place, as members of a medical society, which has done good service in advancing the special therapeutical doctrine for which it was instituted thirty years ago by our respected president, Dr. Quin; and, secondly, as members of that noble profession, the honour and dignity of which it has invariably striven to uphold. Apart from its transactions and discussions in a scientific point of view, we cannot forget how instrumental it has been in keeping up the standard of medical ethics amongst its members. It is impossible, at this stage of its history, to calculate what might have been its fate, and the fate of homœopathy, if it had not exercised that salutary influence from its earliest days up to the hour at which we are now assembled.

Gentlemen, I hope I am only expressing the general feeling of every one of our members when I say that no relaxation of our ethical rules can be ever thought of, for, depend upon it, the higher we maintain our standard of professional conduct, the greater will be our influence in propagating our doctrine amongst our professional brethren of another school, and of winning respect for our convictions and confidence in our integrity.

We are a small body, and every unprofessional act would

stand out more conspicuously than any number of breaches of professional conduct on the part of the numerous members of the dominant school. If we are not jealous, as we ought to be, of everything that would sully the character of our noble profession, we should at least be jealous for the honour and fair fame of homœopathy. We should contend for our convictions at all hazards without fear, but also without reproach.

This leads me to say a few words with regard to our future attitude towards that great body of our professional brethren from which we are most unwisely alienated, partly by prejudice, but mainly, I believe, by ignorance both of the principles of our reformed faith, and of the motives by which we have been and are actuated. I take it our attitude should be that of a calm reliance upon the truth and vitality of the system of reformed medicine originated and developed by our great master. Under unjust reproaches let us not return railing for railing; under charges of dishonesty let the *mens conscia recti* be our stay and support; and even under persecution, should that ever be tried again, let us bear it with equanimity and that dignified composure which is an evidence of strength. We have inherited a great scientific truth, a priceless therapeutic law. We claim the possession of a guiding principle in the application of drugs to the cure of disease and the alleviation of human suffering, and if we and those who may follow us are but true to that law and to those principles, homœopathy stands on a vantage ground which is unassailable; for apart from the solid foundation which has been laid by those pioneers who have preceded us, and is being built upon and consolidated by the workers of our own time, does not every discovery in therapeutics, does not every fact brought to light in the domain of the physicist, tend to the confirmation of our law, and the elucidation of the action of minute quantities of matter, or the subtle actions of miasmatic imponderables? In a most interesting and philosophical paper read at the Congress held at Oxford, our esteemed colleague, Dr. Madden, contributed a paper following out a line of thought which he had some years previously communicated

to the profession in the *British Quarterly Journal* suggesting a theory based on known physical laws of matter, a paper which I think ought to have attracted more attention than it seems to have done. Following in the lines suggested by Dr. Madden's essay read at Oxford, I had the honour of reading a paper which ventured to develop still further Dr. Madden's views, and at the May meeting of this Society, Mr. Butcher read a paper marked by a thoroughly philosophical treatment of the same subject, and illustrated diagrammatically. Our colleague Dr. Drysdale has for some time been engaged in working the problem of the action of drugs in relation to protoplasm, and, in company with Mr. Dalinger, is still prosecuting microscopical researches into some of the minutest forms in which life is exhibited. I mention those facts to show, that we, as a small body of medical men, are not lagging behind the essentially scientific age in which we live, and are endeavouring more and more to build our therapeutics upon a sound scientific basis. If we cannot boast of possessing amongst us as physiologists a Claude Bernard, a Burdon Sanderson, or as pathologists a Virchow, we certainly can point to our master Hahnemann, and to a goodly number of his followers, as being the first to place therapeutics on a rational basis, and to investigate by proving on the healthy human body the physiological effects of drugs. The therapeutic law which was the outcome of those provings, and the application of that law, have revolutionized the practice of medicine; for even where its effect on medicine generally is merely of a negative character, the amount of good effected is enormous. In the first place it has led to the study of natural disease, from which has resulted the knowledge valuable to all systems of medicine, namely, that some diseases are cured spontaneously. Secondly; as a result of such discovery heroic treatment is almost abolished, at least in this country. As members, then, of the medical profession, let us pursue it in the strength of that scientific truth which we know we possess, and which we feel sure is consciously or unconsciously, leavening the great body of the profession, not, indeed, in the way we should wish it in its entirety, free from empiricism and the guess-work

which has for centuries been the opprobrium of medicine. It behoves us who know a better way, and pride ourselves in the possession of a law of healing, not to fall into the same old miserable empiricism from which we used to boast we were freed. Few of us, I am afraid, can honestly say that they are free from the temptation. It is so easy to lapse into prescribing a medicine *ab usu in morbis*. Such a saving of trouble to have a pet remedy, so gratifying to our self-esteem or supposed knowledge, to dash off, even in chronic cases, as if by inspiration, our wonder-working prescriptions. This plan may have, and has often a measure of success, but is as often followed by miserable failure, and is not good homœopathic practice in the true sense of that term. It would be presumption in me, gentlemen, to arrogate to myself any knowledge of what homœopathy is that is not equally possessed by every one present. I only say, as a fallible man, to fallible men that I believe this empirical offhand, slipshod kind of practice cannot be the most successful practice, and if followed as a rule by those who succeed, the present generation of homœopaths in this country, will bring disgrace on a system which, if practised upon a plan true to the principles laid down by Hahnemann, and perfected by a knowledge of the discoveries of the present age, would sooner or later still further revolutionize medicine, establishing it upon a truly scientific basis. If, for example, the relation, subjectively and objectively, between drug and disease be known, that relation will no longer require to be formulated by the dogma—*Similia similibus curantur, &c.* The name homœopathy may possibly disappear, except as a matter of history, but the *thing* in its essence and its consequences will remain, and become as recognised a fact as the law of gravitation. Should such a truly rational system of medicine be evolved out of the present less perfect order of things, the ravings of fanatical symptomatologists, or the pedantic dogmatism of pure pathologists will be no longer heard. In the study of diseases, symptoms however minute, and structural changes however slight, will equally claim the attention of the physician, each in its own order, the earliest symptoms first, because they indicate the initia-

tory process, the pathological changes next in order when discoverable, neither excluding the other, but each being the complement of the other. The study of symptoms alone—for which the so-called pure Hahnemannians contend, regardless of the pathological conditions, of which symptoms are but the outward manifestations—is misleading and one-sided; the recognition of the pathological condition alone is equally misleading, because, after all, the most accurate knowledge of the pathology of any given disease does not enable the physician at once to select the most suitable remedy, hence the value of symptoms, especially in the early stage of acute disease. This may seem a trite and unnecessary statement when addressed to professed Homœopathists, but, nevertheless, I cannot but think that there is some danger at the present time of our being lured away from the teachings of Hahnemann by the captivations of the scalpel and the microscope. I do not wish you to imagine that I undervalue pathology or morbid anatomy, on the contrary, I value them highly, but when I reflect that morbid anatomy only reveals the effects of antecedent changes, more or less complex, and that these changes manifest themselves by symptoms, I am inevitably led to the conclusion that the study of symptoms to the minutest detail is of essential importance both for diagnosis and treatment.

Every day's experience convinces me more and more of the absolute necessity, especially in chronic cases, of prescribing for the totality of the symptoms. If this essential rule is not carried out in practice, if we do not employ, so to speak, weapons of precision, we shall fail to hit the mark, if we attack only one or two salient symptoms and overlook others, which we may consider but of secondary importance, our success will be but partial, and if we only treat a name and not the actual diseased condition, our failures will be still more complete, in spite of the many auxiliaries which such bad homœopathy necessitates. These observations only refer to curable cases, and those which are within the scope of medication by drugs; there are disordered conditions which are outside drug medication, and which, therefore, do not come within the sphere of the homœopathic law. In treating such

cases we claim the liberty as qualified medical men to employ whatever means, remedies, or appliances we think best for the good of our patients, and we are determined to assert and maintain that liberty. We are physicians first and before all things, we prescribe drugs according to the law which the illustrious Hahnemann has bequeathed to us, because we know it to be a law of nature based upon truth, and which, in its successful application, has stood the test for the greater part of the present century.

But while we, as educated medical men, claim the most perfect freedom of action, we emphatically deny the statement made by our opponents, that we have relinquished our therapeutic law, or have ceased to employ the infinitesimal dose. Some unguarded expressions in a letter which appeared in the *Times*, written by my worthy predecessor, was eagerly seized upon by our enemies, and appearing to be delivered *ex cathedra*, was interpreted as a recantation of all that we have fought for in past times. I hope, gentlemen, I shall be borne out by the unanimous feeling of this Society, and by that of every true homœopathist, when I assert that we have neither recanted our faith nor relinquished our practice. If an *eirenicon*, such as our large-hearted colleague Dr. Wyld wishes for, is to be established, it must be by other means than a surrender of the principles we hold dear, and still contend for and maintain.

The session which comes to its close this evening has not been unfruitful. Several valuable papers have been read and discussed. A paper on "Salicylate of Soda, and its action in Acute Rheumatism," was read by Dr. Wheeler at our first meeting. At the November meeting a most excellent practical paper with illustrative cases on "Drug Action Corroborating Diagnosis," was read by Mr. Thorold Wood. One of our most worthy and successful practitioners in the provinces, Mr. Clifton, gave us a thoughtful and interesting paper on "The Antecedent Symptoms (Constitutional or Diathetic) to Local Cancerous Deposits," with cases.

At our fourth ordinary meeting a paper on "Heat and Cold in the Pregnant and Puerperal States, and Uterine Diseases," was read by Dr. Dyce Brown.

A thesis which led to a very animated discussion upon some burning questions, and which occupied two of our meetings, was read by our indefatigable and versatile member, Dr. Bayes. The title of the paper was, "Our Duty to the Profession and to the Public as Medical Reformers : being an inquiry into the best methods of providing Practitioners skilled in the science of Homœopathy."

Our esteemed colleague, Dr. Walter Wolston came all the way from Edinburgh, and read a thoroughly sound practical paper, "Illustrating the Law of Similars," with some cases of especial interest to all who value the records of a practice true to the law of similars. To Dr. Butcher's philosophical paper I have already referred, which was read at our meeting in May. At our last ordinary meeting, the son of our esteemed colleague, Dr. Madden, whose absence from amongst us we must all regret, contributed a thoughtful paper on "Hysteria, viewed in connection with recent researches in the Physiology of the Nervous System."

A glance at the probable future of Homœopathy will conclude these few observations. I venture to predict that there will be no great accession to our ranks as avowed homœopaths, for the following reasons. However much the rising generation of qualified practitioners may be led to examine and test the value of our therapeutic law, and to carry it out in practice, as so many are now doing in a more or less satisfactory way, there will be no inducement for their running the gauntlet of obloquy and ostracism, when they can employ our medicines and follow our law without going through the ordeal which most of us have gone through, for truth and conscience sake.

Again, the increasing scepticism as to the value of drug medication in any form, will in consequence prevent the sceptical mind from troubling itself to experiment with drugs, not only because they are drugs, but being drugs are in such doses, as are to his materialistic mind nonentities. Even minds the most materialistic might be led to examine into the potential forces of infinitesimals, when much more wonderful facts are now capable of experimental proof, such facts, for example, as are exhibited in lecture-rooms, proving

that sound can be seen and light can be heard, that articulate vibrations of the voice can be sent in a letter by the post, and be reproduced at pleasure a year or years hence, or that the tread of a fly can be intensified into that of an elephant.

Then there is this fact to be borne in mind, namely, that owing to the greatly diminished abuse of drugs, to the increase of a more rational and less heroic empiricism, as practised by a large number of our allopathic brethren, the cures which we effect do not possess that startling contrast which was so manifest in the early days of homœopathy in this country, when the practice of the old school was more mischievous and irrational than it is in the present day. That it is still irrational, empirical, and to a large extent mischievous, we must still deplore, still more deplore the ignorance and judicial blindness, which refuses to examine and test the truth of our principles and the success of our practice. For the sake of suffering humanity, we, as followers of our illustrious master, the originator of the greatest reform in medicine the world has even seen, regret the rejection of a great truth. We regret it for the sake of those who reject the truth, they lose the satisfaction of curing *tuto, cito, et jucunde*, without the *lædentia* and nauseous polypharmacy of a system which has neither chart, nor compass, nor guiding law, a *chaos* of confusion, and an anachronism in a *kosmos* where order and law reign superior.

It only remains for me, gentlemen, to thank you for the honour you have done me in re-electing me to the office which I resign this evening, and also to thank you for the kind support you have given me during the time I have occupied this chair.

Annals of the Hospital.

CASES ILLUSTRATING THE ACTION OF ACONITE IN NEURALGIA AND ANÆSTHESIA.

BY RICHARD HUGHES, L.R.C.P.

IN the July number of the *Monthly Homœopathic Review* of the current year, I have called attention to the facts relating to the action of Aconite upon the sensory nerves, and have discussed their significance and therapeutic application. I have shown that the loss of sensibility it causes on the surface is a dysæsthesia, which may go on to actual and considerable pain, especially in the parts supplied by the fifth nerve; and that the drug is therefore homœopathic to neuralgia, more particularly when associated with numbness of the parts, and affecting the branches of the trigeminus. I have also pointed out its applicability to conditions of "anæsthesia dolorosa," short of neuralgia, and among them to that which, felt in the extremities, indicates the state of the cerebral circulation which precedes apoplexy.

In providing a short paper for the present number of the *Annals*, I had hoped that from my out-patients' *clientèle* at the hospital I might have been able to present a few cases illustrating these applications of the drug. The fates have been against me, however, and I have only two which I can put on record here, one of which is incomplete. They will serve my purpose, nevertheless, of directing the notice of my colleagues to other uses of this great medicine, whose fame as an antipyretic has somewhat overshadowed its no less certain powers as an antineuralgic, an antispasmodic, and an antirheumatic.

1. The following case of prosopalgia presented itself on January 31st, 1878 :

Mrs. C—, æt. 44.—For six months has suffered from continuous pain on the left side of the head. It was first felt most in the vertex, but now involves the infra-orbital region—the eye seeming to be the centre of the suffering. There is much lachrymation when the pain is bad, also burning of the eye, and sometimes swelling. The pain altogether is of a burning character, and dull rather than sharp. It is worse in the evening, but better at night, and otherwise when she is quite still. It is also better at the catamenial period. The patient is in fair general health, of sanguine temperament, and good nutrition. *Aconite*, 1x, two drops three times a day.

February 7th.—The report is, “Not so much pain this week.” Continue.

21st.—The patient says that she has no severe pain now, and asks me to prescribe for her feet, which become tender and hot when she stands upon them, and incommode her greatly. For this I gave *Arnica* 1, three drops night and morning.

March 7th.—Her head has not been so well since leaving off the *Aconite*, though her feet are better. I therefore returned to it as before.

14th.—The head is much better again.

I now treated her for some troubles connected with the approaching climacteric, and she had no return worth mentioning of her six months' daily companion.

In illustration of the relation of *Aconite* to trigeminal neuralgia, I would mention Dr. Dekeersmaecker's experience with it in glaucoma. This affection is one of the many trophic disorders which have been observed in connection with neuralgia of the fifth, and has been experimentally produced by irritation of this nerve at its origin. Our able oculistic colleague at Brussels has perceived the applicability of *Aconite* to it accordingly; and he states:—“I know of no therapeutic agent capable of modifying more rapidly and more profoundly glaucomatous accidents in cases where the pains simulate tic-douloureux, with analgesia or

hyperæsthesia of the face. I have seen demonstrative instances of this kind, and I propose to record them some day in this journal." *

2. On the 22nd of February a woman of fifty-eight came to the hospital, complaining of numbness of the whole right side of the body, including the head, which was painful and cold. Stooping greatly increased the pain. She was giddy, with tendency to fall to the right side; and deaf on the left ear, with tinnitus.

She had some other troubles, which led the house-surgeon (from whose notes I take this account) to give her *China*. When I saw her on March 7th she complained of her numbness being much worse, and of tingling with it. *Aconite* 12, three drops night and morning.

March 21st.—No change. *Aconite* 3x, two drops three times a day.

April 4th.—No better: speaks of being in much pain. *Aconite* 1x, two drops three times a day.

18th.—The giddiness is better; otherwise she is the same. Continue.

May 2nd.—*In statu quo*. *Aconite* φ, a drop three times a day.

16th.—Much less numbness in the arm. Continue.

30th.—Leg also better, but very giddy again. *Agaricus* 1x, two drops three times a day.

June 13th.—Less giddy, but rather more numb. *Aconite* φ, two drops three times a day.

Though it does not appear in the notes, I should add that this patient was much freer from pain, and looked brighter and better; she also expressed herself as much benefited by the treatment.

I have had recently a case in private practice, which I had much hoped to have cured with *Aconite*, but which has not yet terminated. She was forty-seven years of age, and in good health; the catamenia still regular. Fifteen years ago she had a fall, and struck her back rather severely against the roots of a tree. She had a large bruise; but, beyond that, did not at the time appear to have injured herself.

* *L'Homœopathie Militaire* June 1878, p. 271.

Gradually, however, she became subject to a painful feeling of numbness coming over her whenever she went to sleep, by night or by day, waking her often four or five times a night. It was felt especially in the arms, but sometimes over the whole body. The only associated symptoms were frequent palpitation, and an uncomfortable feeling of fulness about the throat. I could find nothing else wrong with the patient.

Aconite 3, which I first gave (September 6th, 1877), relieved the throat and quieted the heart, but did not touch the numbness. The third decimal was equally without effect. From the first decimal decided improvement was reported, and the palpitation disappeared; but the throat became more uncomfortable. Thinking that this might be a local effect of the low dilution, I ordered it to be discontinued for a week, and then resumed. It had the same effect, however, and the numbness was reported as bad as ever. I now tried *Cannabis Indica*, which is the only drug besides *Aconite* which causes general anæsthesia; but without effect. On January 4th I returned to the original drug, giving it in the form of *Aconitine*, the third decimal dilution of which was to be taken in increasing doses. After a fortnight of this improvement in the numbness was again reported, but a neuralgic attack had set in in the face, worse at 5 p.m. and 5 a.m. This left her suddenly, though she continued to take the medicine; but the numbness was reported (February 6th) as again on the increase. I now went to the other end of the scale, and gave her *Aconite* 30. She wrote to report a seeming aggravation for a few nights, but then a decided improvement, in place of the numbness feeling a "crawling, restless sensation all over her." This is the last I have heard of her.

NOTE.—The day after sending the above paper to the press, I received the following communication from my patient:—

"I do not know whether you expected to hear from me again or not, but as you appeared interested in my case, I thought I should like to tell you of the success of your

treatment, especially as others have so totally failed to relieve me. As you said, 'that was the only medicine that would do me good,' I have continued to take it, leaving off a week or two now and then; and I am happy to say I am very much better, although the numbness has not *entirely ceased*.

"My nights are much more comfortable. I am not often disturbed with it until morning, and it is quite confined to my hands. Occasionally I have had a bad night, but I always think it has been after a little extra worry, but it has only been for a night.

"The palpitation has not returned, nor the unpleasant sensation in my throat. I felt the numbness in my hands years before it extended to other parts; so I expect it will be felt there the longest."

It will be seen that it was from *Aconite 80* that the final improvement occurred. In speaking of the temporary aggravation, but subsequent amelioration which ensued upon taking this dilution, she remarked, "In this it has been different from the effect of all previous treatment I have had, and also of the prescriptions I have hitherto received from yourself."

EAR AFFECTIONS ATTENDED WITH DEAFNESS.

BY ROBERT T. COOPER, M.D., PHYSICIAN, DISEASES OF EAR.

IN this report of cases, the patients' hearing-distance is compared with what is normal, and which for the test-watch employed would be about thirty inches; the hearing of a patient able to detect this watch ticking at six inches would be represented by the fraction $\frac{6}{30}$ and so on.

Of course the test is merely approximate, as a watch ticks louder after being wound up, and patients with imperfect hearing, who are unable to detect the sound of one kind of watch will, perhaps, have fair perceptions for the tick of an instrument with a different escapement.

CASE 1.—Jane P—, æt. 18, a domestic servant, admitted 12th January, 1878, deaf for the last two weeks.

History.—A year ago was treated at this hospital for the same affection; then something seemed to burst in her ear, and she got better.

Present state.—Very much pain in the left ear, like as from a gathering, and which is constant day and night. Her general health is good, and functions regular. Can hear my watch only upon contact on *both* sides.

Merc. Sol. 3x; seven powders, five grains in each, a powder in three dessert-spoonfuls of water, a dessert-spoonful three times a day.

On the 19th January a favourable report; on 22nd February reports hearing to have come back all right; on 16th February (Saturday), states that she was hearing all right until Thursday, when she got a bad earache, preceded on Wednesday by a pain on the left side of the head, and has since been very much worse.

Bellad. ϕ 5 drops to 6 ounces of water; a teaspoonful three times a day. Present hearing distance, left $\frac{6}{30}$ right $\frac{6}{30}$.

March 2nd.—Hears conversation very much better. Complains of ringing in the ears, and pains down the side of her neck. Repeat.

9th.—Report forwarded of being very much better.

22nd.—Perfect hearing for conversation; watch-hearing, left $\frac{2}{30}$, right $\frac{25}{30}$. Considers herself perfectly well.

CASE 2.—Emma C—, æt. 16, a domestic servant, admitted 3rd November, 1877, has been quite deaf in the right ear for six months, supposed to be from a cold. Is a healthy looking girl, but subject to congestive headaches. Functions are regular.

The meatus is quite sore and blistered, owing to her mistress having applied “ammonia and olive oil” to the ear, consequently it is impossible to obtain a view of the membrane. *Bellad.* 3x, gtt. vij— z^{ij} , 3j t. d. Hearing distance on right side, $\frac{1}{30}$.

November 9th.—Has been having a good deal of frontal headache. The membrane can now be seen. There is a marked congestion along the handle of the malleus, but no perforation. *Bellad.* 2x, in the same way.

25th.—She can hear very much better, and headache has left; an impetiginous eruption, such as the ammonia produced, has broken out on different parts. Hearing distance, right side $\frac{18}{30}$. *Soda Chlorata* ϕ , gtt. j— z^{ij} .

December 7th.—Hearing perfectly normal for voice and watch. Repeat.

23rd.—Discharged, cured.

The above, as a cure by *Belladonna*, must be looked upon as doubtful; for the meatus having been blistered by the ammonia, and an eruption having spread to other parts, we are bound to consider whether this did not ultimately relieve the congestion present in the middle ear; any way we may conclude that *Bellad.* had a strong influence upon the patient, and to it we must ascribe the removal of the head-ache.

CASE 3.—Mrs. C—, æt. 24, married two years, one child four months old, and one subsequent miscarriage. Admitted 26th January, 1878, suffering from deafness, the cause of which is ascribed to taking cold; has existed for four years. Previous treatment allopathic.

Is subject to an eczematous eruption behind the ears, which is either succeeded by or attended with otorrhœa of both sides. At present there is a tendency to eczema of the scalp. Hearing distance, both sides, two inches. *Sulphur* ϕ , gtt. vij— ʒ iii, ʒ j t. d.

Feb. 2nd.—Has not been very well. *Chinin Sulph.* 2x, gr. v night and morning, dry on the tongue.

9th.—Is better, can hear better; the meati of both sides are eczematous, discharge a good deal, and are very sore. (1) *Rhus tox.* ϕ , gtt. v— ʒ ij, ʒ j t. d.; (2) *Calc. Carb.* 3x, gr. xv— ʒ j, ʒ j om. n.

16th.—Ears discharge even more than before, in fact, profusely. *Croton tig.* 6, gtt. vij— ʒ vj. ʒ j. t. d.

March 2nd.—Was better, till she caught cold, of the hearing as well as of the eczema, but then got bad again. Continue *Croton tig.* in third decimal; same dose.

9th.—Has a very bad cold and cough. Aching pain in the face and teeth. Hearing distance, left $\frac{10}{30}$, right $\frac{15}{30}$. Continue, with two pilules of *Phosphor.* 12 at night.

28rd.—Is not any better. Cough has brought her very low; very much discharge from the ears, worse in the left. Hearing distance, left $\frac{5}{30}$, right $\frac{25}{30}$. Continue medicine, and to have this lotion for the eczema, viz., *Liquor Carbon. Deterg.* ʒss; *Glycerinæ, Aquæ*, ana ʒij. Paint upon the auricles night and morning with a brush.

April 6th.—After the third application of the lotion the eczema began to dry up, and as it did so her hearing completely returned. It is now normal on both sides, for voice and watch, although the auditory canals are still choked with partially dried discharge.

An inference would be erroneous that ascribed any real improvement to treatment until the *Coal tar* lotion was applied, as the nature of her deafness seemed to be changingly better and worse, its degree depending apparently upon the condition of the auricle with which, evidently enough, the middle ear sympathised.

SOME CASES OF DISEASES OF CHILDREN
TREATED AT THE LONDON HOMŒOPATHIC
HOSPITAL.

BY H. THOROLD WOOD, M.R.C.S.

IN a vast proportion of cases that are treated in the out-patient department of a hospital, one has not the opportunity of witnessing the convalescent stage, for it is but natural that parents should be anxious to avoid the inevitable inconvenience of waiting several hours for their turn to be seen, and they come no more as soon as ever they are a good deal better. The diseases recorded below, however, were exceptions to the general rule, and it was this circumstance, added to the fact that the action of the remedies prescribed was as evident as it was satisfactory, that influenced me in their selection for publication.

Catarrhal ophthalmia.—A common and distressing form of disease, found more especially among the children of the poor, is catarrhal ophthalmia. From the circumstance that exposure to cold and damp, together with insufficient and innutritious food—too often the lot of these unfortunate little things—are the main causes of this complaint, it naturally follows that the surroundings of the patients are serious obstacles to recovery. Nevertheless, in spite of these difficulties, I have been able in a considerable number of cases to afford immediate relief, and effect a rapid cure by the internal administration of *Belladonna* 3. One or two cases, that did not seem to progress as favorably as I could have desired under the influence of *Belladonna*, were benefited to a remarkable degree by *Euphrasia* 6. It was in these cases that I observed the most abundant flow of tears, and an eruption of miliary pimples round the eyes.

In cases that were brought to the hospital after they had

assumed the characteristic symptoms of the chronic state—chief among which may be mentioned diminished pain with, if possible, more intolerance of light than in the acute stage—*Silicea* 6 ere long effected a vast improvement, and even under the worst of auspices, when persevered with, a permanent cure was brought about. It will not, I imagine, detract any lustre from the virtues of the above remedies to mention that frequent bathing of the eyes with warm milk-and-water was resorted to, and the edges of the eyelids smeared with simple ointment at bed time, these observances being carried out to remove the purulent matter already collected, and by obviating the agglutination of the eyelids, to allow of the escape of pus during the night.

Granular conjunctiva.—This affection of the conjunctiva, especially of that part which lines the eyelids, is not unfrequently treated by the old school of medicine by scarification, and subsequent application of lunar caustic or of sulphate of copper. Here, again, by the exhibition of *Silicea* 6 (two pilules three times a day), I have had the most fortunate results, even in pale, flabby, scrofulous children. The cures were remarkably quick.

Opacity of the cornea.—A frequent sequel to chronic conjunctivitis is opacity of the cornea, which is seen either in its diffused form as a *nebula*, or in a denser aspect as an *albugo*. Several cases of the former I have found to readily yield to *Canabis sativa* 3, but a primary course of *Mercurius solubilis* 6 was needful to disperse the *albugo*, before the *Canabis* could be effective.

Asthenia ; hypermetropia.—Rapid improvement followed the exhibition of *Argentum nitricum* 6, in the case of a boy eleven years old, who was suffering the greatest inconvenience arising from double vision, caused by hypermetropia. He had a dull, aching pain almost constantly, and distressing confusion of sight followed after reading a short time, making the lines to appear to run into one another, the print to become dim, and the eyes to feel hot and full. To obviate

the diplopia he had contracted a habit of squinting, and it was feared that this convergent strabismus would become permanent. The eyelids were red and swollen. The pupils of the eyes were much dilated, and it may be assumed that the ciliary muscles were in a state of atony. However, certain it is that, under the influence of a short course of *Argentum nitricum* 6, the lad's sight marvellously improved, and at a recent visit to the hospital, I found him comfortably reading a book, by way of passing the time pending my arrival.

Ozæna.—This affection may be described as a symptom rather than a primary disease, for although it may sometimes arise spontaneously, it generally follows as a consequence of other ailments, such as congenital syphilis, scrofula, or the exanthemata. The syphilitic form I have found to be attended by the best results when *Mercurius corrosivus* 3 was administered. For scrofulous children, and those exhausted by attacks of fever, *Mezereum* 3 has proved of signal service, all traces of the fœtid discharge being entirely removed within a week or ten days.

Onychia maligna.—Severe cases of this painful affection come under my care from time to time. When the previous history of the patient has revealed syphilitic taint to have been inherited, I have generally resorted to *Mercurius corrosivus* 3, or, on this remedy failing to remove the evil, to *Nitric acid* 5. The part has been ordered to be kept enveloped in cold water dressings, and but a short time has elapsed before the little patients are quite well. In scrofulous subjects, or those in whom the affection has occurred through accident, the best effects have been secured by a course of *Lachesis* 6.

A dreadful case of this kind, in a girl of eleven years old, was put under my charge some months ago. She had been an out-patient at many of the metropolitan hospitals, but matters had at first steadily but afterwards rapidly gone on from bad to worse, so that when the mother came with the child, her first question was whether I thought the finger

could be saved. The aspect of affairs was certainly anything but promising, the worst feature of which appeared to me to be the advanced atrophy of the finger. The nail had been allowed to grow to fully two inches in length, and the patient screamed at the bare suggestion of its being cut. A fœtid sanious discharge welled up from beneath the nail to the tip of the finger, and was here congealed into a disgusting mass, by the nail having almost formed a tube by incurving on either side upon its long axis. The integument about the root of the nail was of a tawny-brown appearance, bordering upon purple in parts. Always painful, at night it was more than she could bear.

Knowing the wonderful curative action of *Lachesis* in these cases, I gave the mother every hope of being able to save the finger, but informed her that the chances of its being a useful member were very poor. All the more annoying as it was the index finger of the right hand. The *Lachesis* excelled my fondest expectations. Not only did the ulcer heal, but the finger to a good extent resumed its proper proportions, and sufficient mobility was in time restored to it, so as to allow of the girl wielding her pen somewhat indifferently. The only external application used was cold-water dressing, which had been resorted to long before I saw her, and, therefore, the action of the *Lachesis* was not in any way obscured.

Idiopathic cramp of the muscles of the extremities.—The etiology of this disease is obscure. The brain and spinal cord would not appear to be involved. Many consider that it is a form of rheumatism, but the occurrence of idiopathic muscular spasms during the course of, and convalescence from, acute and chronic diseases, which seriously implicate assimilation and nutrition, seems to indicate that it is due to some derangement of the tissues, thereby causing functional disturbance.

This latter theory is, I think, substantiated in the cases of two little boys, brothers, aged respectively eight and six years, who were under my care in March, 1877. For some time prior to their becoming out-patients at the hospital

the parents had noticed their failing appetite, loss of flesh, and increasing lassitude. Then they complained of pains in their hands and feet, with a slight feeling of stiffness. It was thought that they had caught cold, and that these pains were, perhaps, rheumatic. The usual domestic remedies were resorted to—hot baths, rubbing with hartshorn and oil, &c., all to no purpose. The pains grew worse, the stiffness became cramp, and the strength ebbed fast. Now, thoroughly alarmed, the mother thought it was high time to seek medical advice. The previous history did not, it is true, reveal the occurrence of any exhausting attacks of fever, but growth and development seem to have been very much retarded, for the boys were remarkably small and stunted for their age.

In Jahr's 'Manual of Homœopathic Medicine,' the following symptoms are given as the result of the pathogenetic properties of *Nux vomica* in large doses:—"Tension and rigidity, numbness and torpor, heaviness, lassitude, and paralysis of the limbs."

These symptoms the boys were suffering, with only short intervals of ease, when I first saw them. Accordingly *Nux vomica* 3 was prescribed (two pilules three times a day). For about a week after taking the medicine the symptoms became worse (whether this was because the course of the disease had not as yet been arrested, or that it was the effect of the medicine, I am not prepared to say), and then a marked change for the better set in. In a month's time from the commencement of the treatment by *Nux vomica* the lads were quite well.

CASES OF RHEUMATISM TREATED WITH SALICYLIC ACID.

BY J. GALLEY BLACKLEY, M.B. LOND.*

THE great interest attached to the treatment of acute rheumatism by means of salicine and salicylic acid, and the almost startling results obtained by several experimenters † on the subject, renders any apology for the introduction of the cases here unnecessary. The list comprises *all* the cases under my care in the hospital during the past twelve months, in which salicylic acid was administered, and, as will be seen, in several, without appreciable benefit. It is, however, only by recording successful and unsuccessful cases alike, that one is ultimately enabled to determine the precise sphere of usefulness of any drug, and, *à fortiori*, of any drug which appears to possess the properties of a true specific.

CASE 1.—*A case of acute rheumatism and meningitis in a woman.*—J. S—, æt. 41, had been ill for a month before coming here, and on admission had pain in joints and sour-smelling perspiration and a temperature of 102°. She was ordered a drop of *Aconite* and *Bryonia* 1x, every hour alternately. In the evening the temperature was 101·8°, pulse 116.

Next day (July 9th) the morning temperature was 102·2°, pulse 132. Tongue thickly coated, white; heart unaffected. 9 p.m., temp. 101·6°.

10th.—Morning temp. 101·6°, pulse 124. Restless night, no pain. Evening temp. 102·4°, pulse 132.

* Reported by Dr. Anderson, senior house-surgeon.

† Vide Wheeler "On the Action of Salicylate of Soda in Acute Rheumatism," p. 363.

11th.—Morning temp. $99\cdot8^{\circ}$, pulse 122; evening temp. $100\cdot6^{\circ}$.

12th.—Morning temp. $102\cdot4^{\circ}$, pulse 124. Had a very bad night; had diarrhœa; hands painful to-day. Evening temp. $104\cdot4^{\circ}$. Ordered a drop of *Aconite* ϕ , every two hours during night.

Next morning temperature had risen to $106\cdot6^{\circ}$, and pulse 160. She had a restless night, and had diarrhœa again. She is quite insensible to-day; constant twitching of muscles of face; breathing is hurried and gasping; pupils contracted. Ordered a drop of *Stramonium* $1x$, every quarter of an hour. 1:30 p.m., temp. 106° ; 3 p.m., temp. 107° ; 5 p.m., temp. $106\cdot5^{\circ}$. She now got two grains of the *Salicylate of Soda* every half hour. At 6:30 temp. was 109° , pulse 160; at 7:5 p.m. she died, temp. $109\cdot4^{\circ}$.

CASE 2.—S. V—, æt. 38. Admitted on May 17th, an old syphilitic subject. He came in with a subacute rheumatic attack, affecting knees and left hip. He was ordered five grains of the *Salicylate of Soda* three times a day, but no good result following in four days it was stopped and other medicines prescribed.

CASE 3.—T. D—, æt. 21, a clerk. Has been ill a week, and pain is now in ankles and wrists chiefly; not much swollen, but puffy and very tender to the touch. Tongue white, red at tip; bowels not moved for two days. Temp. $102\cdot6^{\circ}$, pulse 102; heart sounds clear. Ordered a drop of *Aconite* and *Bryonia* $1x$, every hour, alternately.

Next day (November 25th), temp. 102° , pulse 108. Pain kept him awake all night. No friction sound or bruit. 9 p.m., temp. $102\cdot6^{\circ}$.

26th.—Temp. $101\cdot4^{\circ}$, pulse 116. Slept a little better. Tongue coated, white, especially on right side. Ordered five grains of *Salicylate of Soda* three times a day, and a drop of *Belladonna* $1x$ at night; 9 p.m. temp. $102\cdot6^{\circ}$.

27th.—Temp. $101\cdot6^{\circ}$, pulse 106. Had very restless night; perspired a great deal; left shoulder is the most painful; tongue very red; bowels not moved. 9 p.m., temp. $101\cdot8^{\circ}$.

28th.—Temp. $101\cdot6^{\circ}$, pulse 100. Had a little sleep in

night; did not perspire so much; complains of pain in right side when he moves. 9 p.m., temp. 101.4° .

29th.—Temp. 100.4° . Very bad night; bowels moved twice; ankles and knees stiff; no pain. 9 p.m., temp. 101.4° .

30th.—Temp. 101.2 , pulse 104. Did not sleep much; has severe pain in right shoulder this morning; did not perspire so much last night; bowels moved; tongue large, beefy, with prominent papillæ; pain began to be worse about 2 o'clock this morning, causing him to wake up. Heart sounds: first sound accentuated, but no bruit; slight irregularity in force. 9 p.m., temp., 101.6° .

December 1st.—Temp. 99.8° , pulse 104. Fairly good night, has no pain when still. 9 p.m. temp., 101.6° .

2nd.—Temp. 100.6° , pulse 98. Slept all night; finger-joints still swollen. 9 p.m. 100.6° .

3rd.—Temp. 100.2° , pulse 92. The *Salicylate* was stopped to-day, and he was put upon *Atropine* 3x, a drop every four hours. 9 p.m., temp. 100.2° . Two days later he was put on *Aconite* and *Bryonia* again, his temperature remaining about the same for some weeks. Other medicines were given as indications arose, and he made a somewhat slow recovery, and went out cured on January 19th.

CASE 4.—T. B—, æt. 20, a photographer, was admitted on April 15th, complaining of pain in joints on moving, and evidently in for an attack of acute rheumatism; on admission temp. 98.6° . Was ordered five grains of the *Salicylate of Soda* in six ounces of water, a dessert spoonful three times a day; at 8 p.m. temp. 100.6° .

Next morning temp. 99.2° , pulse 62. Pain the same. Evening temp. 99.6° .

Next day temperature normal morning and evening; no pain. Stop medicine. He had no return of the pain, and went home well at the end of the week.

CASE 5.—L. C—, a girl, æt. 12. Admitted on the 27th of March, with slight attack of acute rheumatism and well-marked chorea. Temp. 99.8° , pulse 132. Tongue very dirty, flabby, and moist; bowels open. Was put on the same dose of the *Salicylate* as the above case. She had

a restless night; the movements did not cease during sleep. In the morning temp. 98.4° , pulse 120. In the evening the temperature rose to 100.2° .

March 29th.—Last night she was quieter. Morning, temp. 99.2° ; evening, 99.6° .

30th.—Temp. normal, pulse 92. Had very quiet night, and this morning has much less movement.

April 1st.—Is quite well; to go home.

CASE 6.—A. W—, a German, æt. 43. Came here on May 9th, suffering from acute rheumatism. Temp. on admission 101.2° (last night 104°); 9 p.m., 102.2° . Ordered five grains of *Salicylate* three times a day.

May 10th.—Temp. 100.8° , Pulse 96. Very bad night; severe pain in left knee and shoulders; tongue densely coated, white, moist; has perspired profusely; is very thirsty; heart sounds feeble; second sound slightly accentuated; no bruit. 9 p.m. temp. 101.8° .

11th.—Temp. 100.4° . Slept pretty well; no pain in knee, only slight in shoulders; tongue still thickly coated. 9 p.m., temp. 101° .

12th.—Temp. 99.4° , pulse 88. 9 p.m., temp. 100.2° .

14th.—Temp. normal morning and evening, pulse 76. He went home well four days later.

CASE 7.—M. S—, æt. 39, a needlewoman. This is her seventh attack, and has lasted a week already. Right wrist and both knees are swollen and painful; cutting pain in right side of chest on taking a deep breath, and slight friction sounds are to be heard at right base; tongue thickly coated, white; much sour perspiration. Temp. on admission 102.4° , pulse 112. Ordered five grains of *Salicylate of Soda* in six ounces of water, a dessert-spoonful three times a day. 9 p.m., temp. 102° .

Next day (May 25th) morning, temp. 99.4° , pulse 90; evening, temp. 100.6° .

26th.—Temp. 99, pulse 88. The affected joints are free from pain; the friction sound at right base has disappeared.

27th.—Temp. normal. Slight pain in left hand, which lasted two days.

29th.—Quite well.

CASE 8.—E. B—, æt. 32, a glass cutter. Admitted June 1st, 1878. Had an attack of acute rheumatism five years ago, and was in bed six weeks. The present attack commenced three weeks ago, and has been neglected. The pain is in both shoulders and ankles and right knee, and left wrist and hand. There is a great deal of sour perspiration; tongue thickly coated, white. Temp. $100\cdot8^{\circ}$, pulse 92. The same dose of the *Salicylate* as in the last case was given. 9 p.m. temp. $101\cdot8^{\circ}$.

June 2nd.—Morning temp. 102° , evening 103° .

3rd.—Morning temp. 101° , pulse 88. Feeling rather better. The pain is in right hip, and left knee and hand; still perspiring freely, and tongue much coated. 9 p.m. temp. 101° .

4th.—9 a.m. temp. $100\cdot6^{\circ}$, pulse 88. The pain is shifting about. 9 p.m. temp. $102\cdot8^{\circ}$.

5th.—9 a.m. temp. 100° , pulse 88. Feeling much the same. 9 p.m. temp. $101\cdot8^{\circ}$.

6th.—9 a.m. temp. $99\cdot2^{\circ}$, pulse 88. Pain only in shoulders to-day; not perspiring much; tongue still much coated. 9 p.m. temp. $100\cdot6^{\circ}$.

7th.—Temp. $99\cdot8^{\circ}$. Very little pain.

8th.—Temp. normal. Scarcely any pain; tongue clean.

9th.—Temp. normal. No pain; well.

CASE 9.—Ezra P—, æt. 20, druggist's assistant. Admitted into the hospital on July 5th, having been already laid up for two days with severe pains in the joints. Had never had rheumatism before.

July 5th.—On admission the temperature was $101\cdot6^{\circ}$, and the pulse 88. The right knee and hip are swollen and painful on motion, the left knee more slightly so. Is very thirsty. To have one grain of *Sod. Salic.* three times a day and a milk diet. At 7.30 p.m. the temperature had risen to 103° .

6th.—Temp. $101\cdot6^{\circ}$, pulse 78. Has slept very well during the night, and is still perspiring freely. Tongue densely coated, moist. Complains of intense thirst. Pains still in the same joints. Evening temp. $102\cdot4^{\circ}$.

7th.—Temp. $101\cdot2^{\circ}$, pulse 80. To-day the pains are

principally in the left knee and right foot. Perspires freely; perspiration has a very sour smell. Tongue still much coated. Evening temp. 103° .

8th.—Temp. 101.4° , pulse 56. Has slept well; pain in both knees and right foot. Perspires less, and tongue cleaner. To have gr. iij of the *Salicylate* three times a day. Evening temp. 101.8° .

9th.—Temp. 99.4° , pulse 60. Both feet painful. Knees still swollen, but not painful. Evening temp. 100.6° .

10th.—Temp. 98.6° , pulse 60. Had a very good night. Has very slight pain in left foot; knees free from pain, though still slightly swollen. Tongue still furred.

11th.—Temp. 98.4° . Has no pains now; slight swelling of the left foot only. Slept very well. Tongue cleaning. Bowels opened yesterday. To leave off medicine, and to have some fish.

18th.—Discharged cured.

CASE 10.—Henry R—, æt. 44, joiner, admitted July 19th, 1878. Has never had rheumatism before. Has now been laid up for seven days with pains, chiefly in the right knee and foot. Temp. is 99.8° , pulse 60. Tongue slightly coated. R *Sod. Salic.* gr. iij, t. d,

21st. Temp. 99.2° . Has had a very bad night; pain has shifted from right to left leg.

23rd.—Temperature last night 100.4° ; this morning 99.6° . Pains are less.

29th.—It was only yesterday that the temperature was down at the normal point, and at night it still ruus up to 99° . To omit medicine.

CASE 11.—Alice K—, æt. 15, farm servant. Has had pain and swelling of ankles for a fortnight, the pains being worse in the night. On admission (July 22nd) the temperature was 101.2° , and the pulse 120. To have gr. ij of *Salicylate* three times a day, and cold water compresses to the ankle. Evening temp. 100° .

July 23rd.—Temp. 99° . Pains still severe.

24th.—No pains to-day, but had a good deal in the night.

29th.—Temp. and pulse normal, no pain or swelling. Heart-sounds normal. To leave off medicine.

CASE 12.—Isaac B—, æt. 42, furniture dealer. Had had eight or nine previous attacks of acute rheumatism. The present one has already lasted eleven weeks.

July 25th.—On admission had great pain and stiffness, with considerable swelling in both hands, feet, and knees, the right foot being the most affected. Tongue densely coated, white; urine high coloured, acid. Evening temp. 101·2°. Was ordered three grains of the *Salicylate* three times a day.

26th.—Temp. 100·2°, pulse 108. To-day the right knee is most painful. Evening temp. 100·2°.

29th.—Temp. 98·4° (last night 98·8°). Has now no pain at all. Perspired very little last night. Tongue nearly clean; right knee still a little stiff. To omit the medicine.

Remarks.—These cases, although presenting no very special features of interest, serve to show that in Salicylic Acid we have at least a powerful auxiliary in the treatment of rheumatism. Even where the attack has been in progress for some time, the effect of the drug is very marked. In Case 1 there is every reason to believe that the fatal result might have been avoided if the patient had been placed under the influence of the drug at the onset of the attack.*

* Vide Dr. Dreschfield's "Case of Acute Rheumatism, with Rheumatic Affection of the Spinal Cord, successfully treated with Salicylate of Soda," *British Medical Journal*, July, 27th, 1878, p. 142.

**TWENTY-EIGHTH ANNUAL REPORT OF THE
HOSPITAL.**

THIS meeting was held in the board-room, on Wednesday, the 10th April, 1878, at 3 p.m.

The Lord EBURY, Chairman of the Board of Management, took the chair.

His Lordship said that it had been the invariable custom at each annual meeting, since this public institution was first established, to pray to Almighty God to vouchsafe His assistance and blessing on the efforts made on its behalf. He was happy to see present the chaplain, who had been so attentive to the duties of his office, and he requested him offer up the prayer.

The Rev. JOHN GOUGH (Chaplain) then opened the proceedings with prayer.

The SECRETARY read the notice convening the meeting; the minutes of the last annual general meeting; those of the two special general meetings of the governors and subscribers held on the 19th and the 30th July last, respectively; and of a special meeting of governors held on the 2nd October last. All these minutes were confirmed and afterwards signed by the chairman.

The Lord EBURY said that, before entering more especially into the business of the meeting, he desired to ask a favour on a matter personal to himself. His Lordship felt scarcely equal to discharge the duties of the chair, as he was far from well, and when the report had been read, and the most important business voted, he trusted the meeting would excuse him if he retired. He was exceedingly sorry on all accounts not to be able to stay to the close of the proceedings, because, to his mind—and he thought all would agree with him when they had heard the report read—this was likely to be an unusually interesting meeting.

The official manager, Mr. ALAN E. CHAMBRE, next read the Annual Report of the Board of Management for the year ended 31st December, 1877, as follows :—

TWENTY-EIGHTH ANNUAL REPORT.

At the close of another year—the twenty-eighth since the opening of the hospital—the Board of Management once more come before the governors and subscribers to give an account of their stewardship.

2. A continued source of anxiety, which has received the earnest attention of the Board, is the inadequacy of the income of the hospital. Despite the most energetic efforts to improve it—efforts attended as they have been, with much success—the receipts still fall considerably short of the expenditure. To remedy this state of things many plans have been considered. In consequence, however, of the acknowledged unsatisfactory state of the commercial world, and the already numerous and pressing calls on the public generally, it has not been thought advisable to hold a bazaar or public dinner, or to take other means tried in past years with considerable success, but in the autumn the Board issued a special appeal, to which more particular reference is made in a later paragraph of the report.

3. While, however, the total income still falls below the requisite amount, the Board gratefully acknowledge a considerable increase in the number of annual subscribers; and if all those directly or indirectly interested in the well-being and progress of the hospital would aid the Board by inducing others, whom it may be in their power to influence, to support this institution by donations or annual subscriptions, it would soon be the pleasing task of the Board to announce the attainment of that success to which their unceasing exertions are directed, viz., an equilibrium between income and expenditure, combined with the most complete carrying out of the objects for which the hospital was founded.

4. The Board take this opportunity of earnestly soliciting the co-operation of all who desire the success and advancement of homœopathy.

5. Turning to the number of patients treated at the hospital in the course of the year, the Board are pleased to point a steady increase in the number of in-patients—the total 1877 having been 531, as against 461 in 1876, and 395 1875; but they regret again to record a diminution in number of out-patients, the total number in 1877 was 14, as against 6208 in 1876.

The Board have reason to believe, however, that when arrangements which have recently been made to promote in every possible way the efficiency of the out-patient department have had time to bear full fruit, the numbers attending will leave nothing to be desired in that respect. From the opening of the hospital to the 31st December, '77, no less than 139,237 persons have been treated as in out-patients.

3. The Board have thought it opportune in regard to this question to renew the experiment of visiting out-patients at their own homes, the persons so visited paying the usual consultation fee for an out-patient when not provided with a letter of recommendation from a governor or subscriber. Further allusion to this matter is made in a later portion of the report, paragraph 35.

7. The total income of the year 1877, from all ordinary sources (see Balance Sheet, Appendix C) was £3180 1s. 2d., against £2729 19s. 5d. in 1876, showing an increase of £450 1s. 9d., which the Board think must be considered satisfactory. To this must be added £265 19s. 7d., being the instalment from the Special Purposes Fund (see paragraph 10); legacies which amounted to £700, as against £81 19s. in 1876; £2140 the produce of sale of stock under authority of the governors and subscribers (see paragraph 18); and £3 19s. 4d., balance of petty cash; making a total of £6290 0s. 1d. The expenditure on account of ordinary income has been £4029 7s. 4d., which added to deficit for 1876, of £623 16s., the purchase of freehold property adjoining the hospital, £1705 14s; £137 0s. 3d. furniture; £750 for additions and improvements to the hospital premises; and £61 2s. 6. cash in hand, gives a total £7152 10s. 1d.; leaving a deficit of £962 10s. This is

partly covered by a loan of £500 from the London School of Homœopathy; £462 10s. remaining due to the bankers at the close of the year.

8. The additional income is derived principally from the new annual subscriptions, and this fact is one which the Board hold to be particularly satisfactory—the total amount of subscriptions for the year being £1574 15s. (see balance-sheet, appendix C), as compared with £1218 9s. 6d. in 1876, and £1019 9s. in 1875; that is, notwithstanding that a very large number of subscriptions ceased from deaths, the total received was more in 1877 than in 1876 by over £350, and more than in 1875 by over £500. Moreover, the amount collected in 1877, included £55 arrears of former years, which had not been claimed in due course.

9. The total donations in 1877 amounted to £517 12s. 6d. while in 1876 they amounted to £493 14s. 10d., and in 1875 to £487 3s. 7d.

10. Under this head it must be borne in mind that during the latter part of the year, sums which would in all probability have gone to swell the total ordinary donations, were given by subscribers and others to the Special Purposes Fund, collected by the Board under circumstances explained in the special appeal issued by them, alluded to in paragraph 2.

11. The fees for the registration of out-patient amounted to £264 3s., as against £287 18s. in 1876. This falling-off in the amount received is explained by the decrease in the number of out-patients, referred to in paragraph 5, and the Board look forward with some confidence to improved receipts in the year 1878. Indeed this has already proved to be the case.

12. The arrangements sanctioned by the Board for increasing the staff of trained nurses, with a view to nursing private patients, took full effect too late in the year to appreciably increase the Nursing Fund; but still there is a slight increase under this heading, and a much larger amount will no doubt accrue in 1878, as the number of nurses now qualified for private nursing make it possible to fully develop the scheme.

The Board expresses a hope that the governors and subscribers will aid in conducing to the further success of this important department of the hospital.

13. The amount awarded to the hospital from the Hospital Sunday Fund was £216 13s. 4d., as against £250 16s. 8d. in 1876; but the Board can do no more than regret the falling off, a circumstance over which they have no control.

14. The sum of £88 16s. 6d. was received from the Hospital Saturday Fund; being £41 9s. for the year 1876, and £47 7s. 6d. for the year 1877.

15. The following legacies (see Appendices C and H) were received during the year, viz. :—Dr. Hering, £100; Mrs. Barstow £100; and from the Executors of the late James Graham, Esq., of 11, Cornwall Terrace, Regent's Park, the sum of £500, being a grant made on application to them out of a considerable sum divided amongst hospitals and charitable institutions. These amounts, in accordance with the laws of the hospital, go to swell the Reserve Fund.

16. The working expenditure of the hospital during the year (see Balance Sheet, Appendix C) was £4029 7s. 4d., as against £3394 9s. 3d. in the preceding year, showing an increase of £634 18s. 1d. But when it is considered that the total number of in-patients in 1877 exceeded those in 1876 by 70, that the number of nurses was increased from twelve to eighteen, and of the servants from six to seven, it will at once be evident that the additional expenditure is accounted for. Still certain items are high, and the earnest attention of the Board has been given with a view of keeping down every expense as much as possible, and conducing to the most rigid economy consistent with thorough efficiency. They look forward to a proportionate reduction in the current year.

17. The addition to the number of nurses from twelve to eighteen (intended to be further raised to twenty) was not so much necessitated by the requirements of nursing in the hospital, as to meet the continually increasing demand for skilled nurses to attend private patients. Homœopathic practitioners naturally prefer the assistance of persons who, in addition to the necessary qualifications as trained nurses

have acquired a knowledge of their duties within the walls of a homœopathic hospital, and the Board are happy to take this opportunity of drawing attention to the admirable manner in which the training of our nurses has been conducted by Miss Brew, the Lady Superintendent of Nursing, and to the high efficiency of those at present employed, testified to not only by the medical staff, but also by gratifying certificates and remarks of medical men and their patients, by whom the nurses have been engaged.

The unremitting care and attention bestowed on the patients by Miss Brew must also not pass unnoticed.

18. It will be within the recollection of the governors and subscribers that, in the month of July last, a special general meeting was held, at which authority was given to the Board of Management to withdraw a sum of £3028 from the Reserve Fund, to be expended in (1) repairs and improvements in the hospital called for on sanitary and other grounds, and (2) the purchase of the freehold and leasehold of No. 1, Powis Place, adjoining the hospital.

19. Out of this amount of £3028, a sum of £950 was spent in additions to the hospital buildings, whereby the value of the freehold has been proportionately increased, and £200 was spent in additional furniture.

20. The invested fund of the hospital (see Balance Sheet, Appendix C), exclusive of the hospital premises and furniture, but including the house, No. 1, Powis Place, recently acquired and valued at £1600, amounted at the 31st December to £8920 10s. 8d., or less by £565 0s. 6d. than the amount of the Reserve Fund at the close of 1876.

21. But although the actual sum invested in Government Securities has thus been reduced for a time, the income still derived from that source, including the leasehold rental secured to the hospital from the house, No. 1, Powis Place, added to the anticipated increased receipts from the extended operation of the nursing institute attached to the hospital, will amount to more than before the withdrawal of the £3028.

22. The Special Purposes Fund, collected in answer to the special appeal, referred to in paragraph 2, amounted at

the 31st December to nearly £1200. A list of contributors to this fund, brought down to the latest date before printing this report, is annexed (see Appendix E) and to this list the Board draw the attention of the governors and subscribers.

23. The Special Appeal, in addition to the above Fund, had produced, up the 31st December, additional annual subscriptions to something over £50 a year, and a list of the new subscribers so obtained up to the latest date will also be found in Appendix E.

24. Contributors and subscribers have all been cordially thanked.

25. The Board have further had the pleasing task of thanking many other kind donors in the course of the year, previous to the issue of the Special Appeal. Among these donors were:—Mr. and Mrs. Jones Gibb, £50; Mrs. Cruikshank, £31 10s.; the Right Hon. Russell Gurney, M.P., £21; Mrs. Vaughan Morgan £21 (for two pictures remaining from the bazaar held in 1874); the late Mr. Rosher, our respected treasurer, £20, specially to mark the satisfaction he had experienced from the services rendered by one of the hospital nurses; Miss Isabella Barton, always a kind friend to the hospital, £20, for the purchase of new cots in Eve Ward; Julian Senior, Esq., £20; the Lady Dispenser, £20, collected from friends; Baron N. de Rothschild, £10 10s.; and many others too numerous to mention specially here, but whose names will be found in the list of subscribers and donors (Appendix D), sums of £10 10s., or £10, each; besides other smaller sums.

26. The donors in kind include:—The Lord Ebury, a musical-box and evergreens; Miss Barton, a reading-desk, spring-mattresses, books, toys, and a hearthrug for the nurses' day-room; Dr. Bayes, spring-mattresses, and prints for nurses' day-room; Messrs. Richard Hoe & Sons, spring-mattresses; a friend of Dr. Drury, knitted bed-coverlets; Mrs. Chambre, an invalid chair and pair of crutches; Mrs. Pope, an invalid chair; Mrs. Greentrees, crutches; the Official Manager, two marble clocks, an oak-case clock, and other objects; the Hon. Mrs. Holland, a supply of flowers

weekly; the Countess of Dunmore, Mrs. Vaughan Morgan, Mrs. Clifton Brown, Mr. Shaw, Mrs. Carew O'Grady, and others, flowers; Mrs. Vaughan Morgan, Miss Barton, Mrs. Carew O'Grady, Mrs. Aldridge, and Mrs. Staughton, toys for the children's ward; Miss Mann, Miss Millet, and Mr. Boughton Kyngdon, books; and articles of clothing, old linen, &c., from Mrs. Barter, Mrs. Aldridge, Chester Cheston, Esq., a friend of Dr. Herbert Nankivell, Mrs. Mackechnie, and Messrs. Hitchcock & Co.

To one and all the warmest thanks are due.

27. It is with sincere regret that the Board have to record the death of one of the Vice-Presidents of the hospital—the Lord Kinnaird.

28. In their last report the Board drew attention to the munificent annual subscription of the Earl of Crawford and Balcarres. They have now the gratification of announcing that his Lordship has kindly consented to be put in nomination as a Vice-President of the hospital, and a motion will be brought forward to-day to ratify his Lordship's appointment.

29. The Duke of Westminster has also been pleased to express his willingness to become a Vice President, and the Board feel sure that the appointment of His Grace will be carried with acclamation. A motion to that effect will be brought forward.

30. Several changes in the medical staff have taken place in the course of the year. Dr. Drury, who in 1876 resigned his post on the external staff, has now retired also from the internal staff, thus terminating his long and valued services; and Dr. Adolph Allshorn has resigned his post on the external staff. The thanks of the Board have in due course been tendered to those gentlemen. Dr. Washington Epps has given up one of his attendances weekly.

31. To fill up the vacancies created by the retirement of Drs. Allshorn and Epps, Dr. Richard Hughes and Dr. George Lade have been appointed by the Board, and as they possess the necessary qualifications, their election will be proposed to-day.

32. But by this arrangement one attendance on out-

patients—Mondays, at 9 a.m.—was unprovided for, and no application being received to fill the post, Dr. Bayes in the kindest manner offered to perform the duties until an eligible candidate shall present himself.

33. By a resolution of the Board, the following members of the medical staff have been added to the Medical Council; viz., Dr. D. Dyce Brown, Dr. J. Galley Blackley, Dr. Carfrae, and Dr. James Jones.

34. Dr. Charles Huxley, of Birmingham, volunteered to assist in the performance of the duties devolving upon the resident medical officer, in consideration of board and lodging in the hospital, and being duly qualified, his services were accepted for three months, terminating at Christmas.

35. The arrangement was found to work very well and to be decidedly advantageous to the hospital. Consequently upon an application from Dr. A. P. Torry Anderson, also duly qualified, to give his services upon the same conditions, a similar arrangement has been made with that gentleman, and to him will also be entrusted the duty of visiting out-patients at their homes, within a certain radius from the hospital.

When this system was tried in 1870, a medical officer was appointed at a salary of £75 a year, to perform the duty, but after some time it was found that the results obtained were not altogether commensurate with the cost. The arrangement as now proposed will involve no expense, and, therefore, it seems desirable to renew the experiment.

36. Several changes have occurred in the *personnel* of the Board of Management, and the Board much regret to have to announce that Mr. Crassweller, Mr. Ellis (who was most constant in his attendance, and at all times gave most valuable aid), and the Hon. W. Warren Vernon, being unable any longer to attend the meetings of the Board have resigned their seats.

Mr. Trueman, owing to continued severe ill-health, has been compelled to leave London altogether, and has consequently resigned his seat at the Board.

Dr. Yeldham, Dr. Bayes, and Dr. Pope, all of whom were elected on the Board at the Annual General Meeting

in 1876, finding that some objected, on principle, to the presence of medical men on the Board, and being particularly desirous, in common with all interested in the well-being of this hospital, to avoid any cause for dissension, with a feeling which does them the highest honour, also resigned their seats.

37. To fill up the vacancies thus created, the following noblemen and gentlemen, all subscribers, have kindly accepted seats at the Board, and the confirmation of their election will be proposed to you to-day:—The Earl of Dunmore, Lord Borthwick, T. Scott Anderson, Esq., Capt. H. W. Davies, William Debenham, Esq. (a member of the Weekly Board of the Middlesex Hospital), Walter Alan Hinde, Esq., and Charles George Walpole, Esq.

38. In accordance with the laws of the hospital, the following members retire by rotation:—Mr. Boodle, Mr. Cramperu, Mr. F. Rosher, Mr. Pite, and Mr. Slater; but, being eligible, they offer themselves for re-election.

39. Before leaving this portion of the report, the Board desire to record with unfeigned regret the death, in the course of the year, of Mr. Henry Rosher, an old and valued colleague, who retired from the Board in 1876. He had been connected with the hospital from its foundation; was elected on the Board in 1851; a trustee in 1858; and treasurer in 1860. Failing health and advancing years compelled him to give up the two latter posts in 1875, and in the following year to retire altogether from all active participation in the administration of the hospital, to which he had always been a kind, consistent, and liberal benefactor. On his retirement, he carried with him the unqualified esteem and regard of all his colleagues.

40. To the medical staff of the hospital are due the most cordial thanks, for unremitting care and kindness in their attendance upon the large number of patients treated both in and out of the institution during the year, and the unusually large number of very severe cases successfully treated, bear testimony to the value of the services rendered by them.

41. The Lady Dispenser, Mrs. Cockburn, to whose ser-

vices the Board have had the pleasure of drawing attention in previous reports, has again merited their approbation.

42. The Board desire that the thanks of the governors and subscribers shall be tendered to the Lady Visitors, for their kindly sympathy and attention to the patients.

43. It has afforded the Board great pleasure to add to the number of Lady Visitors the following, who have most kindly consented to act in that capacity :—The Countess of Crawford and Balcarres, Lady Cairns, Mrs. Charles George Walpole, Mrs. Edmond R. Wodehouse, and Miss B. Buckley Rutherford.

44. To Mr. Alfred Rosher, the honorary solicitor, are also due thanks for the large amount of labour and trouble undertaken by him, free of cost to the hospital, in bringing to a successful conclusion the negotiations for the purchase of the house, No. 1, Powis Place, and other matters.

45. It is only right that the Board should notice with approbation the manner in which the housekeeper, Miss Tarr, has performed her duties, and kept the interests of the hospital at heart. The minor establishment under her charge has worked loyally and well.

46. The Board think it right to give the following extract of a report from two members of the Medical Council, Dr. Dudgeon and Dr. Black, whom they take this opportunity of thanking for their services on the occasion, who recently made one of the usual periodical inspections of the hospital.

[EXTRACT.]

“ London, 20th December, 1877.—We this day, without previous announcement, made an inspection of the London Homœopathic Hospital, between 4 and 5 o'clock in the afternoon. We found all the wards scrupulously clean and free from smells, and the patients, all of whom we interrogated, expressed themselves as highly satisfied and very comfortable.”

It may confidently be stated that the hospital was never in a higher state of efficiency and good order than at the present time.

47. The London School of Homœopathy, become an established fact since the date of the last Annual Report, although it will publish its own first Annual Report, must, perforce, find a place in ours. The interests and objects which the school had in view, and the work it has successfully inaugurated in the course of the year, are of great importance to the hospital, and its continued success will, the Board feel assured, be equally a matter of congratulation to the governors and subscribers. The most cordial and friendly relations exist between the executive of the school and that of the hospital, and the Board will use their best endeavours to cement the bond of union in every possible way.

48. The very liberal subscription of the school, of three hundred and fifty guineas, for the support of ten beds in the wards of the hospital, alluded to in the last Annual Report, will be continued in 1878.

49. Particulars of the operations of the London School of Homœopathy would scarcely find their proper place here. Suffice it to say, that the programme sketched out in our last report has been carried out on an enlarged scale.

50. By the direction of the Board, the official manager was present at the Medical Congress held at Liverpool, on the 18th September; not, as a matter of course, to take part in the business of the Congress, but to avail himself of such opportunities as might present themselves to advance the interest of the hospital, and to become personally acquainted with as large a number as possible of the medical profession from all parts of the kingdom. The efforts made have not been altogether unsuccessful, and have conduced to an increased amount of support and sympathy.

51. At Christmas, the Board, the medical staff, and a few kind friends subscribed funds to provide a Christmas-tree and small presents for the in-patients and the household. The entertainment, under the management of the Lady Superintendent of Nursing, passed off most successfully, and afforded great gratification to all concerned.

52. Before closing their report, the Board ask the governors and subscribers to join in an expression of gratitude to the

Dispenser of all blessings, for the measure of success which has attended the efforts put forth to promote in every way the well-being and success of the hospital during the past year; a success which, God willing, it will be their unceasing endeavour to maintain and enlarge during the year 1878.

The NOBLE CHAIRMAN then rose and said,—Ladies and Gentlemen, I am sure you will all agree with me that not only has the report that has been read before you left out nothing that would interest those who take an interest in the welfare of the hospital (cheers), but that it is about the most important that has been read to us since the hospital was established, and I think it will give us all a certain amount of natural satisfaction in taking, perhaps, a new point of departure in the history of this hospital, to know that the day upon which we are met here is the anniversary of the birthday of the illustrious Hahnemann. We have hitherto, upon occasions of this sort, had a good deal to encourage us, a good deal also to make us confident in the stability and welfare of our hospital, but that has not been altogether without a certain amount of discomfort from some circumstances or other; but on the present occasion I really think, that with a single exception, to which I will shortly allude, there are none of those disagreeable drawbacks now which have, on former occasions, interfered with the simple consideration of the matters before us. We have had a great deal to contend with and get over. On the part of the Managing Committee we have to acknowledge that we have not always acted with perfect wisdom; but we always did our best, and that is all I can say. Difficulties have arisen which, possibly by a greater amount of foresight might have been avoided, but I am happy to think that those little heartburnings which were caused some time ago, are now, as near as possible, set at rest and laid in their grave. One regret, however, I must mention, I will not mention the names, but there are two or three of our very old supporters who still feel some dissatisfaction with what has been done, and who do not give

us that right hand of fellowship which we desire. We wish they would return to us again; we regret that they do not, and give us that cordial support which is of so much importance; and I trust that even yet, as time goes on, and they see the earnestness with which the business of the hospital is carried on, and the really great success which accompanies our exertions, that they will completely soften towards us and amend their ways (cheers). I am sure you will all admit that the report which you have just heard is so entirely complete, that it is hardly possible for me to say anything which is not detailed in it. I only wish it had been printed beforehand (hear, hear), in order that you might have had it in your hands, in order to go through it while it was being read by the official manager. I cannot recollect what we used to do in former days, but I think in all societies it is much better to have the printed report placed in the hands of the subscribers and those who come here, at all events when they enter the room, so that they may follow the description of our work which is there given (cheers). I hope we shall be able next time to let that be carried into effect. I said that this was rather a new point of departure for us. What I meant when I said that, was, now that we have permanently enlarged the hospital. It is quite wrong that an institution of this sort should be confined to the small space, or the comparatively small space upon which it was originally established. If it were so it would indicate a want of that growth in our establishment which no institution can do without. To stand still in that way indicates that you are falling off instead of going on to further success. The old hospital alone, without those adjuncts which have been obtained, partly by purchase and partly by building, was certainly too small to exhibit, as we desired to do in its full perfection, the mode of treatment in which we so firmly believe, and which we desire to make known to all the world. Well, additions have been made. The building in Powis Place has been purchased and added to the hospital, and I must say, considering the sums of money which, as you see, have been here expended upon those works, and the very large amount of

money which has been actually subscribed, and loans repaid since the time to which I allude, shows that the spirit of the supporters of the Homœopathic Hospital has by no means diminished, but, on the contrary, greatly increased. Now just look at the list of the annual subscribers; in that respect we owe not a little to our official manager for having been so indefatigable, and apparently, so successful. I do not know how he sets about begging, or the way in which he does it, but certainly very much is owing to the immense amount of influence he has exerted, and the extent to which he has given his service to induce more subscribers to come in; his efforts have met with remarkable success. We all know very well that the more annual subscribers we have, the greater will be the stability of the Homœopathic Hospital (cheers). Well, they have greatly increased; I forget to what amount.—(Mr. CHAMBRE: New subscriptions from October to the end of the year about £50; to the present date about £80).—Well, that is something done. Then, as you know, a very great feature of our operations at the present moment is the establishment of the Homœopathic School. Thanks to the untiring energy of Dr. Bayes, and thanks to the noblemen (the Earl of Crawford and Belcarres especially I ought to mention) and others who have really given us the powers of instituting this school—thanks to them, we may say, that this School of Homœopathy is firmly established; and it has been established with as little offence to the old-school profession as could possibly be conceived. All we have endeavoured to do by the establishment of our School of Homœopathy is to teach to those who are otherwise qualified, a system of therapeutics which they could not learn elsewhere (hear, hear), that is to say, there are large schools in which anatomy and *Materia Medica* are taught. I think our *Materia Medica* is somewhat different. Yet all that is taught elsewhere in the great schools we do not interfere with. All we desire to do is to show those who are willing to be convinced upon the subject, or at all events to hear what is to be said on it, and the manner in which it is done; because you must remember that a great many who really dealt with homœo-

pathy originally never would try our theory—which was taught by Hahnemann—in the way in which that great author of it taught it, that medicines should be used in a certain way to ensure success, in small doses. For instance, when it was stated that two globules should be taken, or three, they took a whole bottleful of those things, and then they declared that they had not produced the effect which could only be produced by the medicine being used in the way prescribed. Now I hope that the most undignified manner in which the old profession generally have behaved to the homœopathic practitioners may cease, and that they may to some extent apologise for the manner in which they have behaved (hear, hear). We have, as you will see by this report, got every branch of our service here thoroughly well filled. From the greatest down to the most humble attendant who has any duty to discharge here, we really cannot be better served than we are. We have a most excellent nursing superintendent. Then, I do not know whether you observed it, but it was stated in the reading of the report, that our lady dispenser has this year actually collected amongst her friends twenty pounds. We hardly expect from an officer of the institution a thing of that sort, but we nevertheless greatly appreciate it (applause). We have the largest number of nurses of any hospital in London. who are qualified and able to go out to nurse. They go out to attend a class of persons who are quite different to those who are looked after by many of the institutions hitherto formed. They do not go to the absolutely poor. Those to whom they go are a class who found great difficulty in getting nurses—people who can afford to pay for them; and they are so much appreciated, I may say, by those to whom they go, that we have unceasing applications for their services elsewhere. And it is very gratifying indeed to find that the nurses trained here so gladly come back again when they have finished their special attendance upon certain invalids. We are glad to see how very much pleased they are to return home and take their abode here, and to see how much cordiality exists between our lady superintendent and the lady dispenser, and so forth, and what a

thoroughly happy family they make under the roof under which we are now assembled (cheers). I will not weary you by going any further into this matter; in fact, I am rather wearying myself without doing you much good, for I am afraid you can hardly hear me. Under these circumstances (hoping to do better next time, and as I depend very much upon the homœopathic practice, I hope the doctors will do it for me, and that I shall be able to be present under somewhat more favourable circumstances when the next meeting comes to be held) I will simply move that the report be received, and that it be printed and distributed to all of you (cheers).

The motion having been seconded by Mr. WILLIAMS, was carried unanimously.

Mr. ELLIS, F.R.S., in moving "a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer," alluded to his retirement early in the year from the Board of Management, and regretted that the absolute necessity he felt of restricting the work he was physically able to perform rendered that step unavoidable. He drew attention to the considerable labours of the Board, as evidenced by the full information conveyed in the Report, and said special thanks should be given to the House Committee, upon whom fell so large a portion of the work, and the Sub-Treasurer, "who never grudged trouble upon any occasion when there was a wheel to put his shoulder to" (cheers).

Dr. YELDHAM seconded the motion, and bore strong testimony to the cares and anxieties of the Board, based—as they were principally—upon financial grounds. Compared with other older institutions of a like character having large claims upon the sympathy of the public (he instanced the London Hospital), he thought it exceedingly fortunate the London Homœopathic Hospital could show so small a deficiency as £400. In reference to the highly efficient state of the hospital, he quoted the testimony given a very short time ago by Mr. Ralph Buchan (so many years connected with the hospital) (cheers), and who never fails to visit the hospital during his periodical visits from abroad.

M. Buchan was warm in his expressions of satisfaction at the great improvements that had been effected in the ward accommodation, the internal arrangements generally, and especially in the nursing department. In conclusion, he wished to suggest that, if possible, the report should in future be brought down to the end of the financial year (hear, hear) the 31st March. The annual meeting of the governors and subscribers, always held in April, for good and sufficient reasons, would then have before it details on all subjects up to the latest date (applause).

Mr. A. C. CLIFTON (Northampton), before the passing of the motion addressed the meeting. He considered that the action of the Board of Management was not sufficiently bold and vigorous, and that much more might be done to magnify the work and importance of the hospital. He alluded to the want of support of the medical practitioners, particularly in the country, and explained his views of the reasons of that lukewarmness. He desired to see the hospital double the size of the existing one, and concluded by moving an amendment to the vote of thanks embodying his views.

No one having seconded the amendment it fell to the ground. The motion was then put and carried amidst applause.

Captain VAUGHAN MORGAN returned thanks on behalf of the Board. He said the suggestion to bring the date of the report in future to the 31st March in each year would receive favourable consideration. He ascribed the results attained as due mainly to the official manager, "the pivot of the whole thing." At the present time the hospital was in the most perfect working condition from top to bottom (applause). With regard to the views expressed by Mr. Clifton, the Board of Management could do no more than act within the limits of the support afforded by subscribers and donors. To obtain additional aid no effort of any kind had been left untried. Unless the medical men came forward in answer to the urgent appeals made to them, all the exertions put forth must necessarily be attended with limited results (applause).

The OFFICIAL MANAGER (in response to a call from the meeting) expressed his thanks for the very kind manner in which he had been referred to. He feared too much was said on his behalf; but it was undeniable the work to be performed in the course of the year had been exceptionally heavy. He was glad to bear testimony to the great zeal of the secretary (cheers), who had done his work exceedingly well; as also the clerk. He appealed to the meeting, and through those present to their friends, to aid and further the interests of the hospital, and expressed his readiness to receive and act upon, when practicable, suggestions from one and all for the good of the institution (hear, hear).

Dr. BLACKLEY then moved the next resolution:—"That the members of the Board who retire by rotation, viz., Mr. Boodle, Mr. Cramporn, Mr. Pite, and Mr. Slater, be re-elected." He took that opportunity to speak as to the out-patients, and the present movement in favour of the Provident Dispensary system, and so prevent the abuse of patients, not objects of charity, coming to the hospital to obtain medical advice gratis.

Mr. WYBORN seconded the motion, which was put and carried.

Mr. PITE moved to appoint on the Board of Management the following noblemen and gentlemen, who had kindly consented to accept seats, viz.:—the Earl of Dunmere, Lord Borthwick, Captain Davies, Mr. Scott Anderson, Mr. Debenham, Mr. Hinde, and Mr. Walpole.

Dr. BAYES seconded the motion, and referred to the observations which fell from Dr. Blackley on the subject of the out-patients. He considered the remedy laid not with the Board of Management, but with the medical men. He urged the greater support of the hospital by medical practitioners generally.

The motion was put and carried.

Dr. HALE spoke on the subject of the out-patients, and the difficulty of deciding as to those who were or were not proper objects of charity. He referred to a proposal emanating from the Medical Council, that they should have

extended powers to make suggestions to the Board on matters purely medical.

The Lord EBURY, before putting the resolution, bore testimony to the difficulties universally felt in dealing with the out-patient question. His Lordship referred to the action of the Charity Organisation Society in the matter, and their opinion that it was absolutely necessary for the public at large to promote, to the utmost of their power, provident medical institutions. He advocated the plan of holding public meetings on the subject. With regard to the remarks of Dr. Hale as to the Medical Council, the subject had been over and over again discussed by the Board of Management, and without any advance being made. The Board were, however, quite ready to consider any suggestion the Council might be pleased to make.

Dr. HALE repeated that he desired to know whether the Board intended to take any action upon the suggestion of the Medical Council at a late meeting.

Captain VAUGHAN MORGAN thought that, as Lord Ebury had not been present at the Board meeting when this matter was last discussed, he had better say a word or two. The Board failed to see in what respect the Medical Council required extended powers. Their powers, under the law of the hospital relating thereto, fully covered all that they can possibly need to advise the Board upon. Medical men were put on the Board, that was objected to.

After some further remarks from Dr. HALE, to the effect that the Medical Council had not power to convene a meeting, the subject then dropped, and the motion was put and carried.

The Lord EBURY proposed two new Vice-Presidents—the Duke of Westminster and the Earl of Crawford and Balcarres, the former, a near relative of his Lordship, and the head of the family to which he belongs, would be a great accession of strength to the hospital (cheers). No name probably could be found that would bestow more benefit upon the institution. The Earl of Crawford he did not know personally, but he was a very able man, a philosopher, and a distinguished writer (applause).

M. J. SLATER seconded the motion, which was carried amidst applause.

The Lord EBURY then vacated the chair, which was taken by Captain VAUGHAN MORGAN, who at once proposed a vote of thanks, with acclamation, to his Lordship. This was seconded and carried unanimously, with cheers.

The Lord EBURY briefly returned thanks.

Mr. CRAMPERN moved, and Mr. ROSHER seconded, the election of Dr. Richard Hughes on the Medical Staff. Carried.

Mr. SCOTT ANDERSON moved, and Dr. COOPER seconded, the election of Dr. Lade on the Medical Staff. Carried.

Mr. WALPOLE proposed, in complimentary terms, and Mr. BOODLE seconded, a vote of thanks to the Medical Staff. Carried.

Dr. CARFRAE replied on their behalf, and bore testimony to the very high efficiency of the hospital and the excellence of the nurses. (Cheers.)

The Rev. JOHN GOUGH (Chaplain) proposed, and the OFFICIAL MANAGER seconded, a vote of thanks to the Lady Visitors. Carried.

Mr. CRAMPERN proposed, and Mr. HUGHES seconded, a vote of thanks to Mr. A. Rosher (the Honorary Solicitor), for his kind professional services during the year. Carried.

Mr. F. ROSHER, in the absence of his brother, acknowledged the vote.

The proceedings terminated in the usual way.

**REPORT OF IN-PATIENTS UNDER TREATMENT
DURING THE YEAR ENDING DECEMBER
31st, 1877.**

	Cured.	Much im- proved.	Improved.	Unimproved.	Died.	Under treat- ment.	Discharged at own re- quest.	Total.
GENERAL DISEASES:—								
A.—Febricula								
Erysipelas	1	...	...	...	...	...	...	1
Typhoid fever	4	...	...	...	...	...	...	4
Hooping cough	6	...	...	...	...	...	...	6
Septicæmia	1	...	...	...	...	...	...	1
Varioloid (sent to workhouse) .....	...	...	...	...	2	...	...	2
.....	...	...	...	...	...	1	...	1
B.—Rheumatism—								
Acute	24	...	...	...	1	1	...	26
Sub-acute	10	3	...	...	...	2	...	15
Muscular .....	...	...	1	...	...	2	1	4
Chronic	5	5	2	1	...	2	...	15
Rheumatic gout .....	...	2	1	...	...	...	...	3
Secondary syphilis	1	3	...	...	...	...	1	5
Cancer .....	...	...	...	...	...	1	...	1
Uterus	1	...	...	3	1	...	...	5
Stomach .....	...	...	...	...	...	...	1	1
Mamma	3	...	...	1	...	...	1	5
Kidney .....	...	...	...	...	1	...	...	1
Scrofula	1	3	...	1	...	1	...	6
Acute miliary tuberculosis	1	...	...	1	...	...	...	2
Tubercular meningitis .....	...	...	...	...	2	...	...	2
Pulmonary consumption .....	...	19	3	4	2	2	...	30
Caries of spine .....	...	...	6	5	...	...	1	12
" foot .....	...	...	...	2	...	...	...	2
" hip .....	...	...	...	1	...	...	...	1
Purpura	1	...	...	...	...	...	...	1
Chlorosis and anæmia .....	...	6	1	1	...	1	2	11
Debility	6	1	4	...	...	2	...	13
Diabetes mellitus .....	...	...	1	...	...	...	...	1
" insipidus .....	...	...	...	1	...	...	...	1
LOCAL DISEASES:—								
a. Nervous System—								
Brain and its membranes—								
Meningitis, tubercular .....	...	...	...	...	2	...	...	2
" rheumatic .....	...	...	...	...	1	...	...	1
Embolism .....	...	...	1	...	...	...	...	1
Spinal cord and its membranes								
Spinal irritation	2	...	1	2	...	2	...	7
Locomotor ataxy .....	...	...	1	...	...	...	...	1

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request.	Total.
Stomach—								
Ulcer	1							1
Dyspepsia	3	5	6			1		15
Hæmatemesis	1							1
Intestines—								
Obstinate constipation	2			1				3
Ulceration			1					1
Colic			1					1
Dysenteric diarrhoea					1			1
h. Rectum and anus—								
Prolapsus	1							1
Ulceration		1	1					2
Stricture			1	1				2
Hæmorrhoids		2						2
Carcinoma				1				1
Fistula	2	1						3
i. Liver—								
Jaundice	2	1				1		4
Malignant disease				1				1
Peritoneum—								
Peritonitis	1							1
Perityphlitis	1							1
Ascites (renal)	2							2
Abdominal tumour				1				1
Addison's disease						1		1
l. Diseases of Urinary System—								
Kidney—								
Albuminuria		1				1		2
Bladder—								
Irritation	1							1
Enuresis	1					1		2
Chronic inflammation				1				1
Urethra—								
Caruncle	1		1					2
Chancere	1		1					2
k. Generative System—								
Phymosis (operation)	1							1
Prostatitis				2				2
Hydrocele	1							1
Locorum virginalium—								
Ovarian dropsy							1	1
Sub-acute ovaritis		1						1
Chronic ovaritis	1							1
Recto-vaginal fistula		1						1
Dilatation of vagina			1					1
Vaginismus		1						1
Ulceration of mamma	1							1
Uterus—								
Fibroid			1		1			2
Congestion		1						1

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request.	Total.
Inflammation.....	4	3	1	...	...	...	...	8
Ulceration.....	3	2	1	...	...	...	...	6
Prolapse.....	...	...	2	1	...	...	...	3
Retroversion.....	...	...	1	1	...	...	...	2
Anteversio.....	...	...	...	1	...	...	...	1
Result of abortion.....	1	...	...	...	...	...	...	1
Subinvolution.....	...	1	...	...	...	...	...	1
Vicarious hæmorrhage.....	1	...	...	...	...	...	...	1
Catarrh.....	1	...	...	...	...	...	...	1
<i>Vitia naturalium actionum—</i>								
Amenorrhœa.....	...	...	3	...	...	...	...	3
Menstrua difficila.....	...	1	...	...	...	...	...	1
„ immodica.....	4	1	...	...	...	...	...	5
Iliac abscess.....	...	1	...	...	...	...	...	1
Phlegmasia alba dolens (sup- puration of knee).....	...	1	...	...	...	...	...	1
<i>z. Organs of Locomotion—</i>								
Rickets.....	...	...	2	1	...	...	...	3
Cancer.....	...	...	1	4	...	...	...	5
Toes.....	...	1	...	...	...	...	...	1
Palate.....	...	...	...	1	...	1	...	2
Thumb.....	1	1	...	...	...	...	...	2
Joints: Elbow.....	...	...	...	...	...	...	1	1
Synovitis.....	2	2	1	1	...	...	...	6
Abscess.....	3	...	...	...	...	...	...	3
Bursitis patellæ.....	2	1	...	1	...	...	...	4
Hip-joint dislocation.....	...	...	3	...	...	...	...	3
Knee, relaxed ligaments.....	...	...	...	1	...	1	...	2
<i>Spine—</i>								
Angular curvature.....	...	...	2	4	...	2	...	8
Psoas and lumbar abscess.....	1	...	...	...	1	...	...	2
„ with scrof. mesen- teric glands.....	...	...	...	...	1	...	...	1
<i>m. Cellular Tissue—</i>								
Abscess.....	10	1	...	2	...	1	...	14
Tumours.....	1	...	...	...	...	...	...	1
Adenitis.....	...	1	...	...	...	...	...	1
<i>n. Cutaneous Tissue—</i>								
Lupus.....	1	...	...	...	...	...	...	1
Diffuse inflammation of skin.....	1	...	...	...	...	...	...	1
Eczema.....	4	2	2	...	...	2	...	10
Impetigo.....	1	2	...	...	...	...	...	3
Herpes zoster.....	...	...	1	...	...	...	...	1
Ulcers.....	3	...	...	...	...	...	...	3
Ulcers of legs.....	8	6	...	1	...	2	...	17
Pruritus.....	...	1	...	...	...	...	...	1
Ecthyma.....	1	...	...	...	...	...	...	1
Erythema nodosum.....	1	...	...	...	...	...	...	1
Aene rosacea.....	...	3	...	...	...	...	...	3
Hypertrophy of leg.....	...	...	3	...	...	...	...	3

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request.	Total.
o. INJURIES—								
Spine .....	...	...	1	...	...	...	...	1
Elbow .....	...	...	1	...	...	...	...	1
Knee	2	...	...	...	...	...	...	2
Fractures—Finger	1	...	...	...	...	...	...	1
Tibia	1	...	...	...	...	...	...	1
Burns	1	1	...	...	...	...	...	2
Result of fall .....	...	...	1	...	...	...	...	1
p. POISONS								
.....	...	...	1	...	...	...	...	1
q OPERATIONS—								
Tumour of labia, excised	1	...	...	...	...	...	...	1
Dislocation of knee, amput. ...	1	...	...	...	...	...	...	1
Polypus of ear, removal	1	...	...	...	...	...	...	1
Mamma, excised	1	...	...	...	...	...	...	1
Talipes equinus	1	...	...	...	...	...	...	1
Injury	1	...	1	...	...	...	...	2
	193	118	84	69	21	35	11	531

Classified Summary of the Results of Treatment of 531 In-patients during the Year 1877.

	Cured.	Much Im- proved.	Improved.	Unimproved.	Disd.	Under Treat- ment.	Discharged at own request.	Total.
GENERAL DISEASES—								
Section A.....	11	1	...	...	2	...	1	15
Section B.....	52	43	19	22	6	14	7	163
LOCAL DISEASES—								
a. Nervous System.....	12	12	13	15	3	3	...	58
b. Disorders of Intellect.....	...	...	...	...	...	...	1	1
c. Diseases of Eye.....	3	1	...	1	...	1	...	6
d. " Ear.....	1	...	...	...	...	...	...	1
e. " Circulatory System.....	2	2	3	2	6	3	...	18
f. " Respiratory.....	18	12	7	2	...	...	...	39
g. " Digestive.....	12	5	8	1	1	1	...	28
h. " Rectum and Anus.....	3	4	2	2	...	...	...	11
i. " Abdominal Organs.....	6	1	...	2	...	2	...	11
j. " Urinary System.....	4	1	2	1	...	2	...	10
k. " Generative.....	18	14	10	5	1	...	1	49
l. " Locomotory.....	9	5	9	13	2	4	1	43
m. " Cellular Tissue.....	11	2	...	2	...	1	...	16
n. " Cutaneous.....	20	14	6	1	...	4	...	45
o. Injuries.....	5	1	3	...	...	...	...	9
p. Poisons.....	...	...	1	...	...	...	...	1
q. Operations.....	6	...	1	...	...	...	...	7
Total.....	193	118	84	69	21	35	11	531

Total Number of Patients during 1877.

In-patients	...	...	...	...	...	531
Out-patients	...	...	...	...	...	5814
Total	...	...	...	...	...	6345

Return of Dental Cases (Out-patients), 1877.

Extractions—Adults	...	...	...	...	80
Do., Children under 14	...	...	...	...	25
Irregularities of the Teeth treated surgically and mechanically	...	...	...	...	4
Advice Cases	...	...	...	...	9
Miscellaneous	...	...	...	...	8
Total Number of Dental Patients during 1877	...	...	...	...	126



[The text in this section is extremely faint and illegible due to low contrast and blurring. It appears to be a list or a series of entries.]

FREDERICK FOSTER QUIN, M.D.

Born 1799—Died 1878.

It is, doubtless, already within the knowledge of every member of the Society that, since the last number of this periodical appeared, one of its projectors and earliest Editors, the founder of the Society, of the Proceedings of which it is the official record, and of the hospital whence a portion of the material for its pages is drawn, has passed away, at the ripe age of 79 years.

Occupying for nearly sixty years a conspicuous position in the highest circles of society, the personal friend and warmly esteemed physician of some of the most important personages of the present century, Dr. QUIN was still more widely known as the earliest practitioner of homœopathy in England. Throughout the profession he was recognised as one who strove both assiduously and successfully to maintain a high tone of professional feeling and conduct amongst those who, through their open adhesion to the new system, were excluded from professional association with the members of the old school; while, as the founder of the British Homœopathic Society and of the London Homœopathic Hospital, he has established claims upon the gratitude of all who feel an interest in homœopathy, which it would be difficult to overrate. A career so protracted, so marked, so replete with events that have largely influenced the progress of homœopathy in England, demands a carefully drawn historical record. This, on the present occasion, we shall not attempt to give. Dr. QUIN's death has occurred too recently to allow of our devoting to the study of his life that amount of investigation and attention which it deserves, but which, we are happy to inform the members of the Society, it will receive at the hands of Dr. Hamilton, his former pupil, and thenceforth his intimate and warmly attached friend. Dr. QUIN's life and character will, we understand, form the subject of Dr. Hamilton's address as Vice-President of the Society at the next annual assembly. This we shall hope to publish in due course, and it will, we are confident, form a more fitting tribute to the memory of our late lamented President, than anything that it is within our power to produce.—Eds.

The following Resolution, to be recorded in the minutes of the Society, and published in certain newspapers with the signatures of the Vice-Presidents and Secretary, was passed at the meeting of the Society, held January 2nd, 1879.

THE members of the British Homœopathic Society desire to express their deep sorrow at the loss the Society has sustained by the death of their venerated President and Founder, Dr. FREDERICK FOSTER QUIN, and in grateful remembrance of his services to medicine by establishing the homœopathic method of treating disease in England. To Dr. QUIN's memory this Society is bound to pay its grateful tribute for the many years he presided over it with rare judgment, wisdom, and urbanity, and for the wise counsel he was ever ready to afford when failing health deprived its meetings of his presence.

In Dr. QUIN the Society mourns the loss of one who gave his strength to the reform of medicine, and left his fortune to its promotion and advancement.

And lastly, this Society must ever remember that its late President, by the force of precept and example, inculcated a high standard of professional conduct amongst its members.

(Signed) EDWARD HAMILTON, M.D. } *Vice-*
R. DOUGLAS HALE, M.D. } *Presidents.*

W. VALLANCY DEBURY, M.D., *Hon. Sec.*

Annals of the Society.

ON SOME CASES IN PRACTICE, ILLUSTRATING THE LAW OF SIMILARS.

By WALTER T. P. WOLSTON, M.B.

(Read April 1st, 1878.)

MR. PRESIDENT AND GENTLEMEN,—The title of my paper—the first I have had the pleasure of reading before your Society, of which I have recently become a member—will have prepared you for something practical rather than theoretical, and while, at the outset, I must disclaim all thought of bringing anything very original before you, still, I trust you will find in my cases pabulum for a good discussion.

Eczema, and *Ischuria renalis*, with their often-times appropriate remedies, *Rhus toxicodendron*, on the one hand, and *Cantharis* and *Terebinthina*, on the other, will be our subject-matter for consideration.

In vol. xiii of the *Edinburgh Medical Journal* for 1868, at p. 714, Dr. William R. Sanders (now Professor of Pathology in the Edinburgh University) recorded a “Case of Poisoning with the *Rhus toxicodendron*,” and as it had a bearing on my cases, and on my whole history as a physician, yielding fruit that the careful narrator would little have given it credit for, I shall, with your leave, give extracts from it. He thus writes:—“The following case is interesting solely or chiefly from its rarity. The symptoms produced by the juice of the *Rhus toxicodendron* have been described in works on Toxicology or Materia Medica, but

they have not, so far as I know, been made the subject of observation in medical practice in this country. In the instance to be related, the symptoms observed, although they appeared alarming to the patient, presented really no gravity.

“Peter Doig, æt. 26, a gardener, was admitted into the Royal Infirmary, under my care, on July 25th, 1867. He was a strongly built man, of middle stature, and had evidently been in the enjoyment of robust health. He stated that, after the diseases of childhood, he had never suffered from any illness, with the exception of an attack of gastric fever, at the age of twenty, from which he perfectly recovered. The symptoms, on account of which he now sought medical treatment, consisted chiefly of an erysipelatous eruption on certain parts of the skin, of which he gave the following history:—About three weeks before admission, viz. on July 6th, he had, in company with other gardeners in Messrs. Lawson’s nursery, been employed in gathering the shoots of the *Rhus toxicodendron* for the purpose of supplying a homœopathic druggist in town. Doig continued at this occupation for about two hours and a half on that afternoon. Instead of pulling up the whole plant, as the other workmen did, Doig plucked off the young shoots, and, in so doing, his hand came into frequent contact with the juice of the plant. This juice, which was white and milky when fresh, became dark on exposure, and concreted on the palms and wrists, forming dark scales, which adhered so closely as to be with difficulty removed by rubbing off the superficial layer of cuticle. At the time no inconvenience whatever was felt, but four days afterwards Doig noticed two blisters, each about the size of a threepenny piece, on the flexor surface of the right wrist; on the top of each blister there remained adherent a portion of the black concreted juice, and there was some redness around the vesication, but no pain. Four or five days subsequently the other wrist became similarly affected, and about the same time the redness began to spread slowly up both forearms. Nothing further was noticed till the 23rd, when he was obliged to give up work in consequence of the swell-

ing and stiffness of the forearms, accompanied by severe numbing and stinging pain, to relieve which he had rolled his arms in cold moist cloths. This was seventeen days after exposure to the poisonous juice. On the 24th, being now greatly alarmed at the progress of the eruption, he applied to the infirmary.

“ On examining the patient, I found the skin on the flexor surface of both forearms swollen, and of a florid red colour, like that of erysipelas, and the red surface was covered with small transparent vesicles, each about the size of a pin’s head, closely set together. The vesicles resembled those of eczema, or the minute inflammatory vesications produced by the application of turpentine. Both forearms were considerably swollen, and felt stiff to the patient. Some of the black spots formed by the dried acrid juice were still seen on the palms of the hands and on the adjoining parts of the wrists. The skin of the (upper) arms was natural. The face, though less affected than the forearms and not vesicated, was swollen and erythematous, the eyelids being puffy and partially closed. The trunk of the body was untouched, but the skin of the penis and scrotum was red, œdematous, and painful, and there were scattered spots of inflamed and slightly elevated skin on the inner surface of both thighs. The inflamed portions of skin were the seat of pain, sometimes of a numbing character, sometimes stinging like the irritation of nettles. The pain was worse at night, owing to the heat, but it was not severe anywhere except in the forearms.

“ It was remarkable that these symptoms were unaccompanied by constitutional disturbance: the pulse was quiet and the appetite good. The tongue was somewhat furred and dry, but this was owing to constipation, which was easily relieved. During the course of the following day (26th) the red patches extended up the arms, and also down the thighs as far as the knees, while some scattered spots appeared over the pubes. Next day (27th) the swelling and redness of both the face and arms were diminishing, and the vesicles on the forearms were drying up into scabs, but the erythematous eruption on the thighs continued to spread

downwards to the legs and upwards on the trunk of the body. On the 29th, at noon, the abdomen was found covered with irregularly-shaped patches of inflamed skin, which had extended from the pubes upwards, as far as the hypochondria. At the margins of the large patches there were numerous detached small reddish spots, like the eruption at the outset of measles, the larger patches resembling the continuous rash of scarlet fever. On the 31st the redness had extended to the back, while anteriorly the skin, from the pubes to the clavicles, was marked with inflamed patches and spots, the region of the sternum alone being unaffected. The legs were almost entirely covered with eruption. There was no vesication on any of these parts. But while the eruption was thus spreading on the lower part of the body the upper half was recovering. . . . On the 1st August the eruption ceased to spread. . . . On the 2nd August Doig left to go to the country, having been eight days in the infirmary. . . . After going to the country the eruption, which had almost entirely subsided, reappeared on the trunk of the body, but it lasted only for a few days, and then completely and finally disappeared.

“It is unnecessary to detail specially the treatment, which consisted of moderate purgatives and cooling diaphoretics internally, and of anodyne and evaporating lotions externally.”

For this long extract I trust I may be forgiven, for the perusal of this case at the time it was published interested me a good deal, for I was then just beginning to inquire into homœopathy.

Educated partly at King's College, London, where I studied medicine from 1861 to 1864 under Beale and George Johnson, I saw enough of the random practice of allopathy to give me but meagre confidence in its nauseous potions. Then, acting first as clinical clerk, and next as house-physician, for a couple of years in Edinburgh Infirmary, under the late renowned Hughes Bennett, any confidence I might have had in drugs, as ordinarily prescribed, completely disappeared as I watched “the natural history of

disease" and his *nihilism* in treatment. But *nihilism* and "active treatment" were, I saw, sorry weapons with which to combat the dread diseases of infancy and childhood which passed under my notice in the Edinburgh Royal Hospital for Sick Children, where I resided in 1866-67. The impotence of drug treatment, as wielded by hands that should have been skilled in this particular branch of our profession, and the consequent terrible mortality among the little sufferers, made me sigh for some more sure and certain rule for administering medicines than the blind empiricism I had watched for six years afforded. In homœopathy I hoped for such a guide, and I was examining its teachings, and tentatively watching its effects on some of my patients when I read Dr. Sanders' paper. "If homœopathy be true," was my comment, "then *Rhus* ought to rapidly cure a condition similar to the poison-picture before me; would that I had a case in which to try it!" I had not long to wait.

CASE 1.—Andrew B—, æt. 17, a stationer, consulted me in April, 1868, for incipient phthisis pulmonalis. The steady use of *Phos.*, *Bry.*, and *Nux* successively, rapidly set him right, and in six weeks I ceased to attend him. On Nov. 30th of the same year he again consulted me. For the last eight days he had been feeling unwell, having general malaise, with complete loss of appetite, constipation, and much nocturnal fever. Three days previously an eruption had appeared on the face—the left malar region—and thence spread over whole of left cheek, and then to right cheek and neck.

Present condition.—His breath has a very unpleasant odour. Tongue foul and loaded, appetite gone, bowels constipated. The whole of the left face, the malar region of the right face, the forehead, and the right half of the neck are involved in the eruption, which is vesicular. The skin of the affected parts is florid red, very itchy and irritable, studded thickly with small vesicles, which weep copiously, the exuding fluid forming dense crusts, which, impinging on each other, are agglutinating to form thick scabs. R. *Sulph.* 3x gtt. j, t. d. s.

Dec. 4th.—To-day he is much worse. The right face is now covered like the left; the whole neck is an inflamed belt of angry-looking, red, cedematous skin, covered with weeping vesicles and scabs. The hairy scalp is thickly bestrewed with vesicles similarly discharging. Both upper arms are affected in like manner. Tongue very dirty. Bowels extremely constipated, appetite *nil*, while his sleep has departed, the intolerable itching and numbing pain while in bed compelling him rapidly to seek the cooler floor, which he has paced each night. His master has forbidden his putting in an appearance at his warehouse, on the ground that "He looks like a leper."

Evidently the sulphur had failed, and, bearing in mind the case previously narrated, I compared the poison-picture with my afflicted patient. The *tout-ensemble* was perfect. The constitutional disturbance, the constipation, the physical characters and spreading nature of the eruption, the peculiar pain, and the nocturnal exacerbation, all said *Rhus*. Accordingly, R. *Rhus tox.* 3x gtt. j, t. d. s., which, to be sure about, I prepared and gave him in powders myself.

5th. Has taken two doses of *Rhus* only, and remarks, "Surely you changed my medicine yesterday." He passed a good night, and is much better to-day, the skin being much less irritable and the complexion clearer, while the tongue is beginning to clean. Continue *Rhus*.

8th. Is improving rapidly. There has been no further eruption in any part, while the older scabs are fast disappearing. He looks and feels quite a new man. Continue *Rhus*.

14th (14th day of treatment). To-day he is nearly well. He says the arms were quite well on the 10th; the scalp is now quite clear, and the face shows scarcely any sign of the eruption.

22nd. The only traces of ill-health now are a few scattered tubercles of acne on the right angle of lower jaw; in every other respect he is well, and so he was dismissed "cured;" and from that time to this he has so remained.

Of the specific effect of the *Rhus* in this case I could have no doubt, nor that it rapidly and effectually stamped out

what we all know to be often a most troublesome and lingering malady; for who but a homœopath does not fear eczema, and its twin-brother impetigo, in the hairy parts of the face and scalp? But the *Rhus* did more than that in that case; it gave me, from that date, a full and firm reliance in the law of similars as applied to disease, and fairly turned what had been only a wavering balance, definitively committing me to "similia similibus curantur" as the guide for drug-selection in actual combat with disease. Since then many a bad case of eczema have I rapidly cured with *Rhus*, but I shall now only narrate one more which has points of peculiar and practical interest from its origin and apparently intractable nature when under non-specific treatment.

CASE 2.—Alexander R—, æt. 27, consulted me on May 13th, 1877. He is a photographer's assistant, and his present ailment is connected with his employment. He has enjoyed good health until four months ago, when he complained of a severe cold, with constant sneezing and running at the nose, which lasted for a month. Soon after this he noticed his hands becoming itchy, and some of the fingers getting covered on their dorsal aspect with little watery vesicles. These spread to the back of the hands, and six weeks since the face became similarly affected with an eczematous rash. All this he now traces to working incautiously with a 3 per cent. solution of *Bichromate of Potash* which is used in "sensitising" or "exciting" the tissue used for the process of carbon-printing. His hands were twice a week in this solution, dipping the tissue for about half an hour at a time, for the space of twelve months. He used no precautions against poisoning himself.

Present state.—The face and hands are the affected parts. The chin, upper and lower lips, alæ of the nose, and cheeks, nearly up to the malar bones, are deep red in colour, and covered with a yellowish crust, under which eczematous vesicles, aggregated together, are seen exuding a watery fluid, very profuse, very salt to the taste, and very scorching and irritating wherever it runs. The inner surfaces of the nares are also affected, and he fancies the pharynx also, but

the swollen state of the lips, and cracked *angulæ oris* prevent the tongue being protruded, or vision of the deeper parts. The right ear is covered with eczematous vesicles and scabs, while the left is just commencing to be affected, and there is a patch appearing on the forehead. There is a stinging numb pain in all the affected parts. The hands are both alike, the dorsal aspect of the metacarpus being covered with transverse rhagades and crusted exudation, the fingers being very itchy, but not so broken as the metacarpal region. The palmar surfaces are all sound. He feels much out of sorts, and mentally is very depressed; fears he will never recover health. Sleeps badly from the itching and stiffness of the face. The appetite has failed lately, tongue flabby at tip, which is alone visible; bowels regular. I ordered him a nourishing diet, and to apply to the hands a compress of oil-silk and lint kept constantly moist, day and night, with water, having enough washing soda added it to neutralise the "hardness" of our Edinburgh water (a piece the size of a filbert to a pint suffices). For the face, first shaved, he was ordered to make an oil-silk mask, which was not to include the ears, and apply the same lotion. I also gave R *Rhus tox.* 3^r gtt. v, t. d. s.

19th. Much better. He clipped the hairy parts and applied the lotion constantly. This has given much relief, and the parts are much less inflamed. The back of the hands are nearly well. The forehead is quite well (without lotion). Ears much improved and drying up (without lotion). The chin and upper lip exude very little now, and he feels a different man, "the load is off me," being his comment. Continue *Rhus*, and to have a vapour bath three times weekly.

23rd. Has had two vapour baths, and is steadily improving. Left ear well, the right has only dry crusts which are falling off. Hands are well, but cloths are still to be applied. Lower and upper lips are nearly well, still red-looking, but all exudation is checked. Continue *Rhus* and baths.

30th (seventeenth day of treatment). Ears quite healed. Hands quite sound, but red in appearance. Chin quite well. Upper lip and margins of nares have quite ceased to

discharge, but will need the wet cloths for another week. He is going to the country to take up a business, as he now feels quite well. He was ordered to continue the *Rhus* for a fortnight, and use some *Oxide of Zinc ointment* for a little while to the lately diseased surfaces, continuing his vapour baths also. Thus, in a fortnight he was dismissed *cured*, a result which I have since heard was permanent.

This case is interesting as being a new proving of *Kali bic.*, which we may expect to frequently meet with, unless the workers of carbon-printing are put upon their guard. That this is so is confirmed by a letter which appeared in the *British Journal of Photography* of May 4th, 1877, the same month that my patient came to me. The letter is written by a non-professional sufferer, and gives a very graphic description of the effects of *Kali bic.*, when absorbed through the fingers, and also the hopeless look-out which "scientific medicine"—*soi-disant*—affords in the way of cure, with which, I venture to think, our simple specific treatment contrasts most favorably. I will quote his letter :

"Now that the subject of carbon printing is being so fully discussed it may be interesting to those engaged, or about to engage, in carbon work to read some experiences in poisoning with bichromate of potash taken into the system through the pores of the skin by immersing the hands in its solution.

"It has not only been my misfortune to have suffered the greatest agony for weeks together, barely escaping death, but I have had the opportunity of carefully noting all the effects of such poisoning upon others as well as on my own constitution. Such extreme cases are, I grant, of rare occurrence; but, as all systems are liable to the action of the poison to some extent, the subject is well worthy of attention. The effects of bichromate when swallowed are quite different from those of which I am writing; and, as there is an abundance of information upon the former subject in print, I will confine myself to the blood poisoning simply.

"The first symptoms of local poisoning are heat, itching, and tingling upon the ends and middle joints of the fingers,

which, when examined, are found to be covered with minute, irregular, red patches, upon which are numerous small elevations clustered together. In the course of a day or so these enlarge to the size of a small bead, and are filled with a limpid fluid. In a short time these clusters run into each other, forming large blisters, which dry and crack open, causing the most acute pain and itching; at this stage pustules begin to form all over the body, mainly down the spine, on the neck, left side, arms, and ankles, accompanied with considerable constitutional affection, such as sickness, headache, thirst, fever, sleeplessness, and loss of appetite and senses.

“In my own case, after the third day I became nearly blind; the whole mucous membrane became inflamed, accompanied by running and pain in the ears and throat. One case came to my notice in which the patient was covered with large patches possessing the appearance of having been eaten in with acid. This man lost his appetite completely, and suffered much pain in the intestines and bladder. He lost consciousness every few hours, and had to be continually watched and aroused. When apparently sensible he was so dejected in spirits that he tried several times to commit suicide.

“The effect of this poisoning upon scrofulous and syphilitic persons, when it does affect them, takes a very troublesome and dangerous form, although, strange to say, such persons are not so susceptible as healthy subjects.

“The treatment—perhaps owing to the rare occurrence of these cases—does not appear to be well understood. I sought advice from many able physicians abroad; there seemed, however, to be no reliable remedy but to allow Nature to take her course, aiding the cure by paying strict attention to diet and habits. The following treatment I have found very successful in every case:

“Abstain from drinking beer, spirits, or coffee, and eat no potatoes, brown meats, salt fish, or sugar. Take plenty of open-air exercise and use no tobacco. Take one teaspoonful of *Liquor Potassæ* in a cupful of barley water thrice daily, before meals, for five or six days; after which take three

times daily of *Tincture of Serpentary* (American snake root) one drachm, *Laudanum* five drops. The parts affected must be bathed frequently with dilute solution of *Subacetate of Lead*. The foregoing treatment is continued until the sickness and pain have subsided and the patches have lost the fluid they contained and begin to heal. The hands and arms are then bound with resin ointment, and the following is taken for about ten or twelve days :

Ammonio-citrate of iron	120 grains.
Bromide of ammonium	‡ ounce.
Iodide of potassium	20 grains.
Aqua camphoræ	12 ounces.

Take half an ounce twice daily and the following pill, two each night:—*Extract of Indian hemp*, to make twenty-four pills, one third of a grain each.

“In my own case I found the free use of fresh butter advantageous, but as I have not tried it with others I cannot recommend it.

“It is generally believed that by washing the hands in ammonia after using bichromate it prevents the poison from entering the system by neutralising the acid; but this is quite a mistake, as a solution of bichromate rendered perfectly alkaline with ammonia poisons quicker, if anything, than an acid or neutral solution.

“In conclusion: I trust I have not occupied so much valuable space to no purpose. This is a matter of the greatest importance to carbon workers; and, being the first time I have seen such a serious drawback to the use of bichromate mentioned, I hope my remarks may elicit further information from those who have had experience in this direction.—J. D. COLTON.”

It is not improbable that some sceptics in medicine will wish to credit the alkaline lotion and the vapour baths with the cure in my case. My reply is very simple. Why should the ears and the forehead, which had it not, be the first to heal? Again, is it found as a matter of experience that such cases are cured in a fortnight merely by the use of the lotion with or without vapour baths? My experience under Dr. Bennett, who paid great attention to eczematous

skin affections, is quite the contrary. He always said six weeks was the needed time for a cure where you had hairy parts involved, and his forecast was a true one in the cases I have seen treated by his plan; for the lotion I have named he considered his own idea and extolled to the skies, always demanding that the lint be never allowed to get dry day or night. He repudiated internal medication *in toto*.

I think we are fairly entitled to credit *Rhus* with a brilliant cure in this case as well as the previous one, though whether these achievements be sufficiently single-handed to satisfy the critical editors of the *Organon*, and secure a record in its future pages remains an open question.

It has often been alleged by the opponents of homœopathy that it utterly fails in acute diseases, and that to rely on it for prompt action in cases where death and life are in the balance is proof of the moral pravity of its allies and practitioners, as in such moments it is evidently but a "broken reed." Those whom I now address, I am fully persuaded, have no such thoughts; nevertheless there is a great satisfaction in being able to adduce unmistakable testimony to the value of the law of similars in acute diseases, and notably in some of the gravest complications which can arise in the course of that too often epidemic and frequently fatal scourge—Scarlatina.

The two cases I am now about to narrate of *Ischuria renalis* afford this testimony, and further, are examples of the necessity of the utmost precision in selecting the appropriate remedy if the brilliant results which homœopathy alone can produce are to be looked for and realised.

In 1869 we had in Edinburgh a severe epidemic of scarlet fever. Annie D—, æt. 6, a very strong and healthy child, was the last to be laid low in a family, some other members of which had already passed through the fever. She evidently ailed from the 25th of May, and on the 4th of June the eruption appeared. Treated from the outset with *Bell.* and an occasional dose of *Acon.*, she rapidly convalesced from what was a comparatively slight attack of the malady. Against the most emphatic instructions, her headstrong mother allowed the child to rise out of

bed on the 11th of June, seven days after the first appearance of the eruption. Her hands being full, looking after other children, and the child's apparent health and the difficulty of keeping her in bed, were the excuses. The most faithful promises to keep her in one room were given, and how well kept you may judge, when I say, I was informed by some playmates who lived opposite to Annie that on June 18th (fourteenth day of disease) she had been sent out in one of the biting east winds with which Edinburgh is often favoured even late in June. On the 23rd I was again sent for to find my little patient very ill, as might be expected.

On the 21st she had sat in a draught, on 22nd she began to feel very unwell, and, when I saw her on the 23rd, the puffy face and scanty urine spoke of renal mischief begun in earnest, through folly and disregard of orders. I ordered *Ars. Alb.* 3x.

24th. She passed more water, so I continued the *Ars.*, and ordered linseed poultices over the region of the kidneys.

25th. The face was much more swollen, and on testing the urine it was found to be half albumen. Continue *Ars.*

26th. The conditions were all worse, and, having used *Terebinth.* with good results, in some other cases just then under treatment for post-scarlatinal nephritis, I gave *Tereb.* 3x gtt. j, q. h.

27th. Much worse; very little water. R. *Apocyn.* ʒ gtt. j, q. h.

28th. Bad night, no sleep. Bowels costive. Breathing very rapid and short. Pain in stomach, bowels, and in renal region. A good deal of twitching of the muscles of the face. Has passed only two tablespoonfuls of water in twenty-four hours, and this seemed more blood than water, and was solid on boiling. Continue *Apoc.*, and hot bottles to induce sweating.

Vespere. Worse. Tongue dry, persistent vomiting of yellow matters. Breathing very oppressed; no water passed since noon. In vain I attempted to dry-cup, she would not submit. *Ars. Alb.* 3x and *Phos.* 3x gtt. j, every half-hour, in alternation.

29th. Has passed a sleepless night, bolt upright. Pulse ~~is~~ countless from rapidity, breathing like a dog in summer-~~heat~~ heat, nearly 100 per minute. The eyes roll from side to~~side~~ side rapidly. Twitching of the muscles is now general. ~~I~~ I. She has passed no water for twenty-eight hours. I sat by~~her~~ her side expecting each moment a general convulsion and~~death~~ death, which it seemed impossible now to avert. There~~was~~ was, however, one remedy, and that the right one—still! ~~I~~ I will unused, and it was, I must confess, without a particle of~~hope~~ of hope of saving my little charge that I dropped six drops o~~f~~ of the B. P. *Tinct. of Cantharides*, which I had in my case~~se~~ se, into half a tumbler of water, and instructed the weeping ~~and~~ and now conscience-stricken mother to give a dessert-~~spoonful~~ spoonful every hour. This was at 2 p.m.

At 5 p.m. a message came to me that the child has~~passed~~ passed half a tumblerful of water—frothy and dark a~~s~~ s porter. Continue *Canth.*

30th. I found Annie looking much better. She has~~passed~~ passed a quieter night, the breathing was getting more~~natural~~ natural, she had slept an hour quietly and woke refreshed~~and~~ and she was passing much more water, which though still dark in colour contained evidently much less albumen~~Continue~~ Continue *Canth.*

July 1st. Amazingly better. Passed a splendid night~~and~~ and is passing water copiously, which, on boiling and~~treating~~ treating with nitric acid, was found to contain *not a trace of albumen*. The child felt so well that she begged to be~~allowed~~ allowed to get up, which, of course, I did not allow.

3rd. Is well in every respect, and beginning now, for the first time, to desquamate all over. In a few days she was quite well, and, as I write, is in the enjoyment of good health, never having been under my care during the past nine years.

Before commenting on this case I will relate another very similar to it as regards etiology, though the pathology and train of symptoms widely differ.

Laura C—, æt. 12, had enjoyed fair health, except weak eyes and dimness of vision and short sight, till 27th January, 1872, when she fell ill with what turned out to be

scarlet fever. No medical aid was invoked, and she was treated by her father with such homœopathic remedies as he judged were called for, in addition to which the body was repeatedly sponged with acetic acid. A very full rash developed, and she suffered a good deal from head symptoms, with delirium, for two nights. She convalesced, got up, and on Tuesday, the 13th of February (and the seventeenth day of the disease), was allowed to go out.

On Sunday, 18th, there was noticed some puffiness of the eyelids and face, though no diminution of urine was noticed, nor did she complain of feeling anything more than the usual lassitude consequent on her illness. On Tuesday, 20th, she ate a full dinner of minced fresh beef and mutton. On Thursday, 22nd (twenty-sixth day of disease), about mid-day she complained of very severe headache, and much pain in epigastric region. At 6 p.m., while sitting on the sofa, she declared she was blind, and became suddenly slightly convulsed, with fixed eyes and loss of consciousness. She received some *Campbor* from her father, and was placed in a warm bath, and cold water poured on her head. The eyes were very fixed in their gaze, and the limbs tonically stiffened. After removal from the bath the convulsions recurred, and increasing in intensity, she was given an enema, which, however, failed to act.

Matters now looking serious, a messenger was despatched for me, and at 9 p.m. I first saw the case. I found my patient laid on a couch before the drawing-room fire, covered by a couple of blankets, all body garments having been withdrawn, on the recommendation of an energetic friend in the dental profession, who suggested the advisability of keeping the skin cool!

She was lying on her back breathing heavily, the eyes being fixed, and the pupils dilated as wide as they could be, and not quite equal. Pulse very weak, and too rapid to be counted. The face was pallid from cold, as was also the general surface of the body. In the course of a few minutes she was strongly convulsed, and as she had bitten her tongue already, a gag was placed between her teeth. An interval of only three or four minutes calm was followed

by another convulsion, increasing in duration and intensity. Between 6 and 11 o'clock she had fifteen in all, some lasting ten minutes. My first care was to order a bed to be made ready, with plenty of hot bottles, and while these were preparing, I endeavoured to ascertain the cause of the serious state of matters which I was called on to treat. The mother blamed the minced collops partaken so freely of on the previous Tuesday. The dentist, true to his handicraft (for "there is nothing like leather"), was persuaded a coming tooth had propelled all this mischief before it. But neither of these reasons satisfied me, and when I learned the previous history of the case, I opined that the convulsions were uræmic in their origin. No urine having been kept, I passed a catheter and drew off the contents of the bladder, some 4 oz. The urine looked natural, but on boiling in a porcelain spoon (the only substitute for a test-tube at hand), and then adding some dilute *Nitric acid* there was an evident cloudy deposit. Conveying some of this urine home and carefully testing it afterwards, I found it highly ammoniacal, which accounted for the concealment of much of the albumen. On first adding HNO_3 , and then boiling, one fifth of the whole amount was found to be albumen.

The state of the urine revealed the true pathology of the case and fixed its renal origin. Having regard to the cerebral symptoms, I gave *Bell.* 3x gtt. ij, q. h., and as quickly as possible got my patient into a warm bed, where, surrounded by hot bottles, she ceased to be convulsed within five minutes, and shortly after I left.

Feb. 23rd. At 4 a.m. a severe convulsion, lasting twenty minutes, came on, and at 7 another, when I was hurriedly sent for. On arrival I found her quite quiet, but still profoundly comatose; pupils widely dilated; pulse almost uncountable in rapidity though full and bounding. Skin very dry and hot; temp. 104° , the face flushed and scarlet. No urine had been passed, and the skin was harsh and dry.

At 9 a.m. a violent convulsion set in, necessitating two or three attendants to keep her in bed. Matters were evidently assuming a very serious aspect, and without loss of

time I determined to act on the whole cutaneous surface, with the view of relieving the gorged renal blood-vessels, as well as eliminating by diaphoresis—if it could be set up—the uræmic-poisonous constituents of the blood which were so dangerously affecting the great nervous centres. A good-sized blanket wrung out of water as near boiling as was safe soon enveloped my patient—previously, of course, stripped—the only part left free being the head. To the forehead cold water cloths were applied.

Several other dry blankets were wrapped round the wetted one, an operation which was not concluded ere every convulsive twitch had disappeared, never again to return, I am glad to add. Within a few minutes beads of perspiration gathered on the face, and in a short while it was evident she was sweating generally. I allowed her to remain four hours in this pack, carefully watching the pulse, and pupils, which soon began to gradually contract. At 2 p.m. she was gently disengaged from the blanket, which seemed wetter far when withdrawn than when applied, so profuse was the perspiration, and she was sponged all over with tepid water, and a poultice of linseed meal, overlaid with moistened leaves of *Digitalis purpurea*, applied over the renal region. At 6 p.m., as she had passed no water, I again introduced the catheter, and drew off the contents of the bladder, about a wineglassful. This was found to be nearly all albumen, being almost solid on boiling with *Nitric acid*. Microscopic examination revealed no blood-corpuscles and no tube casts. The kidneys were evidently not inflamed, but congested to the last degree, and this being my view of matters, I judged that *Terebinth.* and not *Canth.* was the appropriate remedy. R *Terebinth.* 1ʳ gtt. ij, q. 2 h.

24th. She continued unconscious till this morning, being restless the early part of the night. At 4 a.m. she fell into a sound sleep and awoke at 7, calling the nurse, as she wished to pass water. This she did to the amount of half a pint, clear as sherry on passing, but depositing quantities of lithates on standing, and containing only $\frac{1}{4}$ th part of albumen. She is now quite conscious, and puts out her tongue when

requested, which is moist but very dirty-brownish yellow. The skin is warm and moist. Pulse 100, weak ; temp. 100. Bowels have not moved, she was therefore ordered a tepid water enema, and to continue the poultices and *Tereb.*

Vesp.—The bowels were freely moved by the enema, and she has passed water four times to-day. That last passed is quite clear, and *contains not a trace of albumen.* She is quite rational, speaks sensibly, and complains only of loss of vision. The pupils are now nearly normal in size. Pulse 100, soft.

From this time she made a rapid and complete recovery, without a single return of the albuminuria, and in a few days was off my list.

The power of both *Canth.* and *Tereb.* to produce ischuria, when given in large doses to the healthy, is so familiar to all that I need not comment thereon, but a short comparison of the medicinal treatment of these two grave cases may be useful. In the first case I clearly see that *Canth.* should have been used much earlier. It was most distinctly indicated by the general febrile condition, pain and tenderness in the hypogastrium and bloody urine. Here *Terebinth.* failed to effect any beneficial result, as I think we shall often prove in similar cases, its virtues being manifest in those cases in which the Malpighian bodies, rather than the tubules are affected. Evidently the uriniferous secreting tubules were in an inflamed condition, proved by the external tenderness, which led the child to refuse any local manipulation in the shape of a cup.

In the second case matters had not had time to go so far, and while the general structures of the kidney were unaffected to any large extent, the Malpighian bodies were so congested by chill as to decline to transude anything but albumen. It is in just such cases that *Terebinth.* has achieved such charming results, and though I am persuaded my hot blanket temporarily saved my patient's life, which was in extreme jeopardy, by drawing the blood, *volens volens, en masse* to the countless capillaries of the skin, where the contiguous kindly aid of the sudoriparous glands was invoked, and not in vain, still, the absolutely albumi-

nous state of the renal secretion two hours after withdrawal from the pack showed that the *fons et origo mali* had not yet been reached, and that some remedy was called for which could unlock the recalcitrant Malpighian pores, and *Terebinth.* was appealed to with confidence and success. A little over twenty-four hours saw the remarkable transformation of a secretion almost entirely albumen into normal urine. Whether *Cantharis* would have done as well I have my doubts. In the case where *Terebinth.* had failed, however, its specific action was equally well and quickly marked, and a state of matters during which, in twenty-four hours, 1 oz. of almost pure blood was passed, succeeded by another thirty hours in which positive ischuria obtained—or in all, 1 oz. in fifty-four hours—was completely obliterated by the divided use, in about forty hours, of six drops of B. P. *Tincture of Cantharides*, and a purely normal condition both of the kidney and its secretion re-established.

These facts, without further comment, I now submit to your kindly criticism at present, and to the candid consideration of our brethren in the dominant school, who affect to believe that they are dupes, if not knaves, who preach and practise according to the dogma *similia similibus curantur*.

Discussion on Dr. Wolston's paper.

Dr. HUGHES expressed his warm appreciation of the cases narrated to-night, and his entire concurrence in the canons laid down for distinguishing between *Cantharis* and *Terebinthina* in post-scarlatinal nephritis. He ventured to think, moreover, that in the majority of cases of the disease, neither was so well indicated as *Arsenicum*. He need hardly say how fully he went with Dr. Wolston in his endeavour after a pathological and not merely a symptomatic similarity, and thought the excellent results he had obtained a good answer to those who would only admit the latter as true homœopathy.

Dr. J. JONES said he was very pleased with Dr. Wolston's practical paper. *Rhus*, however, would not cure all cases of eczema; he had had in his own person an example of this, having at the beginning of the year suffered from eczema pal-

maris in a very acute form, which was followed by phlebitis; in this case *Apis* did his eczema more good than any other drug. In grave cases of albuminuria tending to suppression of urine, he invariably gave *Aconite*, as well as *Terebinth.* or *Cantharis*, according as they were indicated, giving the *Aconite* in alternation with the other drug; he believed that *Aconite* in such conditions was of the greatest possible benefit. As a point of some interest in connection with this, he would say that during the past week he had made the acquaintance of a young man studying medicine at Manchester, who was suffering from chronic albuminuria, and while suffering from this, accidentally poisoned himself with lead, by drinking water holding a small quantity in solution. As soon as he had lead colic the albuminuria disappeared.

Dr. DUNDEON said Dr. Wolston's cases were such model experiments of homœopathic cures, that they hardly admitted of criticism, and could only be spoken of with praise. There was one effect of *Rhus* which Dr. Wolston had not mentioned, but which could be inferred from his remarks. The effect would not doubt be described as toxicological by the allopaths, but we homœopaths could contend that it was therapeutical. He alluded to its effects on Dr. Wolston himself, whom it had cured of allopathy, or, as the other party would say, on whom it had produced an incurable eruption of that pestilent disease, homœopathy. With respect to the pathogenetic effects of *Bichromate of Potash*, observed on those who worked with it in the carbon photographic process, he might mention that he had a patient who was manager of an establishment where this carbon process was conducted on a large scale, and this gentleman had told him that the effects on the workmen handling bichromate of potash was similar to those mentioned by Dr. Wolston, and possibly the same as those observed by Dr. Drysdale and himself in the manufactories of *Bichromate of Potash* in Manchester.

Dr. YELDHAM congratulated Dr. Wolston on his appearance at the Society so soon after his election as the contributor of an excellent practical paper. He (Dr. Yeldham) would only offer a few practical remarks. In the treatment of eczema he had found *Rhus tox.* a valuable remedy, not only in the acute, but also, though more rarely, in the chronic form of the disease. He had generally found it necessary to give it in palpable doses. In one inveterate case, that had existed for many years, and had been treated with large doses of *Arsenic* allopathically, and with homœopathic medicines in infinitesimal doses, he gave at last 10 drops of the mother tincture of *Rhus* three times a day, before any marked effect was produced, but at that point a complete and rather rapid cure was induced. As to external applications in the treatment of eczema, he very seldom employed them—first, because he thought they were opposed to true medical philosophy, and secondly, because he did not find them necessary.

The throwing out of this disease on the skin was, beyond a doubt, in many cases, a conservative effort of nature, at getting rid of peccant matter. He had heard many patients confess that they always felt better when the eruption was out, and he could personally bear testimony to the same thing. For many years past, up to the present time, he had been subject every spring to the development of eczema, more or less marked, and each attack was preceded by neuralgic pains in the head, which vanished the instant the eruption appeared. That being the case, he thought it unwise to do anything by external applications, to check the development of the disease on the skin. Many cases, moreover, were positively aggravated by ointments and lotions. Even cold water, though it might allay irritation at the moment, often did harm, and retarded the cure by keeping the skin raw, and preventing the growth of new cuticle. The scales with which nature herself covered the skin, and which were thrown off as the cure progressed, were the best of all dressings; and no other was needed when the right remedy in the right dose was administered internally. As to dropsy following scarlet fever, he much doubted whether a chill was the common cause of it. The whole circumstances of the affection showed that the cause was deeper than that. A chill would not account for the fact that this sequence of scarlet fever sometimes prevailed epidemically, nor for the fact that it generally appeared, not only within twenty-one days of the accession of the fever, but actually on the twenty-first day! As to the treatment of this affection, regarding it as an inflammatory condition of the kidneys, due mainly to the checked function of the skin, one of the most efficacious preventives, in addition to proper medicines, was the free use of water. As soon as the eruption was fully established, he ordered the patient to be sponged all over, two or three times a day, with tepid water. The relief afforded by this process was immense. It relieved the heat and tension of the skin, soothed the nervous system, and induced refreshing sleep. He had never experienced any difficulty with scarlet fever since he had adopted this plan. *Belladonna* was the only medicine, having reference to the skin affection, that he commonly gave.

Dr. DRURY was much interested in Dr. Wolston's paper. It was in the right direction. First getting the symptoms produced by a medicine, and then, when opportunity offered, utilising successfully the experience thus acquired in the treatment of disease. Dr. Wolston had in one case thought that when he had used *Cantharis* he had pretty well exhausted his remedies. No doubt in such a case it was an excellent remedy, but he thought that there were at least two remedies of equal, if not greater value, *Squilla* and *Apis*. Dr. Jones' account of the opinion of various doctors reminded him of some old lines, dating back to early in this century, which he feared he might not quote correctly:

"If sick, or aught should ail ye,
Go to Willis, Heberden, or Bailie;
One of these three men—
Bailie, Willis, Heberden—
They will either cure or kill us,
Bailie, Heberden, or Willis."

With all due respect to Dr. Jones' advisers, he thought the right medicine, *Croton*, had been overlooked.

Dr. WOLSTON, in reply, said he was greatly gratified by the kind way in which his paper had been received, and begged to thank the members of the Society present for the patient and interested hearing they had accorded him. The value of *Apis*, in both the maladies of which he had been treating, seemed undoubted, on the testimony of many witnesses, but he himself had not found it of such service as was alleged, though in the œdema of the soft palate and fauces, often noticed in malignant scarlatina, its powers were wondrous, and in one extreme case, where all power to swallow was gone—so great was the swelling—it had rapidly dispersed it and saved the patient's life.

o
o
o
o
o
o
o
o
o
o
o

ON SUCCUSSION.

By THOMAS ENGALL, M.R.C.S.

(Read Oct. 3rd, 1878.)

IN the *Organon* (translated by Dr. Dudgeon, §§ 269, 270) Hahnemann states :

“The homœopathic system of medicine develops for its use, to an unheard of degree, the spiritual medicinal powers of the crude substances by means of a process peculiar to it, and which has hitherto never been tried, whereby only they all become penetratingly efficacious and serviceable, even those that in the crude state gave no evidence of the slightest medicinal power on the human body. . . . Thus, two drops of the fresh vegetable juice mingled with equal parts of alcohol are diluted with ninety-eight drops of alcohol, and potentised by means of two succussions, whereby the first development of power is formed, and this process is repeated through twenty-nine more phials, each of which is filled three quarters full with ninety-nine drops of alcohol, and each succeeding phial is to be provided with one drop from the preceding phial (which has already been shaken twice), and is in its turn shaken, and in the same manner at last the thirtieth development of power (potentised decillionth dilution \bar{x}), which is the one most generally used.”

He here limits the succussions to two shocks ; but, in his preface to the 5th vol. of his *Chronic Diseases*, he says :—

“What is to prevent the preparer of homœopathic medicines, . . . in order that he may obtain powerful dynamisations, . . . giving to every phial which contains one drop of the lower potency to ninety-nine drops of alcohol, ten, twenty, fifty, and even more strong succussions, performed against some hard elastic body ? . . . Thus we obtain, even in the fiftieth

potency, each lower one of which has been dynamised with an equal number of succussions, medicines of the most penetrating efficacy, so that each of the minutest globules impregnated with it, dissolved in much water, can be taken in small portions, and must be so taken in order not to produce too violent effects in sensitive patients."

It is a fair inference from the above that the curative power, said to be evolved by succussion, must be identical with that resident in the pure juice of the medicinal plant from which the successive succussions were made, and from which the pathogenetic symptoms were produced. Otherwise it could not stand in the relation of Like curing Like, and succussions would, therefore, put medicines so treated out of the range of the homœopathic law.

The question for our consideration to-night is, Is this doctrine of succussion true? The mode hitherto adopted to prove this has been to appeal to the cures effected. But to such proof there are several objections; such as this one, that in the process of cure there are certain other factors beside that of succussion, as, for instance, the receptivity of the diseased structure for its appropriate medicinal agent, which may render a very small dose sufficient, and which must necessarily render the conclusions from this mode of investigation uncertain. To other objections I have not time now to advert. What is wanted is to isolate this question of succussion from all its surroundings. We will, therefore, not include the question of trituration, but simply that of succussion—that is, whether power is gained by giving a number of forcible downward shocks to a medicated liquid.

Another mode of investigation might be supposed possible, namely, that furnished by spectral analysis. But in this case we should only see the diminution of the physical character of the medicinal agent. This would not be conclusive; for as this agent has to act on a vital organisation, it is necessary to ascertain what are its effects upon that organisation.

Forty years ago the discrepancy between the two schools was far greater than it is now. At that time some of the

allopathists gave doses little short of poisonous, whilst on the other side the homœopathists gave only globules, and these either in the medium or the highest attenuations, and even for acute diseases. The distance, therefore, between poisons and infinitesimals was very great, and, from the novelty of the latter, was a subject of such frequent discussion, that I was induced to attempt the solution of this difficult question.

Now, by the homœopathic law, if a medicine cures certain diseased conditions, it must be by the power it possesses of producing them in the healthy animal organisation: if the cure be made by the use of globules of the thirtieth potency these must possess the power of curing by the same principle of Like curing Like: if they act upon the diseased organisation, what is to prevent them from producing pathogenetic effects upon the healthy organism, except that the dose is insufficient? If there be power in the globule, all that will be necessary will be for the experimenter to take as many globules as will be equivalent to a certain number of drops, such as developed diseased conditions in the original prover, and watch the result. This I determined to try upon myself. As one drop of tincture will moisten 800 globules, that number will represent one drop. Beginning with one globule, and doubling the dose, I proceeded, as shown in the following scheme. At the time I was in perfect health, except that I was worn by unintermitted work, which weakness favoured diseased manifestation. Homœopathic diet was observed except as indicated.

First Series of Experiments made with Globules of the 30th of Sepia, taken dry on the tongue on rising.

Date.	Day of Experiment.	Number of Globules taken.	Total from the beginning.	Symptoms.	Observations.
1841 May 11	1st	1	1	None.	Very much exhausted with overwork. Very hot weather.
"	2nd	2	3	None.	
"	3rd	4	7	Dreamed of serpents.	
"	4th	8	15		
"	5th	16	31	At 7 p.m. and 11, a motion of a soft nature; burning at the anus.	
"	6th	32	63	No symptoms.	
"	7th	64	127	Violent heat and itching of the left meatus at 6 p.m., and distinct pulsation in the tongue.	
"	8th	128	255	Teeth feel cold; pain in right lumbar region and stiffness there; shooting from external side of left foot, going up the front of the leg.	Teeth were scaled yesterday.
"	9th	266	511	The whole of the symptoms gone; shooting pain in sutures.	Subject to pains in these sutures.
"	10th	512	1023		
"	11th	267 (all I had)	1280 (= 4 drops)	Great depression of spirits. Great tenderness at sterno-clavicular articulation.	Took tea.
"	12th	none		Great giddiness on walking after dinner; hair falling out; great pain under the sternum. These feelings have continued above a week.	
"	13th	none		Pain in left side of frontal bone.	
"	14th	none		Perpirations have a peculiar acid smell; for several days felt as if I should fall, as my legs failed me. To-day great stupor.	
"	15th	none		Great pain and oppression of the chest, particularly of the sternum; dull heavy feeling in its whole length; spirits depressed; diallike to mental labour.	
June 1	22nd	none			
"	5	26th			Ata lettuce last evening.
"	12	27th			Considered these the result of exhaustion, and took <i>Nux v.</i> 1-80th.

"	10						sternum, and a little mucous expectoration, having a cold.
"	11	2	3	Woke much excited.			Took coffee and tea.
"	12	4	7	Scalding pain on defecating; 10.30 a.m. tingling felt in both arms.			
"	13	8	15	Lassitude and sleepiness when I went to bed last night; great debility and sleepiness during the day, with aching pains in the legs and right shoulder; general beating all over. <i>Flatus</i> .			
"	14	16	31	Went to bed at 10 p.m., woke at 11, and did not sleep till near 2 a.m.; much annoyed by a trifling misunderstanding which had occurred during the day.			The day has been very hot.
"	15	32	63	Dull heavy aching pain in the forehead, extending into the back and upper part of the eyes; languor; fulness in the throat; sharp aching in the bowels; pain in the head, which was relieved in the open air; 9 p.m., cramp in the stomach.			The headache may arise from want of sleep.
"	16	64	127	On awaking from a sound sleep felt very well; head free from pain; 8.30, beating in lumbar region; 9, pulsating feeling in the head; sharp shooting pains in the bowels, relieved by the expulsion of wind; pain under the inferior angle of left scapula; pain in the left temple; heat in the face; 9.15, shooting in right maxillary.			
"	17	128	255	Woke at 3.30 a.m., and did not sleep again; shooting in the scrotum, and general heaviness.			
"	18	256	511	Every appearance of a cold; thick white expectoration at 9 p.m.; soreness of the throat.			
"	19	1000	1511	Morning, yellow expectoration; nose stopped; no discharge from it; pain in the head, and pulsation all over it; pain at the back part of the eyes.			
"	20	2000	3511	Sleeplessness; curious feeling in the head; rumbling in the bowels; <i>flatus</i> of very bad odour; the soreness of the throat gone; thick yellow expectoration; stoppage of nose; shooting pain in the left maxillary; 9 a.m., stretching and throwing back of oneself; dreadfully low feeling all over; general pulsation; symptoms of a bad cold; nose discharges; pains in the limbs, in the teeth, and in the left maxillary; pain in the right side of the head, and in the back; pain in the bowels; loose motion.			These were taken during the day, but consecutively.
"	20	4000	7511 (= 25 drops)				

At the expiration of these experiments I became somewhat nervous at the result, and took vinegar to neutralise the effects produced, which passed off without any further manifestation; and I remained for a time satisfied as to the potency of the globules. The conviction was strengthened by reported cures of a remarkable kind; and although it was objected that chemistry could not detect by its tests anything in our highly-attenuated globules of the nature of the medicine with which they were saturated, yet the reply was that there was a higher test than that which chemistry afforded—a vital one—namely, the cures themselves. This test, however, was put in jeopardy by the publication of the effects of non-medication by the supporters of the expectant school; and thus the question of the dose was again unsettled in my mind.

Now, in all experiments made upon oneself there is this great danger, that we may put down as morbid symptoms those which, existing usually, would have passed unobserved; but the mind being on the watch for morbid phenomena, it is too ready to seize upon any which present themselves, and to ascribe them to the medicine taken, whereas they may be due to other causes.* Many of those enumerated in the above scheme may have been owing to the state of the weather, to cold, to exhaustion, or to influences of a mental kind.

As the plan I had hitherto followed had thus ended in doubt, the question arose, Could not this difficulty be overcome by trying experiments upon the lower animals, and producing symptoms of such a nature that no objection could be taken on the ground of their indecisiveness? Here, it is true, another inquiry meets us—On what do medicines act in the human being, formed as he is of body, soul, and spirit—or of mind and matter? We cannot conceive that we can act upon the immaterial part by our

* I remember that on one occasion Dr. Gilioli gave me a globule of medicine, of which Hahnemann said one globule would induce symptoms in the throat. Following its ingestion, I certainly had sore throat. But I found I had omitted that morning to put a piece of flannel round my neck, which I was accustomed to wear.

material remedies, save so far as its relation to the body enables us to act through this bond of union. Or it may be that the Breath of Life is itself never acted upon, even indirectly, but only those forces connected with it to which may be given the names body and spirit, constituting the powers of animal life, in which the lower animals participate equally with man. If this be conceded, *objective* experiments made upon brutes may be considered as equivalent to those performed upon the human system, with the additional advantage that these can never be perturbed by the forces of the soul or immaterial principle, which may influence those made upon the human economy. But, without proceeding further in this investigation, it will suffice for our *present* purpose to know that one effect we see produced in man—death—is capable of being produced in the animals upon which our experiments are conducted.

But here it is necessary to meet an objection which may be urged, namely, that the effect produced by a quantity which will destroy life is different from its therapeutic action. But do we not include the toxic action of remedies in our symptomatology? and does not the greater pathological action necessarily include the less? If we find that, in giving a certain quantity of a poison, convulsions with immediate death follow; if, with a less quantity, convulsions ensue, followed by death at a more remote period; and if, in a third case, with a still less dose, convulsions (not death) follow, are we not bound to believe that the modification in the action was due to diminution of quantity, and not to any difference in the kind of action? An eminent homœopathist was describing to a brother practitioner an attack of epilepsy, which (he said) was always preceded by a cry. "*Prussic acid*," said the latter. "That," rejoined the former," was what I gave, and it cured."

Now, the cry produced by *Prussic acid* is a toxic effect, and is usually followed by death; hence we see that in this case the symptom which would have been produced by poisoning was that which led to the selection of the remedy. Although the dose was less in quantity, its action was alike in kind, or it would not, according to our law, have cured.

Does not this show that we consider the toxic and the therapeutic actions as of the same kind, but varying in degree?

As *Hydrocyanic acid* produces death in man, I selected it as an agent in the next series of experiments. [The bracketed letters refer to the tabulated statement at the end.] I give the account from the rough notes made at the time, as showing the bent of my own mind.

1835, Oct. 5th. 11 p.m.—I commenced the following experiments with some kittens:—Of *Hydrocyanic acid*, 5 drops to 100 of spirits of wine fifty over proof, raised to the second attenuation, and succussed, two drops were placed upon the eye and two upon the tongue of the kitten *a*: no effect produced. Thinking that this might be from the spirits of wine neutralising the poison by exciting the heart's action as much as the H. A. depressed it, or from the H. A. being in too small a quantity, I resolved to mix 10 drops of the acid with 100 of water, and with this to recommence the experiments.

But before doing so it became necessary to ascertain whether H. A. would destroy life in a kitten. To test the susceptibility of kitten life to its action, a fine one (*b*) was taken, and a quill having been dipped into the acid (Scheele's strength) it was applied to the tongue. This was twice more repeated. In a few minutes the animal became convulsed, and in a short time showed signs of death. Cold affusion was applied to the spine to try to rouse it, but this was ineffectual, and it died shortly after.

Having found that H. A. would destroy life in them, a third kitten (*c*) was taken, and upon the tongue of this, by the same quill, a similar quantity of the second decimal solution (succussed) was placed. A longer period than in the preceding elapsed before symptoms of poisoning presented themselves. It then became convulsed, and continued so some time. The cold affusion was also applied in this case, to which, or to the poison not being so strong, may be attributed the fact of its having so far recovered that I placed it in the basket with its mother. As it con-

tinued to moan and cry I gave it spirits of wine; this failing to restore it, it was despatched with a few drops of the pure acid.

I now tried the effect of the third decimal dilution, using the same quantities in the same way as in the former experiment on *c*. In this case the poison had not the slightest visible effect upon the kitten (*d*). No convulsions followed. It appeared more inclined to play, and next morning was doing so to its heart's content.

Nov. 18th. The two kittens (*d* and *e*) remaining, one of which (*d*) was the subject of the last experiment, having grown in size and strength, were subjected to experiment. A considerable quantity of the second decimal dilution being administered to them without effect, as I wanted to be rid of them they were both quickly despatched by six dips of the quill into the pure acid being applied to their tongues.

Although the above experiments pointed to the conclusion that more power was lost by dilution than was gained by succession in the *decimal* scale, yet they were not sufficiently precise to satisfy my mind, and therefore I determined to institute a third series of experiments, in which I strove to secure greater precision in regard to the dose administered.

Dec. 21st, 1866. Four rabbits, of six weeks old, were used. An assistant held them between his knees upon their backs, and in this way kept them quiet whilst he held the mouth open to receive the drops. To one (*f*) were given six drops of the third centesimal dilution of H. A., after succussing it twenty times. To another (*g*) was given of the second centesimal dilution, similarly succussed, the same quantity. To a third (*h*) was given the same quantity of the first centesimal dilution, succussed in like manner. In each case no result followed. To a fourth (*i*) were given four drops of the pure acid; in less than a minute it began to run about the basket in which it was placed, fell on its side, and in a few minutes expired.

The conclusion from this series of experiments would be that power equal to that lost by dilution in the *centesimal*

scale is not gained by the authorised succussion in the case of *Hydrocyanic acid*.

As medicines are generally given by mixing them with water, and as we consider that this mode of administering them gives greater efficacy by diffusing their influence over a wider extent of surface, it would be an interesting question to solve, whether power is gained by this diffusion, and, if so, to what extent. Besides this, it would be well to ascertain whether there is a point where the power lost by diffusion and that gained by succussion equalise each other, for the power gained by diffusion must have a very limited range, and beyond this range dilution must weaken the effect, unless this be compensated for by power gained by succussion. Two points, therefore, had to be considered—
1. Is power gained by the diffusion of medicine in a vehicle, such as water, without succussion? 2. At what point, if any, is the power gained by succussion sufficient to overcome that lost by solution?

To test these points I thought it would be well to take two rabbits, and give to one two drops of a mixture made of the proportion of two of water to two of acid. Then we might on another rabbit try what the effect would be when the same mixture was succussed.

Feb. 20th, 1867. To a white rabbit (*k*) were given two drops of a solution, unsuccussed, of equal parts of H. A. and water. It ran about for a minute; then fell over on its left side convulsed. To a black-and-white rabbit (*l*) of the same age, *one* drop was given of the same solution after it had been succussed twenty times. In a minute or less, after it had taken a few steps, it was seized with symptoms of tetanus, rolled over on its back, and lay on its right side. Five minutes after having taken the poison the white rabbit (*k*) raised its head, and soon after began to run about; *l* continued to suffer from tonic spasm, though only one drop had been given (of the same, succussed); within ten minutes he began to move his head; in five minutes more he was cleaning his coat. One hour after the doses were given the black-and-white one (*l*), which had the succussed drops, had not recovered so well as the white

one (*k*). The latter had eaten some corn, and could run about. The former was not disposed to eat or move; his fur was raised, and he seemed cold; he was placed in a basket before the fire; he fell; his body was worked. Half an hour later he began to eat, afterwards ran about, and seemed as well as the other during the rest of the day.

Had the sex any influence in this experiment? No, they were both males. Had constitution anything to do with the result? I reversed the process.

21st. Both rabbits took their food in the morning, and played about in apparent good health. To the black-and-white one (*l*) were now given two drops of equal parts of H. A. and water, mixed without succussing them. Within half a minute he was seized with convulsions, he worked his tail, and in a minute more was dead. I then succussed the mixture twenty times, and to the other rabbit (*k*) gave one drop. In a few minutes he fell; his back was drawn inwards, the pupil became much dilated, he uttered a few cries, and then expired, but did not die so quickly as the other.

Apparently these experiments indicated that diffusion was equivalent to succussion, when the proportions were as two to one, and the succussions twenty in number.* In both animals convulsive effects were produced in the first experiment, though only half the dose was given to one that was given to the other; and in the second experiment death resulted under the same conditions reversed. It is evident, however, that there was some difference of strength in the rabbits, *l* having suffered most on the first day, and died soonest on the second. Death may have been attributable in each case to the "accumulation" from the poison of the previous day, what each rabbit took in two days being equivalent to a drop and a half of pure acid.

March 21st. Having attempted this comparison between diffusion and succussion, I recurred to the experiments of December 21st.

* In this case the number of succussions was equal to the number of minima, the mixture having been 20, viz. 10 of water and 10 of acid.

Three rabbits were taken—black nose (*m*), female; white head (*n*), female; black-and-white body (*o*), male. I began with the 1st centesimal dilution, but unsuccessed; and to *m* gave six drops at 10 a.m. Result: it moves about, but does not seem so lively as the others.

Leaving forty drops in the phial (so that the space fallen through in the succussing should be the same as in the former experiments of December 21st), I successed it eighty times, that is, I gave two succussions to each drop. To *n* six drops of this were given, but without effect. Successed the remainder, giving this forty more succussions. To *o* gave six drops. Again no result.

Observing that in each of these cases some of the mixture was spilled, notwithstanding all my care, owing to the difficulty of dropping such a quantity into the mouth of an animal which is not quiet, I resolved to avoid this in future by measuring off the quantity in a minim measure, taking this up in a dropping-tube, and gradually injecting it into the mouth.

March 27th, six days later, the three rabbits experimented on were again used; this interval obviated the objection that if death took place it might have resulted from repeating the poison too soon (as on the consecutive days, Feb. 20th, 21st). I made a solution 10 to 100=100, not shaken. This I transferred to a phial, of which it occupied three fourths. Two drops were drawn up from a minim measure into the dropping-tube, and injected into the mouth of *m* at 9.45 a.m. No symptom of any spasm; went into a corner; remained quiet; very timid; would not come out, though corn was offered (but she had been already fed that morning).

Successed the mixture 100 times. With dropping-tube two drops were given to *n*. Five minutes after quiet; set up her coat, but no convulsions. Seven minutes later, looking about her, apparently quite well.

Successed 900 times more (was interrupted at the 600th time, then resumed it). Two drops given to *o*, in the same manner as to the others. No visible result. The reason they were quiet was that they were in a strange

room. When they were familiarised with it they played about.

I believe these experiments to have been fairly tried, and that there was no mistake as to the rabbits taking the medicine in the right proportion. These rabbits were of the same brood as those of December 21st; they were, therefore, about twenty-one weeks old. *This* might be a reason for no symptom.

April 27th, 1868. Used the third decimal of H. A. twenty times succussed, which I had by me from a former experiment; gave a kitten (*p*) ten drops; waited eight minutes, and seeing no effect, gave twenty more; waited another eight minutes; no symptom; gave forty more, making seventy in all, but no effects followed; the kitten seemed only more lively. In this case had the acid lost its power by being kept?

May 11th. Fresh acid used. Two kittens, white-and-black (*r*); black (*s*). Second decimal solution, succussed twenty times. To *r* were given eight drops; ten minutes after no result. To *s* eight drops of third decimal, equally succussed; no result. Ten minutes after, increased the dose to eighteen minims of the second to each; no result either on *r* or *s*. On *r* tried first dilution, twenty minims given; in a minute or two it became convulsed, and in a few more lay as if dead. Succussed the second 300 times, and gave twenty drops to *s*. After receiving the dose it became affected for about five minutes, but not as severely as the other. On hearing the other mew, *s*, who was recovering, - roused up as it were, and attempted to go to it, but after a few steps fell on its side; made another attempt, and walked a few steps, lay on its left side, got up, and walked again; its feet dragged, and it was a little convulsed. The other (*r*) was still alive, gave a loud cry; was lying on its right side, breathing hard. Later, *r* was still much convulsed; appeared at the last gasp; to save it I used the cold affusion to its spine, and gave it some laudanum. Twenty minutes later *r* was still unconscious; *s* (the one which had the 2nd decimal 300 times succussed) mounted over the side of the basket, and ran about the room as

On Succussion,

if nothing had happened. Within three hours *r* died; *s* was playing as only a kitten can play.

22nd and 25th. Kitten (*s*) continues quite well.

This fully confirms the entire tenour of the experiments, and shows that no power equal to that lost by dilution is gained by succussion, even when the difference is only by tenths. What, then, must be the loss when the difference is by thousandths?

For the sake of easy reference I have tabulated these experiments. On a review of them I conclude that, as regards the action of *Hydrocyanic acid*, we may infer—

1. That if matter be infinitely divisible, and if, therefore, the highest dilution of the H. A. contain the elements of the mother-tincture, yet as regards its action on the *vital force* it has its limits, for death was only produced when a definite quantity was given.

2. That the age and size of the animal influenced the manifestation of the poison.

3. That the effect produced was proportioned to the cause producing it; thus when a less quantity was given than that producing death convulsions followed.

4. That there is a point beyond which, if the poison was attenuated, *no visible* result followed.

5. That the force of the poison became less and less in proportion to the admixture of it with a non-medicinal medium.

6. That this loss of power was not compensated for by succussion, either in the centesimal or decimal scale, nor even when carried so far as 1000 shocks (and as twenty is the homœopathic limit, this is fifty times as many).

7. That it may therefore be fairly doubted whether the doctrine of succussion propounded by Hahnemann be true.

8. That as no power was gained by succussion, while a positive loss accrued from dilution, and as, by the law of similars, the medicine administered in disease should retain all the essential qualities manifested in the proving (these qualities being made known by their physical characters, so that the retention of these is indispensable), and as the medicine can be diluted by a non-medicinal agent to any

required weakness at the time of its being used, therefore many of the various manipulations used in the preparing of liquid medicines by attenuation and succussion are unnecessary, and jeopardise the purity and integrity of the medicinal substance on which they are used.

9. That even if these experiments prove that power is not gained by succussion, yet it by no means follows that it is necessary to give doses as large as those employed by the allopathic school, since homœopathic medicines act upon the specific structure diseased.

10. That if this question of succussion were satisfactorily disposed of, it would enable the question of susceptibility to be investigated. If this latter question could be isolated (as I have attempted to isolate that of succussion), the laws which govern it, and its limits, might find a satisfactory solution.

And, finally, admitting that we may have been in error regarding the succussion theory, we have no reason to hang our heads as dishonest men. It was a great task, worthy of great praise, to rescue (even at the risk of mistake) the human family from the cruel and sometimes murderous treatment to which it was subject at the time when Hahnemann, in the vigour of his mental manhood, stood forward single-handed and opposed it. To have been in any way connected with removing such an evil from the world is ample compensation for all the obloquy and reproach to which his disciples have been exposed.

Number of the Experiments.	Date.	Kitten or Rabbit.	Proximate Age.	Indicative Letter.	Dilution. (with water except 1st.)	Whether Succumbed.	Drops. (All on Tongue except 1st.)	Attenuation.	Proportion to a Drop of Pure Acid.	Result.
1st Series. 1st Series.	1855 Oct. 5	K.		a	5 to 100 (spirit)	Yes.	2 to eye, and 2 to tongue	2nd		No effect.
	" "	K.		b	(pure acid)	No.	M.ny.	2nd		Death.
	" "	K.		c	10 to 100	Yes.	"	2nd		Convulsed very much (killed with pure acid at the time).
	" "	K.		d	"	"	"	3rd		No effect.
	5th Nov. 18	K.		e	"	"	Considerable quantity	2nd		No effect (killed as above).
	6th "	K.		e	"	"	"	"		Ditto, ditto.
2nd Series.	1866 Dec. 21	R.	6 weeks	f	1 to 100	20	6	3rd	100/1000	No effect.
	" "	R.	"	g	"	"	"	2nd	100/100	Ditto.
	" "	R.	"	h	"	"	"	1st	100	Ditto.
	" "	R.	"	i	(pure acid)	none	4	"		Death in a few moments.
3rd Series.	1867 Feb. 20	R.	10 wks.	k	Equal parts acid and water	none	2		1 drop	Convulsed.
	" "	R.	"	l	"	20	1		1/2 drop	Ditto (rather longer).
	" 21	R.	"	l	"	none	2		1/2 drop	Convulsions, and immediate death.
	" "	R.	"	k	"	20	1		1/2 drop	Ditto, and in a few minutes death.

5th Series.	15th	R.	19 wks.	s	1 to 100	none	6	1st	$\frac{1}{100}$	No effect. Ditto. Ditto.										
	16th										"	"	"	"	"					
	17th										"	"	"	"	"					
6th Series.	18th	R.	20 wks.	s	10 to 100	none	2	1st	$\frac{1}{10}$	Ditto. Ditto. Ditto.										
	19th	R.									"	"	"	"						
	20th	R.									"	"	"	"						
	1868										"	"	"	"						
7th Series.	21st	K.	p	20	20	10	3rd	No effect; probably the medicine had lost its power by being kept.												
	April 27	K.								20	20	20	(in all 70)							
										40	40	40								
	23rd	K.								19	10 to 100	20	8	2nd	$\frac{1}{100}$	No result in ten minutes. Ditto, ditto.				
	24th	K.															"	18	3rd	$\frac{1}{1000}$
	25th	K.															"	"	2nd	$\frac{1}{100}$
	26th	K.															"	"	"	"
	27th	"															"	20	1st	$\frac{1}{10}$
	28th	K.								s	"	300	"	2nd	$\frac{1}{100}$	Convulsed in one minute, and died in three hours. Paralyzed in the limbs, and convulsed slightly. The symptoms passed off in half an hour.				

Discussion on Mr. Thomas Engall's paper.

Dr. DUDGEON (in the Chair) said that though Hahnemann's primitive doctrine of succussion had been abandoned by most of his disciples long since, yet it was interesting to remind us occasionally of those ancient and extinct dogmas, and we must all feel indebted to Mr. Engall for the care and time he had devoted to the determination of the truth or otherwise of the doctrine taught by Hahnemann on this subject. But he thought most of the speakers had missed the point of Mr. Engall's essay, and had merely argued in favour of the curative action of diluted medicines, which none of them doubted, whereas he assumed that Mr. Engall alluded more particularly to Hahnemann's idea that this same dilution of a remedy would be considerably increased in power if it received more than the conventional two shakes for each dilution. Hahnemann had stated this dictum plainly in the preface to the sixth volume of his *Materia Medica Pura*. He said that a dose of the 30th dilution of *Drosera*, prepared with 20 succussions to each dilution, would imperil the life of a child, but that if prepared with only 2 succussions it would cure that child of whooping-cough. It was to determine the truth or falsity of this dictum that Mr. Engall instituted his long series of careful experiments, and no doubt those experiments tended to show that Hahnemann was in error as to the supposed potency-increasing character of succussion; but he felt that these experiments would excite but a languid interest, as Hahnemann's dictum was generally discredited.

Dr. DRURY begged to thank Mr. Engall for coming to the rescue with a paper for the opening meeting of the session, when a considerable difficulty existed, so many of the members failing to comply with the request that they should supply one. There were always some members, such as Dr. Dyce Brown, Dr. Hughes, and Dr. E. Blake, that he could look to in great emergency, but having a little bit of conscience left he was unwilling as secretary to trespass too much on the kindness of those gentlemen, when there were so many other members. He agreed with those who had already spoken as to the value of succussion, and much regretted what Hahnemann had said as to the extra shakes; he always succussed his medicines about fifty times without observing any of the consequences that he had spoken of. As regarded such a medicine as *Natrum muriaticum*, he would have no confidence in it in a low trituration, though he thought very highly of it in a higher dilution. Looking back to the early days of homœopathy in this country, he could not but think that the better cures of those days was owing to the greater care in the selection of a remedy. Where gentlemen spoke of obtaining better results with higher than lower attenuations of some medicines, he did not feel satisfied that the point was at all proved, as

the observation of others did not always bear this out. If any difference existed in these results, he would attribute it to their greater care when using medicines of a rather high dilution. He would take the opportunity of speaking of Dr. Skinner's apparatus for attenuating the medicines. He had found Dr. Skinner a straightforward gentleman, who, he was sure, honestly believed what he stated, but he doubted if others would see the results he did, and as his method was quite different from Hahnemann's, it was well that this should be noticed. There was a pause between Hahnemann's succussions, which was a marked feature, as it allowed time for the medicine to become mixed. Any one who observed the little bubbles rising when a medicine succussed could see the importance of the pause. In Dr. Skinner's there was a more or less continuous flow; at least the pause was very slight. The process had been called bottle-washing, and without applying this term to it, he could not but think it was a very inferior and wrong method of attenuating medicine, and calculated to bring homœopathy into disrepute. He regretted having to express this opinion about Dr. Skinner's apparatus, but he felt bound to state his objections to it, though he admitted there was a good deal of ingenuity in it.

ON SEWAGE POISONING, ITS CAUSES AND CURE.

By **EDWARD T. BLAKE, M.D.**

(Read 7th November, 1878.)

Syllabus.

1. SYMPTOMS OF SEWAGE INFECTION.

a. In adults.

b. In children.

Elements of diagnosis.

Why are children so obnoxious to sewer-gas?

2. CAUSES.

a. Predisposing.

b. Exciting.

Most common sanitary defects of cities.

A. Untrapped wastes.

1. Sink-pipes.

2. Wastes in general.

Bath, lavatory, drip-pans, closet-safe, slop-sink, tank-overflow, cistern-do.

B. Non-ventilated soil-pipe.

D-trap.

Corrosion of indoor soil-pipe.

Defective or improper junctions and joints.

c. *Drinking supply* polluted by sewer-gas. Milk supply do.

d. *Continuous stack-pipes* acting as ventilators.

e. *Less obvious means* of contamination.

Cellar-drains, dish-stones in passages, abandoned cesses, storm-water, surface-water, percolation, wells.

3. CURE.

1. Exclude sewer-gas.

2. Ventilate each system *at each end*.

3. Regulate water supply.

do. milk supply.

4. MAXIMS.

MR. PRESIDENT AND GENTLEMEN,—You will remember that in the Session 1875—6, we had the pleasure of listening to a communication, bearing on this subject, in relation especially to an outburst of enteric fever at Croydon.

That paper provoked an exceedingly interesting discussion, and it is in the hope that even more valuable information may be elicited this evening, that I have strung together a few notes on a subject which is daily engrossing more public attention. Sewage-poisoning, in some form, we constantly encounter; it behoves us to know well the phenomena which reveal its presence; and even then we may not rest content, for we must also make ourselves thoroughly acquainted with the conditions which render such poisoning possible.

I fancy I hear some worthy member exclaim, "Oh! that last is no business of ours; it is the domain of the architect, of the builder and *his* satellites."

I reply that, as long as builders* know so little about Chemistry and Physics, so long must we doctors, for the sake of precious lives entrusted to our care, be builders—aye, and architects and plumbers and sanitary inspectors all in one!

To *you* I need not point out the recognised proneness of the *mulier parturiens* to puerperal fever, in insanitary houses, in order to show the gravity of the subject to accoucheurs.

You know well that he would be a bold surgeon indeed who, spite of the terrors of erysipelas, would dare to operate in an atmosphere reeking with sewer-gas!

Not only should midwife and surgeon be cognisant of these hidden perils, but it is equally requisite for the *physician* of the nineteenth century to be master of at least the A B C of Sanitary Science. Not only is this necessary that he may avoid egregious blundering in diagnosis—the chagrin of seeing his remedies fail, his patients drift slowly, yet surely, towards—

"That bourne whence no traveler returns,"

but for more personal, more pressing reasons. Most of us have children of our own, whose medical paternity will not, alas! serve to protect them from the onslaughts of the dreaded army of drain-demons—those invisible but potent

* The fault lies with the public much more than with the builder; *he* is wise enough to supply what is wanted. As long as we prefer *handsome* to *healthy* houses, so long will the money that should be spent below the surface, go to tawdry ornamentation above it.

does which lurk *pendus* in our sewage-systems and in our water-supplies?

Putting aside such acute specific diseases as cholera, enteric fever, scarlatina, erysipelas, puerperal fever, typhus, including the family so-called "zymotic, which, more or less related to defective sanitation, are obvious in their nature, even if their precise causes be not readily recognisable, let us ask which is the group of symptoms that ought to raise our suspicions of more chronic sewage-poisoning—often so slow, so insidious in character?

You reply, we think of sewage infection when we encounter—

- I. Languor;
- II. Pain frontal headache, with malaise;
- III. Nausea;
- IV. Dyspepsia;*
- V. Diarrhoea;
- VI. Feverishness;

in adults; and especially when we see in the children of the same household—

- I. Anæmia;
- II. Loss of appetite;
- III. Enlarged cervical glands;
- IV. Recurrent diarrhoea;

then we say immediately "there must be something the matter with the drains."

But it is evident that these are very ordinary groups of symptoms; they might point to half-a-dozen other causative agents with nearly as much precision as to sewage infection. Here, however, other peculiarities come to our aid.

1st. There is the numerical test; by which I mean that a number of the inmates of a house, if exposed to the same conditions, present a certain similarity in their symptoms.

2nd. Obnoxiousness to ordinary treatment, with speedy cure on changing to a healthy atmosphere.

* Amongst the more dubious symptoms are clean-punched ulcers inside lips, with cheesy base and bright red margin. Quinsy. Mental Depression.

3rd. Recurrence of the symptoms in children ; persistency in adults.

4th. Increase of severity in all the exanthemata and serious vaccination complications.

But of all peculiarities and symptoms the state of the throat is the most typical—the most distinctive.

I do not propose to detain you with a description of the typical sewage-throat; as practical physicians you are well acquainted with its appearance, and *you* will not mistake it for struma or for specific disease. But a question I *will* ask. Why does a man who is constantly exposed to the chance of infection escape at one time to be caught at another?

The explanation is probably to be stated something in this way: a robust adult, with the mucosa of the pharynx intact, will inhale sewage-gas, and the floating germs of disease shall settle innocuously on his tonsils. But let him come some day into the same polluted atmosphere with his nervous system depressed and his pharyngeal mucosa eroded by catarrh; his armour avails him nothing, a germ-arrow pierces an unguarded joint, and the strong man succumbs. Only a tiny spot, it may be, not as large as a pin's point, is denuded of its epithelium, but it is enough for the disease-germ to secure an appropriate nidus, and we find as a result an angina, the character of which is *decided* by the specific nature of the germ, and *modified* by the personal peculiarities of the subject.

It is a matter of clinical experience that the false membrane of diphtheria is not confined to the throat. It has been observed on the surface of wounds, also in the external ear, and at other orifices; probably it is only more common in the pharynx, because the pharynx, being a kind of atmospheric sieve, a far larger quantity of air comes in contact with it than with the rest of the body.*

There is no ground for doubting that a typically healthy man may lie all night in an atmosphere saturated with sewage-gas, and may rise in the morning feeling very little the worse for it. Similarly a phthisical patient, having a vomica, will systematically swallow tubercular sputa and no

* About 2000 gallons in twenty-four hours.

evil result ensue, until something shall produce an intestinal excoriation, and thus pave the way for absorption.

Here arises another most interesting question. Why do children suffer more frequently and more severely than adults? Many circumstances conspire to throw the brunt of the battle on raw recruits, the least able of all to bear it. Amongst them, we know that children are more prone to the causes which denude the throat of its protecting membrane.

Owing to the excitability of the nervous system in children, their circulation, controlled by the nerves, is readily disturbed; hence diseases tend to assume a more acute type in childhood.

Many diseases are either entirely protective, or they have the power of diminishing in intensity subsequent attacks. Thus, a man will resist infection because he has had one or more attacks in youth; it is evident that young children cannot possess this safeguard.

Again, children are more exposed to sewer-poisoning because they are kept indoors during "bad weather," just when the gases are rising into the house from the over-flushed sewers.

But there is a physical reason why these little ones should be especially the victims marked out by the destroyer. Children are usually placed in the uppermost parts of the house; in other words, their dormitories are just where sewage-gas accumulates. Unfortunately this state of things is aggravated by the windows and skylights being closed just when the maximum of sewer-gas is introduced, *i. e.* during the night and after a heavy rainfall.

It is probable, then, that at least three conditions are requisite to enable a child to become diphtheritic:

1. Vitality must be lowered, either by continued exposure to sewage infection, or by some other debilitating agency.
2. There must be actual loss of surface in the throat.
3. There must be the presence of the diphtheritic germ.

According to recent views this would consist of a portion of the poisonous secretion from the diphtheritic glands of another.

That some such necessities as these must exist to pave the way, is rendered probable by the failure of physicians to inoculate themselves with the diphtheritic virus; for Trousseau and Peter actually had the temerity to try this hazardous experiment! I myself have frequently had pieces of false membrane propelled into my eyes, yet without evil result.

That catarrh, epidemic or otherwise, is the usual method by which the throat is denuded, is proved by the careful observations of SENATOR of Berlin.

He points out that typical diphtheria is preceded by catarrh of the air-passages. Is it not a little strange that, in his elaborate clinical lecture of fifty large octavo pages, Senator never once alludes to the possibility of preventing, or at least of moderating, the severity of diphtheria by the exclusion of sewer-products!

Whilst noting the fact that adults and certain children succumb, whilst others, exposed to precisely the same conditions escape, Senator does not attempt to give any explanation.

Is it not probable that adults, as we have said, owe their immunity, not alone to greater robustness, but to preinfection, and consequent protection, at some former date?

Of course, if a house be free from sewage-gas, and both the milk- and the water-supply be unpolluted, then the household may share a prevalent catarrh, and yet evade cynanche. This is plain to our common sense, and it is also clinically confirmed. It serves, too, to throw some light on the croup-diphtheria controversy, for some authorities consider these two diseases to be identical.

Let us take an example. A child plays too late on a lawn wet with dew, and gets sore-throat. He is taken to his bedroom, probably an upper room. This is practically a box, carefully closed on all sides excepting towards the landing, where the sewer-gas chiefly accumulates. The night is chilly, and all means of egress for this gas are sedulously cut off, whilst a fresh supply is insured by a continuous housemaid's sink-waste on the landing!

The child lies weltering in this truly poisonous atmo-

sphere all night. Is there much wonder that, early in the morning the household is alarmed by the dreaded cry of "Croup?" The little sufferer has passed into what Senator would call the third stage of diphtheria; in reality, he has inflammation of the windpipe, plus a sewage-throat.

It is of the utmost importance to recognise the usual method in which milk is infected by poisonous sewage products. Of course this may be done by washing the milk-vessels with contaminated water, but more frequently the milk is affected by a so-called "drain," lead to the floor of the dairy, and connected with an adjacent sewer. A great deal of water is, of course, used in a dairy, this pouring down, displaces sewer-gas which rises into the dairy and hovers over the milk. The milk being usually disposed in large, flat, open pans, absorption goes on under peculiarly favourable circumstances.

But, besides this, the milk taken into the house of the consumer is placed in an open basin and allowed to stand in a latticed cupboard, opposite the servant's w.c. In good London houses even, this is too often a mere hopper-closet. Where the w.c. is not in close proximity, a grid for sluicing the passage or the area stands near and gives off bad gases. It is possible that meat may become contaminated in the same way, but this is not so perilous, because, unlike milk, meat is invariably cooked before consumption.

As I am addressing physicians who practise in town or city, I shall speak rather of urban, than of rural sanitation.

What are the most ordinary sanitary defects to be found in diphtheritic houses?

1st. UNTRAPPED WASTES.

a. Of these the most common is a *non-disconnected sink-pipe*.

n. We must not be content with examining the sinks belonging to the cook and the butler; we should make inquiry if there be a housemaid's—or a slop-sink upstairs.

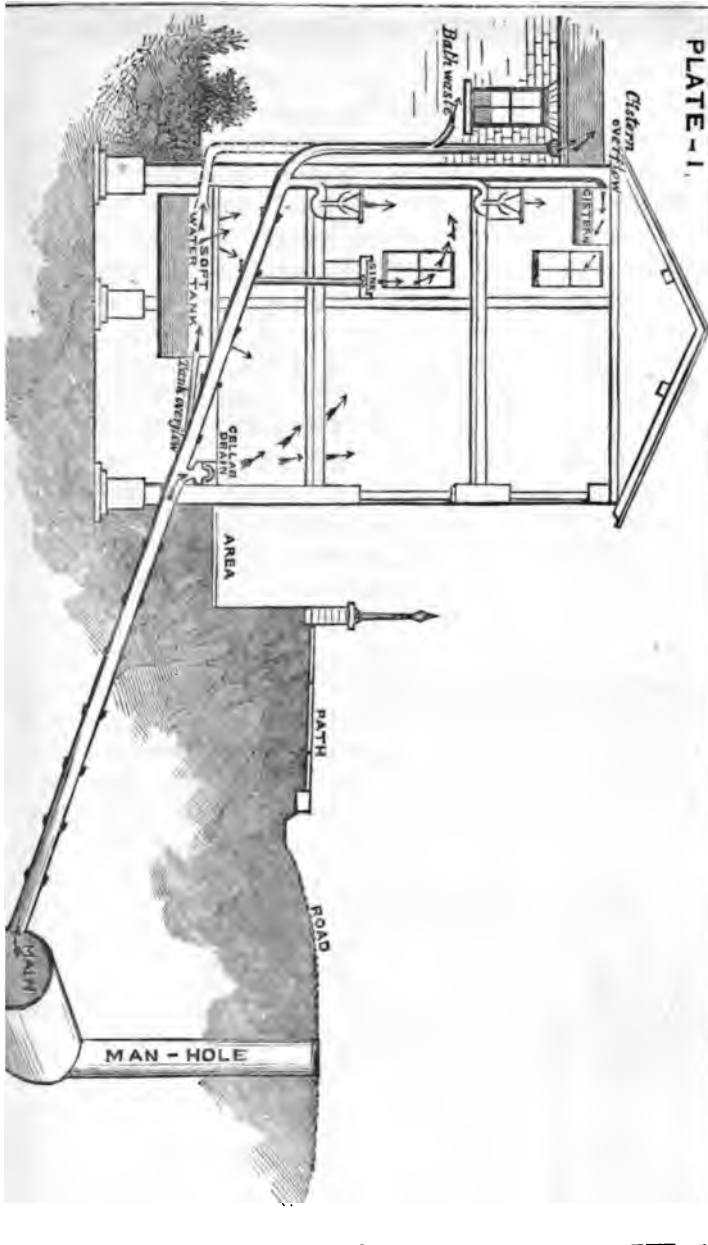


PLATE I.—DIAGRAM OF A TYPICAL TOWN HOUSE, 1878.
 ists and cellar-drain acting as ventilators. Cistern- and tank-water
 saturated with sewer-gas. *A system as bad as it can be.*

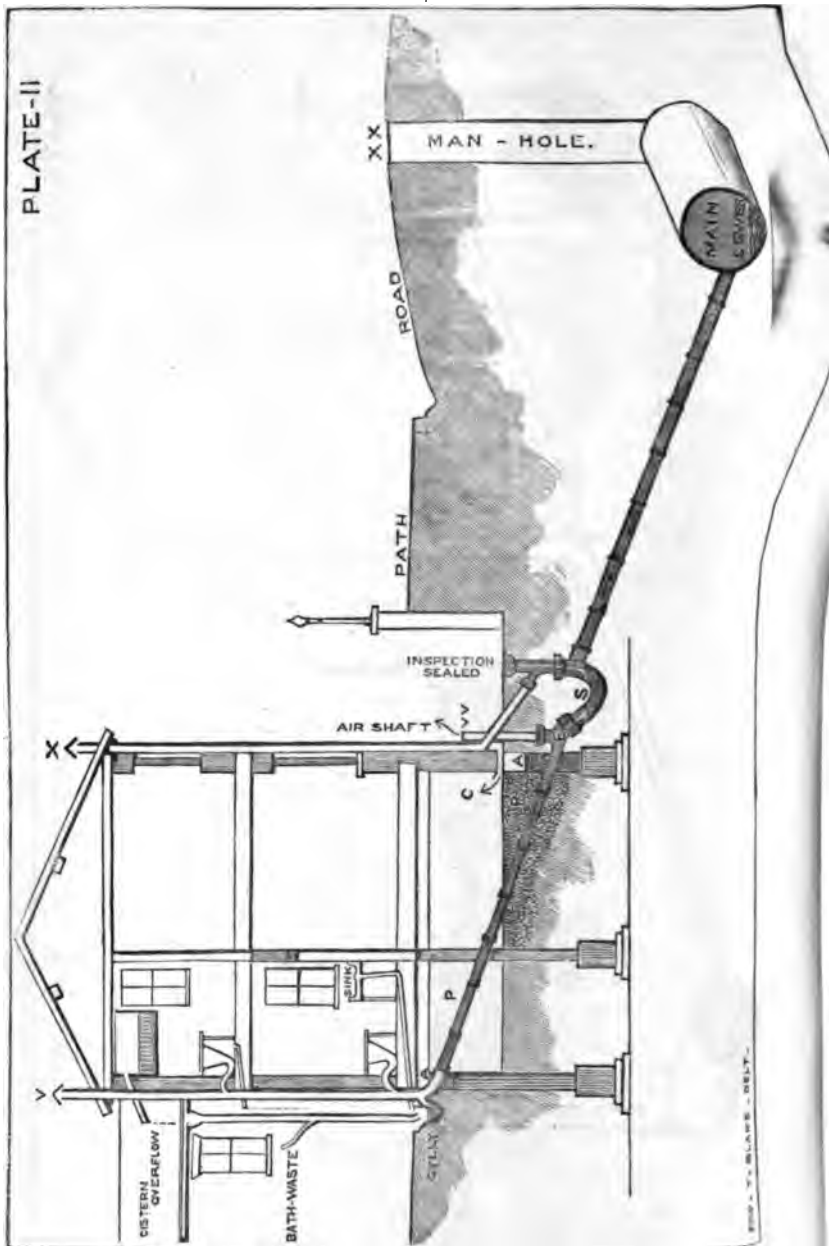


PLATE II.—SAME HOUSE.

1. Disconnected. 2. Trapped. 3. Ventilated. The best made of a bad system.
 P. P. Portion of sewerage under house is embedded in concrete, Stanford's joint arches at A. A. To flush this portion, put a mop down v. v. to E., and keep it there till water flows back into gully at top, then suddenly withdraw. s. Syphon to cut off the house-system from main-sewer. v. v. Poles of current always oscillating to and fro in the house-system. Surface water-gully draining area may be turned into v. v. x. xx. Poles of current always oscillating to and fro in system outside the house. o. Cellar-drain, being a brick knocked out at lowest point.

c. Lavatory- and bath-wastes form a common way in which sewer-gas is led into a house. As bath-rooms are frequently attached immediately to sleeping apartments this is especially dangerous.

d. We should be on the *qui vive* to observe if beneath any upstairs water-tap there be a drip-tray having its waste-pipe discharging itself, as is too often the case, into the soil-pipe, so close at hand, so perilously convenient!

e. The overflow from a cistern may be disposed of in the same dangerous way, quite hidden from view in a dark wood-casing or perhaps, *horribile dictu*, even built into the wall with solid masonry!

f. An insidious method of poisoning, which is very common and is very readily overlooked, is the atrocious habit plumbers have, of turning the waste-pipe which drains the tray under the closet, "the safe" as it is technically called, into the adjacent soil-pipe. A near relative of my own was poisoned in this way.

g. Another sanitary sin is boring a hole in a soil-pipe, between two closets, thus affording ingress of air, to prevent what is known as "syphoning" i.e. the descent of the soil from the upper syphon, "sucking" as it is called, the water out of the syphon below it.

Though, of course only intended to admit air, this aperture emits "drain-gas" when the water-closets are not in use.

h. In London, the drinking-cistern is often placed over the sink.

During the night the scullery is closed for security, sewer-gas rises to the ceiling hovering over the cistern which is usually uncovered, it is absorbed in large quantities, especially in cold weather, and thus forms a common cause of disease. (See Plate VII.)

2nd. SOIL-PIPES.

The second in frequency, perhaps, is

A Non-ventilated Soil-pipe.

Let us suppose that a house has, as is usually the case, an indoor leaden soil-pipe, with the ordinary D-trap at the top.

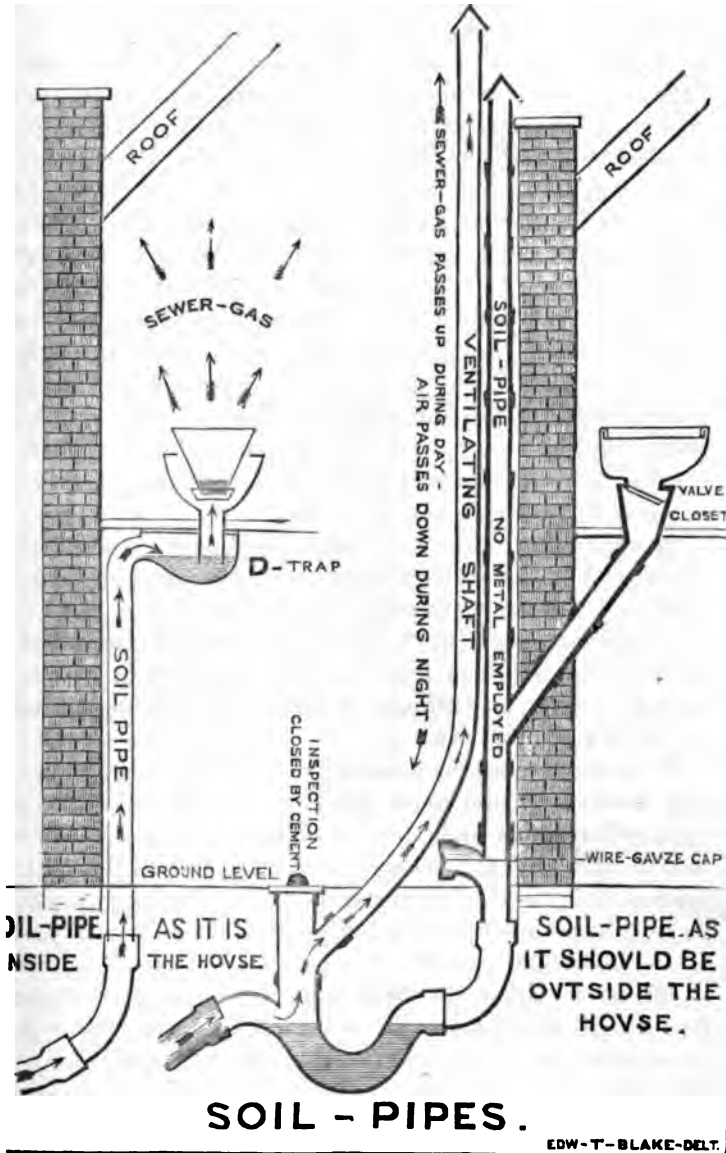
The accumulated gases, chiefly sulphuretted hydrogen, or hydrosulphuric acid as it is now called, lie at the upper domed part of the soil-pipe. The acid having a strong affinity for lead, readily unites with it to form a lead-sulphide, thus the pipe gradually corrodes; pin-hole perforations are first formed and by degrees the upper portion of the pipe is converted into a honeycomb.

3rd. WATER SUPPLY.

Another indoor source of peril is the arrangement by which water is supplied from one cistern only, for all purposes; a most objectionable plan. It is an economy to the builder and is a benefit to the purveyors of water because, without a water-meter, an escape from a direct supply is not so readily controlled as from a cistern. If a cistern supply a water-closet in the ordinary way then the water of such cistern is quite unfit for drinking purposes. A moment's thought will show this. The open lower extremity of the pipe is ordinarily filled with air more or less tainted. On drawing the plug, water rushes down towards the pan and as it descends, the air and gas which were in the pipe pass upwards into the cistern, which thus is enabled to supply, not *aqua pura*, but a solution of sewer-gas. We may sometimes detect quite an interval between the raising of the handle and the appearance of the water. During this interval a distinct gurgling sound is heard. This is the sewer-gas getting out of the pipe to let the water take its place. Bedroom water-bottles are often filled with water-closet cistern water.

PLATE-III

PLATE-IV.



4th. CONTINUOUS STACK-PIPES.

It is evident that if a water-pipe run from the roof into a house-sewer without trapping, such water-pipe, whatever we may be pleased to call it, will act as a ventilating shaft. That this is the ordinary state of things you are all well aware. It so happens in this town, that these stack-pipes terminate above the window level and considerably below the chimney exits. That to this fact London owes an accidental immunity from a vast amount of nuisance and disease, there is no reasonable ground for doubting. Were these stack-pipes so arranged as to terminate under French eaves, at the top of bay windows, near dormers (roof-windows) or level with the chimney tops, the whole case would be altered; for then the gases which rise from the sewer, especially during the hot weather and after heavy showers, would easily gain access to the house. But luckily for London, projecting eaves are rare, bays and dormers are not common and the chimneys are lofty.

A pipe ending near an air-brick has been known to cause disease, by gas entering through the perforations of the air-brick and passing up through the flooring.

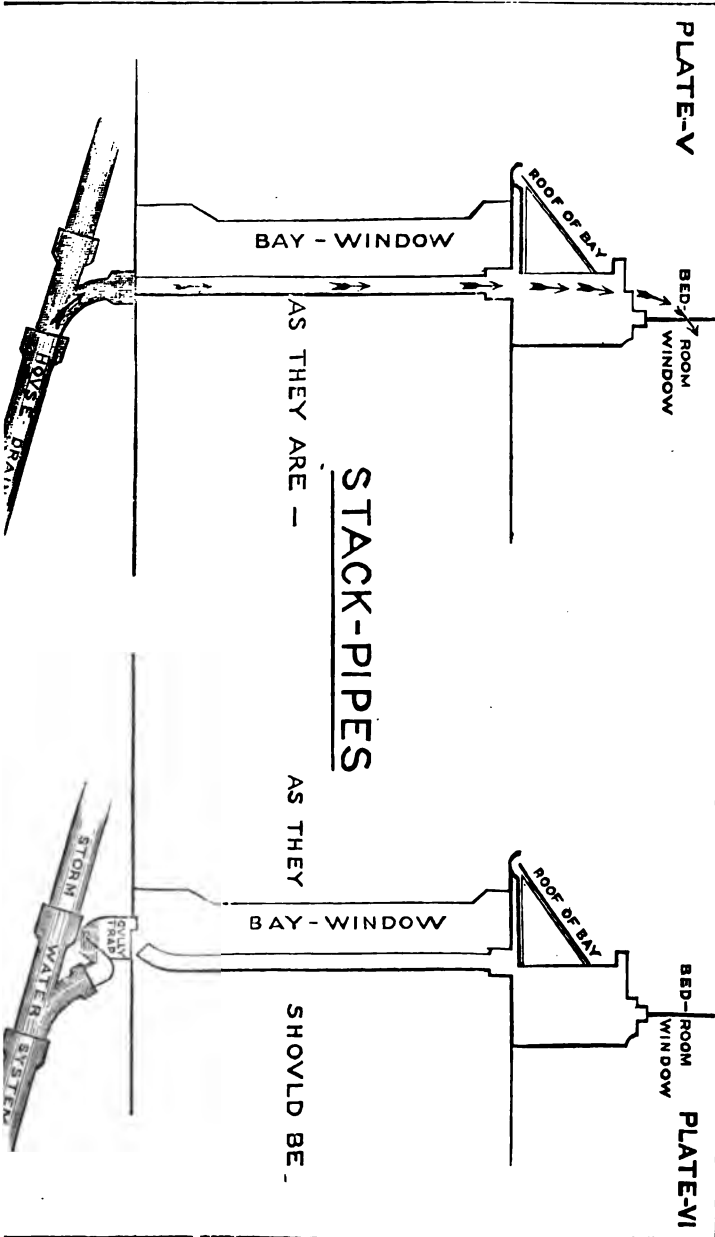
I need not say that we have not entered into all the methods by which an ingenious builder, aided by a pains-taking plumber, may arrange to insure us a free and unfailing supply of noxious gases.

To enumerate all the possibilities of percolation into wells and water-pipes, and under badly-concreted foundations; of open cellar-drains and abandoned cesses improperly filled in; to speak of the dangers of storm- and surface-water inadequately disposed of, would occupy a very long evening, and would probably absorb the space of at least two years of our *Annals* to publish.

We have glanced at the commonest ways in which our frail bodies are prone to be poisoned by sewer products; let us now turn to what can be done in the way of prevention or

CURE,

and let us take the case of an ordinary house from which



we want to exclude sewage gas in the most prompt, perfect, and economic manner possible.

WASTES.

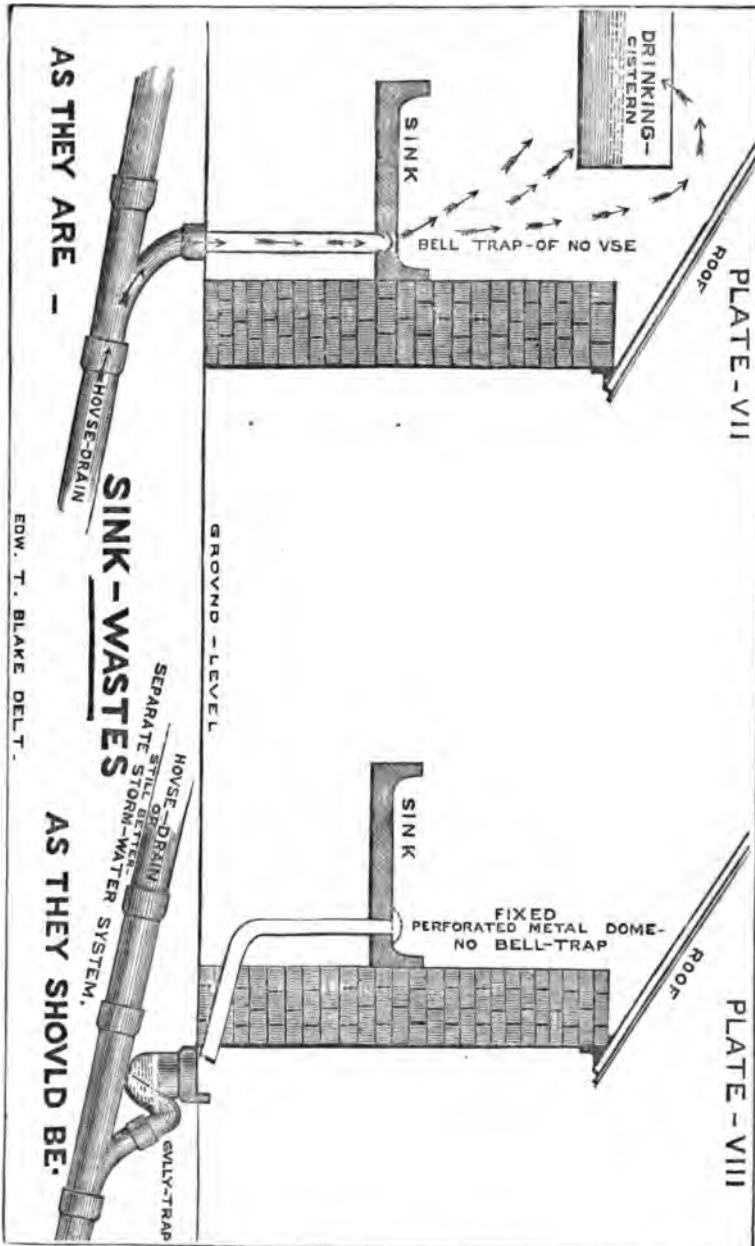
First we must deal summarily with the untrapped wastes—they *must* be done away with, and at once. Every sink and other such pipe must be cut through and placed upon a gully. The end of the pipe should lie above, *not under*, the gully-grating, the latter so neat, so bad a plan! For fat, leaves, hair, rags, and various kinds of filth, accumulate on the grid, close the orifices, and if the end of the sink-pipe be beneath, they reconvert the disconnected pipe into a continuous one.

In the sketch which I send you, you see on the left hand a vertical section of an ordinary waste-pipe, on the right you see a civilised waste-pipe and gully. We shall, of course, remember that this applies equally to all wastes of every description, the most dangerous being those which are prone to fall into disuse and be forgotten, such as bath-wastes and upstairs sinks. These are rendered the more pernicious in that they frequently terminate near dormitories whose doors stand open in hot weather; nay sometimes for convenience sake they are led into the very rooms themselves!

Sometimes people plead that they are protected by a bell-trap. I will not affront you, gentlemen, by imagining for one moment that *you* would place the least reliance on that broken reed, "a bell-trap," a trap invented only for entrapping the unwary.

W. C. AND SOIL-PIPE.

Next, we have a look at the W. C. We find the door open, the lid down, and the window closed; each of these conditions requires inverting. It is a good plan to order the door-latch, if strong, to be removed, and a spring put on, because children on leaving can scarcely be expected to close the door after them. A lid is worse than useless, for if kept down, as tidy people are careful to keep it, what must ensue? Sewer gas which, in hot weather especially,



will force its way upwards through the ordinary D-trap, accumulates under the lid, and is liberated exactly at the most perilous time, *i. e.* when the w. c. is occupied. The window must be kept open, and if there be no direct communication with the outer air, notice ought to be served by the inspector for the abolition of the closet. On raising the the plug, some minutes may elapse before the water descends, meanwhile we hear a peculiar bubbling noise. This is, as we have seen, the sewer-gas which lay imprisoned in the pipe, passing up to the cistern before any water can pour down, thus plainly demonstrating that w. c. cisterns are inappropriate for drinking purposes.

We should exhort the proprietor to do away with his D-trap and his indoor soil-pipe altogether, and, putting the latter out of doors, replace the former by a plain valve. (Pl. VI.) Should this not be feasible, we direct that a ventilating up-cast shaft, of the same calibre as the soil-pipe, be placed at the highest point, and be carried well above the roof, with as few bends as possible, taking care, as we have seen, that its termination is not near a shoot, a dormer window, or the top of a chimney; at the same time we see that the waste of the safe, *i. e.* the tray under the w. c. seat, is not turned into the soil-pipe.

Immediate supply of water to a closet-pan from a water system should be absolutely forbidden, for on cutting off the supply at the main the pipe is temporarily empty, and becomes filled with foul gas; the water takes this up on being turned on, and supplies it to other taps, perhaps used for drinking purposes.

If the overflow from the cistern is led into the soil-pipe or into any pipe connected directly with the house-sewer, this must be altered. It should be led through an outer wall, and be cut off in some prominent position, that waste may be readily detected.

Water-closets should always be built in a wing devoted to them, with a cross draught between the w. c. and the body of the house.

PLATE-IX

CHEAP CONSTANT
TEREBENE
DEODORANT
AND
DISINFECTANT.

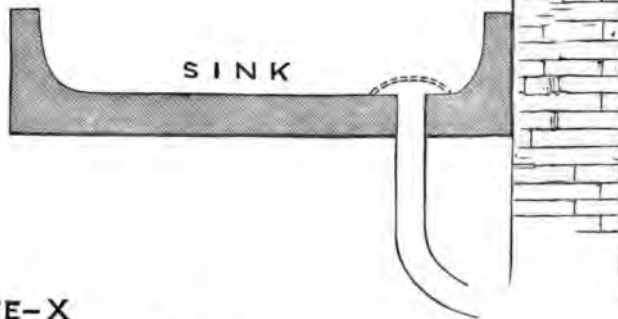
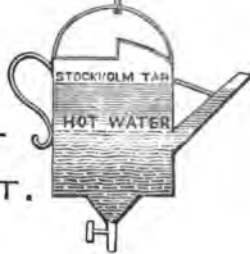
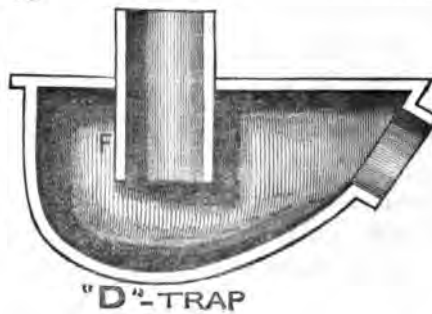


PLATE-X



EDW. T. BLAKE-DELT.

PLATE IX.—Cheap, constant terebene DEODORANT and DISINFECTANT for the stages of the working-class. Cost of galvanised water-pot, with tap, 4s.; a tea-spoonful of ship-tar, about 6d. per lb., is added once a week.

PLATE X.—D-TRAP.—“D” is here supposed to stand for “dirty” or “distasteful.” Filth accumulates round entrance-pipe, especially at F.

STACK PIPES.

The next point is the stack-pipe.

If the rain water is not stored and the stack-pipes be large, with well-luted joints, they might be allowed to act, as they so often do, as ventilating shafts. At the same time it is well to remember that this plan is open to objection. For instance, a solution of sewer-gas has been known to be carried along an eaves-gutter and delivered at a dormer window. There is another reason why it is not well to suffer a fall pipe to act as a ventilator. Such a shaft is always required most during a heavy rain-fall. If a large volume of gas continuously rise, it not only impedes the downward passage of the rain water, but it will sometimes actually prevent its descent, and the stack-pipe will overflow and wet the walls just as much as if the pipe were blocked by some hard foreign body.

Undoubtedly the best plan is to keep the storm-water quite distinct from the sewage system; then it is quite immaterial how the stack-pipes end, care of course being taken by leading water away from foundations, to prevent damp.

I have said nothing about the fact that we may be poisoned by other gases, even more immediately deadly in their effects than sewage gas. *Coal gas*, and one of the products of its combustion, *Carbonic acid gas*, the latter being also given off by our skin and our breath, are extremely detrimental to health. From a large portion of these, electricity now bids fair to free us. Another deleterious vapour is that derived from the evaporation of water. To the evil effects of damp most persons are already so alive, that it demands but a passing notice here.

The four invisible fluids so obnoxious to human life, to which we are specially prone to be exposed are, then—

1. Sewer gas.
2. Coal gas.
3. Carbonic acid gas.
4. Watery vapour.

MAXIMS.

Ventilation.

1. Cold sewer gas is probably heavier than atmospheric air.

2. Hot sewer gas is lighter than cold air,

3. Sewer gas is "drawn up" by a heated house, and *carried up* by heated air.

4. Sewer gas is *pushed up* by displacement, as in a thunder storm.

5. Bell-traps and bends are of no use without ventilation to keep out sewer gas; bell-traps being frequently forced, syphons being subject to so-called "suction."

6. Syphons also are prone, especially by night, to absorb sewer gas and to deliver it, during a rise of temperature, on the opposite side towards the house.

7. No pipe, excepting soil-pipe and ventilator, should have any immediate communication with the sewage system.

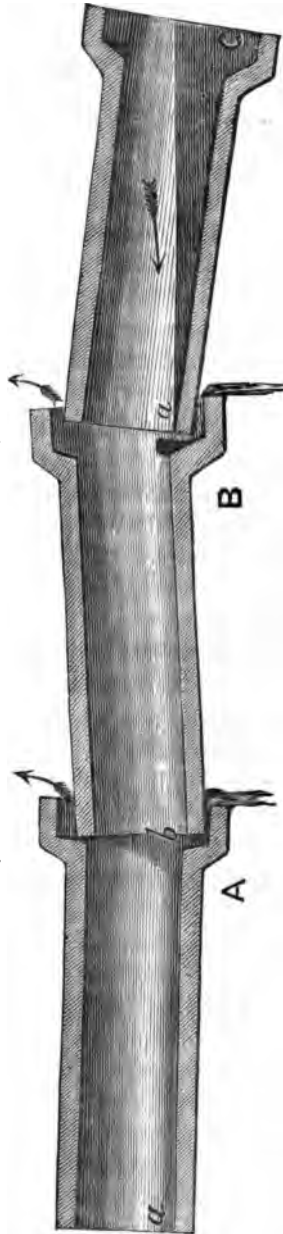


PLATE XI.—ORDINARY SEWER PIPES.—*b*, owing to its weight, has dropped into soft cement, squeezing the cement out below, and leaving a space above for escape of sewer-gas. But the dropping of *b* necessarily tilts up *B*. At *B* mason has forgotten to remove spare cement, increased by droppings from above. This hardening forms a dam, helping to divert the sewage down the chink between *B* and *a*.

Convection.

8. Sewer pipes should consist of glazed stoneware, terra cotta, or of some such non-absorbent, non-metallic mineral.

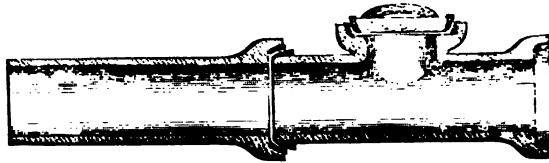


PLATE XII shows STANFORD'S PATENT JOINT (Doulton & Co.), the use of which obviates these serious evils.

9. The pipes should be socketed with *Stanford's Patent Joint* (Doulton and Co.), or at least with cemented joints, caulked or propped, to prevent dropping. Clay-puddle joints are quite inadmissible; they let gas and sewage out and let sand in.

10. Lead and brickwork are bad for traps, sewers, or for water convection.

11. Fall should not be less than *one in sixty*.

12. All new house-sewers *should be laid by the sanitary authority*; certainly, all convections should be made by them.

13. Every kind of pipe should be readily accessible.

14. Soil-pipes should be outside the house, and open at both ends.

15. In towns, back sewers are to be advocated.

16. On no account should any kind of drain or sewer pass under a house; if inevitable, an arch should be turned over each pipe wherever it may pierce a wall.

17. Most sewers are too large; most drain-pipes are too small.

18. Storm-water should not be carried by the same system of pipes as sewage.

19. When water-conduits travel with sewer-pipes, the former should lie on a higher plane.

20. Lead should not be employed for water-convection.
21. The purer the water, the greater the danger of using lead.
22. It is better not to employ lead at all inside a house.
23. Drainage-pipes should not be carried near a house in friable soils.
24. If there be rats in a house, there is certainly something wrong with the sewage-system.

Storage.

25. Lead should not be used for storage of drinking or of cooking water.
26. Best tanks for water-storage are slant-sided (to lessen risk of frost-fracture), and composed of slate, of glazed stone-ware, of terra-cotta, or of iron enamelled or galvanised; these should always be open to light and air.
27. Closet-cistern water is unfit for drinking purposes.
28. Shallow wells should be railed in, to exclude animals which deposit ova of tapeworm and of other parasites.
29. All wells should be cemented inside, and surrounded by a water-tight wall to exclude surface-water, &c.
30. Wells are objectionable in porous formations, and only tolerable in virgin soils.
31. All cess-pools should be water-tight.
32. Ingress-pipes should, unless ventilated, be at base of cess.
33. Cesses should be ventilated at highest point.
34. Cess should be emptied daily from lowest point by chain-pump.
35. Cesses should be as far as possible from wells, and never on a higher level.
36. Let no person rent a house without a certificate of its sanitary condition from the Medical Officer of Health.
37. No building to be erected on any site which has been filled up with material impregnated with faecal matter or with any animal or vegetable refuse.
38. The whole ground surface or site of every new dwelling-house should be properly asphalted or covered with

a layer of good cement concrete at least six inches thick (to keep down rising damp).

39. Every wall of every house should have a proper damp-proof course of either glazed stone-ware or terracotta air-tiles, sheet-lead, asphalte, or slates laid in cement, beneath the lowest timbers, and not less than six inches above the ground adjoining such wall.

40. A "dry area" should be constructed round every house where there are rooms in the basement.

41. The subsoil of the site of every house should be drained with earthenware open-jointed field-pipes whenever the dampness of the site renders this precaution necessary. Such pipes not to communicate *directly* with any cesspool or sewer, but by means of a ventilated disconnecting trap.

Finally, it should always be borne in mind that the Alpha and Omega of sanitation is

SIMPLICITY.

Discussion on Dr. Blake's Paper.

Dr. DUDGEON said that the subject of sanitary arrangements in houses and their imperfections as the cause of disease was of great importance. Some of the most expensive houses in London were extremely defective on the score of drainage. He had lately witnessed an outbreak of typhoid fever and other ailments dependent on escape of sewage-gas in a house only a few doors from the one to which Mr. Cameron alluded. One part of Dr. Blake's paper had not been alluded to by any of the speakers, that was his pathological views respecting the germ notion of the diseases produced by sewage gas and other malarious causes. He would direct the attention of the Society to a most masterly essay on the "Germ Theories of Diseases" that had recently been published by their gifted colleague, Dr. Drysdale, of Liverpool. He had no hesitation in saying that this essay was the most profound, the most philosophical work on the subject that had yet appeared, and homœopathy must be proud to possess among its disciples one who, with the habits of laborious research united a judicial mind of the highest order.

Dr. DEURY was much interested in the subject that had been so well handled by Dr. Blake. He was afraid Dr. Bayes would not find his move from higher to lower ground much help, as he would from time to time observe the same steaming up, and smell the same abominable odours from the sewer openings. He

had very much astonished a resident in one of our favourite watering-places by showing how full of bad odours it was notwithstanding an expensive system of drainage, carried out in the common mischievous and wasteful method of draining into the sea. Dr. Bayes was singularly unfortunate, as he recollected some time ago having his sympathies so aroused by a letter he received from him from one of the health resorts in Switzerland where he was being poisoned by bad smells, that, though his letter was closed for post, he wrote on the outside—

“He who travels abroad for health and repose
Should button his pockets and cork up his nose.”

There were so many sources of danger from our sewers that it was difficult to guard against them all. Tobin's ventilators, which he had tried to get into the homœopathic hospital, helped to diffuse fresh air. The carrying up of soil-pipes of full size beyond the connection with the closet, the cutting the communication between sink-pipes and the trapped gully, the closing of cesspools in houses, taking care that their contents are removed instead of being covered up with a little lime, the proper regulation of cesspools where they must be used in country houses, though when practicable the covering of soil with ashes and its proper removal might often be preferable. Attention to these matters might secure a tolerably good drainage system, but give a servant the opportunity of removing a bell-trap, which afforded some, though an imperfect protection, and all our efforts will be in vain, as in a few minutes she will allow an uninterrupted stream of foul gas to pass into the rooms.

He was surprised to hear so much of our danger from polluted sources, and yet see what was allowed to pass under our eyes. Thus at Battersea old dust-heaps and other unsavoury-looking matter was accumulated and turned over close to the filtering beds of some water company.

From Mr. Unsworth's description of the water-closet of Mr. Jones, of South Kensington, it seemed a very useful and simple one if looked to from time to time.

In the case mentioned by Dr. Dudgeon, a question might arise as to whether the cistern had been cleaned. A source of danger which he did not think had been touched on was from the insufficient closing and covering of the glazed pipes going to the main sewer. Some years ago he frequently noticed a foul smell in the parlour of a house where he visited; he spoke of this from time to time as a source of great danger without being attended to because, as he was told, the house was thoroughly tile-drained. Severe illness did more than his remonstrances, and he succeeded in having the drains looked to, when it was found the pipes were laid but not covered, and the foul gas passed some distance under the floor to an opening in the corner, where it came up into the room.

The removal of patients suffering from any illness produced by

sewer gas should be thought of, as there was but little doubt that it might often be instrumental in saving life.

Dr. HAMILTON.—The subject brought forward by Dr. Blake is of great interest to all medical men; but in Dr. Hamilton's opinion the measures advocated are generally much too complicated. Air-shafts are subject, under certain conditions, to down-draughts, and are then useless for ventilating purposes. A simple method is to see that all waste-pipes of whatever kind, either for cisterns, housemaid's closets, and water-closets are cut off from the main drain by some inches, so as to allow free passage of air; and a simple plan of a wire cage filled with charcoal placed in the seat of the w. c. when not in use will prevent all noxious gas arising from that source penetrating into the house.

THE USE OF APERIENTS BY HOMŒOPATHS.

By Dr. JOHN WILDE, Weston-super-Mare.

(Read December 5th, 1878.)

My object in writing the following paper is twofold :

1st. To elicit discussion on a subject which, so far as I know, has not received the attention of the Society.

2nd. Because I hope to ascertain the opinions of homœopathic practitioners in this year 1878 on the subject of giving aperients.

Some men—our high-dilution brethren especially—would have us understand that they never resort to such a barbarous method of affording relief. Others are in the habit of using aperients when necessity arises, and of being ashamed of it afterwards. We all of us, I suppose, keep from the unhallowed thing as long as we can ; but I wish to ascertain to-night what my brethren do under certain circumstances with certain impracticable patients. I hope we shall all of us gain some encouragement from the result of the discussion, whether it ends in our being taught the way to avoid a purgative, or in our finding we are justified in giving it.

The doubt we may have about giving aperients is not so great now as it used to be thirty or forty years ago. The embarrassment then arose, not so much from the doctor not seeing his way to it, as from the prejudices of the patients, who have an idea, fostered, I am sorry to say, by the writings of homœopaths, that the new system of treatment had led to the abolishment of everything remedial like that of the old system, and especially to the use of all that was unpleasant either to the taste or feeling. Hence the administration of an aperient dose, whether it be castor oil or pills, was looked upon as a departure from that admirable system

of treatment which proposed to cure *citò tutò et jucundè*, but, above all, *jucundè*.

The early homœopaths, both by their writings and in their practice, reprobated the use of an aperient under any circumstances; indeed, this absurdity was carried to such an extreme that I have no hesitation in saying that lives have been lost by this attempt to carry out a prejudice.

I recollect a remarkable case occurring in my pupilage in London, long, of course, before I became acquainted with homœopathy, which gave me a strong bias against that system. A patient of the late Dr. Curie's had been attended by him for a period of three weeks for an obstruction of the bowels, during which time I need scarcely say that nothing but globules had been given, together with injections. At the end of that time the patient's friends got alarmed, and sent for further advice. This happened to be to the gentleman to whom I was articled, a man of great reputation in the North of London. On his arrival he found an excessively hard mass in the region of the colon, which he endeavoured to get rid of by strong purges, but without avail, and the patient sank and died. A post-mortem examination was made, at which I was present. We found the right and transverse colon occupied by a hard and wooden-like substance, which we took out in one piece. It was shaped like an Australian boomerang, and was as hard as a piece of oak. We could not cut through it, and our impression was it would take a polish if sent to a lapidary. This mass was nothing but hardened fæces. Now, I could not assert that if Dr. Curie had resorted to aperients at the outset he would have succeeded in overcoming the obstruction, but he would have given the patient a better chance, and not left any reflection to be thrown on his lost opportunity by another practitioner.

Dr. Curie doubtless acted conscientiously, as did all the homœopaths of that time in cases of this kind. The prejudice against purgatives arose out of the peculiar state of things then prevailing. Here, on the one side, were men bleeding, salivating, and lowering their patients, grossly abusing purgatives, and otherwise weakening those they had

to treat ; on the other side were men possessing a valuable principle of action which enabled them to cure nine tenths of all diseases by simple innocuous means, and without lowering the strength of the patient. What wonder if they jumped to the conclusion that the remaining tenth of the diseases they had to treat could be overcome in the same manner. If the dynamic action of a drug could do so much why could it not do everything ?

It required further experience of the new system, and more enlarged views of the art of medicine as a whole to correct the superciliousness of the homœopathic neophyte, and to bring his mind to perceive that the treatment of disease depends on taking a correct view of the causes of symptoms, and not in looking at the symptoms as the disease itself. It is said "If you remove the symptoms you remove the disease." This is quite true, but you often cannot get rid of the symptoms until the cause is known and removed. This especially applies to the action of the bowels, the torpidity of which often impedes the action of the liver and intestinal digestion.

Fæcal accumulation, by pressure on the intestinal veins, produces abdominal plethora, and hinders the portal circulation, and thus the liver action. In many of these cases where one treats the liver as the cause of the mischief, one ought to have first acted on the bowels. Much observation and thirty years' practice have convinced me that much valuable time is lost in trying to cure remote symptoms, whose proximate cause is in the inactivity of the *prima via*. The dynamic action of medicines is very proper after the accumulation has been removed, but it is wasting time and distressing the patient to wait for relief until this has been effected.

I have been for more than nineteen years practising homœopathy in most orthodox fashion, and have adopted every method I could think of to avoid in certain cases the administration of an aperient. I have often used homœopathic remedies without avail, and have at last been obliged to allow the repeatedly asked for dose. No one could have struggled against his convictions more than myself. My

argument has always been that if the homœopathic law is correct there must be some medicine whose dynamic action alone would remedy these cases, but I am now convinced that we should often do better if we helped nature in another way.

In constipation occurring during acute disease of any organ other than the bowels we shall usually find that by waiting patiently four or five days while such homœopathic medicines are given as suit the organ diseased, we shall get relief from the bowels, and I invariably give patients that chance, even if injections fail; but every one who has watched by the bedside and heard the remarks of patients, knows they are sometimes much distressed while the operation is pending.

In inquiring into the subject of giving aperients, it is well not to lose sight of the common prevailing opinion as to the advantage and use derived from them. Popular opinion is not always right, but there must be some truth in the universal notion that by acting on the bowels many simple diseases are removed. Is it not an every-day fact that people take a dose of their favourite pills to cure a cold, sore throat, a headache, pain in the bowels or an indigestion, and does not every allopath who has had anything to do with union or club practice know how often a couple of pills sends the patient rejoicing, and what is more to the point, you hear nothing more of them afterwards—in fact, they are cured.

I fancy I see some wise homœopath shake his head at the notion that they are cured! I used to think the relief could only be temporary and apparent, not real—but in many cases the cure is undoubted.

Observe, I am not advocating the use of aperients to remove constipation as a primary disease, if it ever is a primary disease, but the relief of other and distant parts of the body by the occasional use of an aperient, where constipation exists simultaneously. We must all of us recollect, in our old allopathic experience, how often the mere clearing of the *prima via* has at once cured patients of innumerable small ailments.

Since I have been a homœopath, how often have I attended an acute case of illness where the disease has appeared to remain at a standstill, while the patient's bowels have been inactive for several days or a week, in spite of enemata, when, owing to the unauthorised administration by the friends of a dose of *Castor oil*, or some other aperient, a sudden and beneficent change has come over the case.

There are three classes of cases which seem to me to render necessary a purgative dose occasionally :—

1st. In obstinate constipation occurring in persons of rigid fibre and wiry temperament, or elderly persons who have been accustomed to a daily action of the bowels, and who suffer considerably, and are greatly distressed if any accumulation is allowed to take place. In such cases where an enema cannot be used, or if used fails to give relief, the occasional use of a purge is clearly necessary. In fact such persons will quickly give us to understand that they cannot be tampered with, and however capable of being persuaded in other matters we find them very firm on this point.

2nd. In cases where there is organic obstruction, as from narrowing of the intestinal canal by thickening or cancerous infiltration, malignant growths, tumours, or organic change in the mucous coat as one finds after tropical dysentery.

I had recently a patient who suffered from cancer of the breast, and of the bodies of the lumbar vertebræ. The bowels never acted naturally, and enemata were quite useless, the water and oil coming away just as injected. A dose of *Castor oil* (1 oz.) was administered by the mouth every eight or nine days with perfect relief, and after death I made an examination, which showed I was justified in using an aperient regularly. There was a sudden narrowing of the sigmoid flexure of the colon, owing to cancerous infiltration of the coats of the bowel, which was no wider than a swan's quill.

3rd. In cases of acute disease where the bowels are obstinate, in spite of enemata and the usual homœopathic remedies, and where the cure is evidently delayed because of the inactive state of the bowels. In some of these cases

an aperient produces a very beneficial change, and our homœopathic remedies act much better afterwards.

I just record two very ordinary cases in illustration of what I have advanced:—

A stout, plethoric, middle-aged man, a visitor, consulted me for dull headache, fulness about the temples, giddiness, constipation, &c. His bowels, when at home, usually acted twice a day. He informed me that if his bowels were ever constipated he had similar symptoms. I gave him *Opium*, and subsequently *Nux vom.*, with no result. After four days, and getting no relief, he took, on his own account, a couple of *Compound Rhubarb Pills*, and next morning he called on me saying he was perfectly cured. I met him a few days afterwards and he said he remained all right, and *his bowels were regular.*

Now this the commonest of all common cases, but it shows how the simple administration of an aperient would have at once cured the patient.

The next case occurred a few weeks ago:—

A young man, aged 18, came to Weston for change of air. A few days after his arrival he went to our public swimming baths, and remained in the water too long. He felt chilled while dressing and became very unwell by the evening. Next day he had headache, and commenced vomiting. The bowels were constipated. The vomiting continued during the next day, and I was sent for the following morning by his father, who had never had homœopathic treatment before. I at once saw it was a case of jaundice. The conjunctivæ and skin were a deep saffron colour, and the urine the colour of porter; the bowels being constipated, I could not tell the colour of the stools. There was slight headache, but no pain or tenderness over the liver, nor pain felt on inspiration. It was a simple case of jaundice from checked action of the skin. I prescribed *Aconite*—a few doses, and subsequently *Mercurius* for three or four days. The sickness soon stopped, but the bowels remained confined, the skin and eyes still coloured, and urine the same. He still had headache, and the tongue all through was thickly coated. At the end of a week, as there was no

action of the bowels, his friends got anxious, and asked to be allowed to give him an aperient. I let him have a Tamar Indien lozenge, but they were obliged to give a second as the first did not act. Next day I found him up and dressed, and he said he felt perfectly well. He said the action of the bowels had given him immediate relief.

You may think it a waste of time to mention such everyday occurrences as these, but my object in doing so is that the homœopathic body may express its sanction for occasional treatment of this kind. I am quite aware that, practically, nearly all men do as I do; but I never yet saw, in all our literature, any recommendation to use an aperient except it were *Castor oil*. It is true this delightful remedy is modestly suggested occasionally; but I should like to know why this, to most persons, unbearable drug should be preferred to many other aperients, or why it should be exempt from the outlawry passed upon other drugs.

Every one who has had much to do with acute disease knows that the non-action of the bowels often prolongs the case, and is a source of distress to the patient. Enemata, of course, frequently answer the purpose, but sometimes they do not, and some persons are so situated that they cannot have them administered, as, for instance, those in lodgings. The question, then, is this: is it lawful and expedient for us as homœopathic practitioners to give what are usually called allopathic aperients in such cases as those to which I have alluded?

I have recently been reading Dr. Kidd's work on *The Laws of Therapeutics*, and I was much pleased to find there expressed ideas which have held possession of my mind for many years past. I have long felt that homœopathy is only one—it may be the principal one—of many means to cure disease, and that the practice of medicine as an art is to be pursued by closely imitating nature's own processes.

Dr. Kidd reminds us that when diseased action is set up in an organ, nature often provides that the function of that organ should be vicariously performed by another organ most allied to it in function.

We are all of us aware of the intimate connection between

the functions of the skin and mucous membranes, of the lungs and the liver, and of one mucous membrane with another. We know that a skin eruption will relieve a bronchial affection, and checked perspiration will set up diarrhœa, &c.

Do not homœopaths recognise this when they order a lamp bath in suppressed kidney action? Is not this forcing one organ to act to relieve another? Yet this is very good practice. Now, if you gave *Aconite* in such a case, it is more than likely that nature would respond in a similar way by giving relief through the skin. We are, therefore, only imitating this action with our lamp bath. When we order plenty of exercise in inactive liver we are getting rid of the carbon in the perspiration, which ought to be expelled in the bile, or, as Dr. Kidd puts it, "an hour or two on horse-back more than doubles the excretion of carbonic acid through the lungs, thus freeing the venous blood from the carbon which the liver is unable to excrete."

Dr. Kidd also points out how the organ which possesses the nearest affinity in function to the diseased organ is the one which takes upon itself the curative impulse, but when this organ in its turn is unable to act the next in affinity takes on the action. Now, this is a very important fact to recognise; it explains the manner in which allopathic treatment usually cures, and why the usual *aperient* dose is able to relieve so many diverse ailments. It is true it is not so direct a way to cure as homœopathy, but still, when properly understood, it is rational as far as it goes. We know it is generally adopted in a blind and unreasoning manner by our allopathic *confrères*, but it is at least a satisfaction to us homœopaths to be able to explain the *rationale* of cures effected by this method.

According to this way of looking at it, the difference between homœopathic treatment and allopathic treatment is simply this. In homœopathy, by our provings, we are enabled to select a medicine which acts *directly* on the diseased organ, and removes the incubus from it, leaving the organs allied in function untouched, whereas, in allopathic treatment, the cure is effected by rousing an allied

organ to act vicariously for the diseased organ. Thus, to take a simple example, a person takes cold by the action of the skin being checked. A homœopath relieves his patient by *Aconite*, which acts on the skin direct, and produces perspiration, and the carbon is thus got rid of. An allopath probably gives the inevitable aperient, whatever else he may do, and the carbon is discharged through the liver or mucous membranes of the bowels. There can be no doubt the first is the most scientific and simplest method, but can we always coax nature to respond to our scientific efforts. As a matter of fact, does *Aconite* always answer our purpose, or does nature relieve herself through the diseased organs, even under homœopathic treatment?

Do we never see critical diarrhœas, or perspirations, or nose bleedings, or skin eruptions, when we have least expected them, showing that nature has her own way of making an outlet, and that she refuses sometimes to follow our lead?

I can imagine an enthusiastic follower of "the Master" raising his hands in pious horror at these heterodox ideas. To him the difficulty will simply be as to whether you can find a simile or a simillimum to the disease. This may be so, but until we arrive at Utopia we shall meet with cases where the simillimum is not to be found.

I contend that it is scientific and often necessary practice to act on this substitutive method. It requires a knowledge of physiology to enable us to recognise what nature is doing, and how she seems inclined to terminate a case, *i. e.* through what organ she is likely to make an essay to cure. We shall often find that inactivity of the bowels is one cause of her not being able to complete the cure, and that as soon as this difficulty has been overcome the curative impulse is felt throughout the whole body. I assert this as the result of much observation of patients. I, like others, have for years been averse to interfering with the bowels, and have left them to take their course where other matters have seemed to be progressing favorably. I have now learnt better, and I have every reason to be satisfied with having overcome a prejudice. How often have I heard a person

say, "I dare not adopt your system of practice, doctor, for you homœopaths have no medicine to act on the bowels;" and thus many a sensible patient is lost to us through the reputation we have earned for leaving the bowels alone.

As homœopaths we have been led too much to theorise and dogmatise. Because purgatives have been abused in the past, are we to cease to use them? Let us go to facts, and the facts are against us. Is it not a fact that we all use the Turkish bath, and what is that but a sort of purgative? Is it not intended to produce an unnatural, forced, and inordinate action of an excretory function? You think nothing of ordering a patient to worry his skin day after day, and to sweat himself until his perspiration has become unnatural in quality, to say nothing of quantity, but if the bowels are sluggish you are horrified at the idea of giving *them* a start. There is something inconsistent in this, and the idea of leaving the bowels unassisted except by enema would never have occurred to us if the early receivers of homœopathy had not been infatuated by the notion that everything the allopaths did was necessarily absurd.

I might ask some of the sticklers for Hahnemannism, how they can satisfy their conscience by giving enemata? This is assisting nature apart from medicine giving. How is it they cannot find a simillimum for every case? It must surely be a sign of weakness to have to resort to a syringe and water!

One or two of Dr. Kidd's cases are very instructive, as showing the good effect of a purgative in certain cases. He observes that dropsy from disease of the kidneys can be cured *without* purgatives, but that dropsy from heart disease, *with constipation*, finds no relief from any treatment till the constipation is removed. I can quite confirm this statement from my own practice. I have never found the ordinary homœopathic medicines, chosen according to symptoms, relieve the œdema or dropsy of cardiac disease *while the bowels were costive*. One of Dr. Kidd's cases is very striking, in showing that the kidneys acted directly the bowels were moved freely. It is that of a lady with heart disease and general anasarca, who had been cured of her

dropsy by digitalis, but two years after, there was a relapse and the dropsy was as bad as ever, but in addition there was constipation. Dr. Kidd now found the digitalis quite inert, both in its action on the heart and on the kidneys. He accordingly gave $\frac{1}{2}$ an ounce of *Sulphate of Magnesia* every morning, and immediately the digitalis resumed its proper action, the urine became increased and the dropsy was cured.

He relates also another still more remarkable case where digitalis was perfectly inert in a case of cardiac dropsy until "a brisk mercurial purge" was given, when the kidneys began to act profusely to the extent of fifty or sixty ounces daily, and occasionally 100 ounces a day passed. Shade of Hahnemann! "a brisk mercurial purge." How it sounds like a return to "the flesh pots of Egypt!"

But let us be rational. Our object is to cure our patient. We *cannot* cure his damaged heart—we *can* cure his dropsy, that is to say, if we choose to sink our prejudices and act as all reasonable men do in the ordinary circumstances of life. If you can cure such a case with a high or a low dilution of a well selected homœopathic medicine, do so by all means, but you cannot. I always consider, when I hear men speak of curing these cases by ordinary homœopathic methods, that they have had very little experience of bedside treatment. No! it is necessary to combine with the properly selected homœopathic medicine, some measure which shall assist in a mechanical way to get rid of the accumulated water. A mass of fœcal matter pressing on the vena cava and abdominal veins is a mechanical impediment which must be removed, and then your homœopathic remedy can be brought into action satisfactorily.

If then "a brisk mercurial purge" will effect this in a more thorough and satisfactory manner, let it be given. Put bigotry and prejudice on one side, and let common sense reign supreme in such an emergency, and your patient will be grateful to you that you have studied his interests before the interests of a medical clique.

This paper, gentlemen, has been drawn out to a greater length than I had intended, and I fear, on looking it over,

that I shall be thought to be in the constant habit of administering aperient doses. If I have conveyed any such impression, I desire at once to correct it. In the course of an extensive practice I do not resort to such doses more than half a dozen times in a year, and I by no means advocate an immediate resort to a purgative if the bowels are unrelieved for a few days. In a large majority of cases an enema answers every purpose, but there are cases, and I have indicated what cases in this paper, where delay is either dangerous or at least it is capable of producing great discomfort and inconvenience, and sometimes great pain, and in these it is ridiculous and sometimes criminal to hesitate to resort to such methods as our former allôpathic experience has over and over again proved to be effectual.

My main object in addressing you on this subject is to encourage the timid, who may shrink from their duty lest they should be thought unorthodox, and to elicit from the older and more experienced of our body some positive declaration on the subject. Our literature on the practice of medicine ignores the fact that occasionally an aperient may be necessary. It leaves the tyro to find that out for himself, and the consequence is that when the emergency arises he is wasting much valuable time in trying remedies which do not act, whereas the Gordian knot can be cut instantly if he knows that a purgative is at times considered lawful and expedient.

There is one aperient I am in the habit of allowing in special cases with which I have every reason to be satisfied. It is very safe, effectual, and pleasant, and may be used in almost any case of obstinate constipation, where you are compelled to allow an aperient. It is a French ptisane called "Thé Chambard," and consists of the leaves and flowers of some herb, with which an infusion is made. It tastes very like an ordinary cup of tea. It is procured for me from Paris, by Mr. James, Homœopathic Chemist of Weston-super-Mare, who can supply it to anyone. I have now three patients under me, very old ladies, who all suffer from obstinate constipation. One of them (they have no connection with each other) is aged 91, is quite

imbecile, in fact mad, suffers from severe prolapse of the rectum, and used never to have a stool except once in three weeks. She would take no medicine whatever. Only a strait waistcoat and a stomach pump would have succeeded with her, but she takes a cup of this tea once a fortnight for breakfast, without any idea of its being medicine. The two other old ladies will not allow an enema, and never get an action of the bowels naturally. With both the tea administered once a week answers admirably. You, of course, understand that homœopathic remedies have been used as well throughout.

The Tamar Indien lozenge is too well known to need remark, except that I regard it as the homœopath's cloak of hypocrisy! There are many men who piously order their Tamar lozenge without the slightest compunction, who would be shocked at a *Compound Rhubarb* or *Colocynth Pill*, and it amuses me to find from patients who consult me, how many homœopathic practitioners are in the habit of ordering these lozenges who would shrink from an old-fashioned pill or a black draught.

Gentlemen, let us not shrink from doing our duty, under the notion that we shall be misunderstood by the public or the profession. Homœopathy is too well established as a system of cure to be injured by the occasional though rational resort to a purgative. We none of us think any the less of the beneficent and efficient action of our remedies in other circumstances because they occasionally fail us in bowel difficulties, and our best plan is to let our patients see that we are large minded enough to embrace all the means which science has put in our way to relieve them.

Discussion on Dr. Wilde's Paper.

Dr. Hughes began by taking exception to the title of Dr. Wilde's paper. "Homœopaths" and "homœopathic practice" might be convenient terms to designate the predominance which certain medical men give to the method of Hahnemann in their therapeutics; but if they are thought to imply, either in our mind or in those of others, any obligations or

restrictions fettering our perfect freedom, they are objectionable. Homœopathy, as he understood it, was affirmative, not negative. It forbade nothing; it only excluded other modes of treatment by supplying—and so far as it supplied—their place. The question raised, therefore, really came to this—how far does homœopathy enable us to do without aperients in our practice? Dr. Wilde has suggested three conditions in which they are required, but he (Dr. Hughes) could only assent to one of them, viz. that in which mechanical obstruction existed in the bowels, requiring the fæces to be made liquid in order to pass. He could not agree that elderly people, who have been accustomed to aperients all their lives, must be left to depend upon them to the end; and he related a case in point, in which *Plumbum* and *Opium* had entirely removed this supposed necessity. Still less could he think Dr. Wilde justified in supposing that the inaction of the bowels present in acute disease operated as a frequent delay to the cure. He thought he had not sufficiently distinguished between *constipation* and *costiveness*—conditions which corresponded respectively to retention and suppression of urine. It was costiveness from diminished secretion which was present in acute disease: it was a phenomenon analogous to the anorexia present, and, like it, demanded no special treatment of its own. He was accustomed to leave the bowels alone for any length of time in acute disease, and had never seen any harm result from the practice. While thus demurring to two of Dr. Wilde's indications for aperients, he would supply one which he had not mentioned. It was where retained fæces were obviously acting as a source of disorder to the whole system. The daily evacuations might pass over a decomposing mass of excrementitious matter, whose removal was of the utmost advantage to the patient. He mentioned a case of the kind, of long standing, in which he was confident that an initial dose of *Castor oil* made the cure, which resulted far more rapid than it would otherwise have been. Finally, he hoped that there would be no tendency on the part of homœopaths to revert to the use of aperients. Hitherto, their withholdal of them had been a positive hindrance in their way, patients fearing that they "neglected the bowels." But a new generation was now growing up under the beneficent influence of the new system, which hardly knows what such things are; and in a few more years their habitual use may become as much the exception as it has hitherto been the rule in English families.

Dr. ROTH mentioned that Hahnemann admits the use of an aperient in mechanical obstruction of the bowels just like the use of an emetic in cases of poisoning. He (Dr. Roth) was consulted just a day before by a young governess suffering from obstinate and chronic constipation, who, notwithstanding the use of strong aperients, Hunyadi Janos, and other mineral waters and enemas, was not relieved

sometimes during a whole week—the only medicine which had any good effect was a tea of *Rhamnus frangula*. The speaker named a case of an old lady who during ten years had daily taken an aperient pill—who by change of diet, abdominal frictions, and the use of *Sulphur* and *Nux vomica* was cured of her constipation. He considered constipation as a symptom, and, where possible he tried to remove the cause. If unable to do this he changed the diet, diminishing the quantity of animal food, recommended French prunes and stewed fruit, brown bread—that is, the full mixture of the bran with the flour, further enemata of tepid and cold water, besides active movements of the abdominal muscles—because increased activity of the relaxed abdominal muscles has frequently a reflex action on the muscular layers of the intestines. Finally, he mentioned passive manipulations on the abdomen, especially on the ascending, transversal, and descending colon, but found fault with many practitioners who send their patients to a so-called professional rubber, to whose tender mercies they are left. He believed it is desirable that professional men should know something of passive manipulations in order to be able to give detailed directions how, where, when, and how long they should be done by the rubber.

**PHARMACODYNAMICS—THE PHYSICAL THEORY
OF THERAPEUTICS.****By W. DRANE BUTCHER, M.R.C.S.**

(Read January 2nd, 1878.)

GENTLEMEN,—Your indulgent reception of my former essay has encouraged me to read a second one on the more abstract and theoretical aspects of our art. I do not propose to bring to your notice any new truths, or any hitherto unknown principles of drug action. I can but put to a somewhat new use materials quarried and trimmed for a far different purpose, and apply to medicine principles which are already well known to students of natural science.

The discussion on the use of aperients which was to have taken place would have been of more practical importance than any theories of mine; and yet I think there are at least two reasons why he shall deserve well of this Society who shall successfully apply to the study of homœopathic therapeutics the methods of modern philosophical investigation.

There is growing up around and among us a new school of thought which has done and is doing a noble work.

The philosophy of Huxley, Tyndall, and Darwin,—of Thompson and Tait, allows but small place to authority of men or schools in matters scientific. Notwithstanding its supposed infidel tendency, it joins to a fervent love and eager longing for the truth a hatred of all repression and bigotry, and a lofty ideal of liberty and freedom in the prosecution of scientific inquiry.

It is to this school we must seek to ally ourselves if we would continue to hold our place as pioneers in the van of medical progress.

For this purpose homœopathy needs to make good its claim to the rank of a positive science before it can expect

that recognition from the modern philosophical school which has been denied it elsewhere.

One of the leaders of this school thus sets forth his idea of the duties and possibilities of life :

“We live,” says Huxley, “in a world which is full of misery and ignorance, and the plain duty of each and all of us is to try and make the little corner he can influence somewhat less miserable and somewhat less ignorant than it was before he entered it.

To do this effectually it is necessary to be fully possessed of only two beliefs—the first, that the order of nature is ascertainable by our faculties to an extent which is practically unlimited ; the second, that our volition counts for something as a condition of the course of events.”

Our particular task as physicians is to relieve physical misery, and dispel, if we may, some few clouds of professional ignorance, although none realise more keenly how little our volition can effect in modifying the course of events, or

“How small of all the ills that men endure,
The part that priest or sage can cause or cure.”

As physicians, and more especially as homœopathic physicians, our lives are passed in endeavouring to solve a difficult and intricate problem. And yet the very terms used in enunciating this problem are so obscured and involved that our imaginations are unable to seize, and our minds refuse to picture, the very processes we are occupied in modifying.

We hear continually that medicine can never become an exact science, as though the phenomena occurring within a living organism differed in kind from those which are studied outside. I hope to night to show, what indeed many have insisted on before, that the processes so called vital differ in nothing but intricacy from other physical phenomena. Modern scientific investigation recognises no essential difference between the phenomena observed in a growing crystal and those of a living cell. The old notion of an Archæus governing and directing blind matter within each living body has already given place to a conception of

life (*i. e.* all that science can take cognisance of in life) as the product of a certain disposition, or motion, or arrangement of material molecules. Other old notions and well-worn terms must go also—medicinal and curative virtue, specific action, alterative force—and a host of other terms of the older philosophy must be set aside for the simple formulæ which deal with matter and motion—force and vibrations—molecules and atoms. But while it is true these latter terms help us to state our problem more clearly, their use does not enable us to approach much nearer to the knowledge of *realities*.

Atoms and molecules, force and motion, are but symbols. They are the a's and b's, the x's and y's of algebraic formulæ, the known and unknown quantities of the new philosophy.

One purpose they serve at all events—their use enables us to state our particular beliefs in language which can admit of no misrepresentation.

The mere statement of the homœopathic theory in plain and distinct scientific symbols must necessarily simplify the task of deciding on its truth or error.

In the first place, then, my paper is intended to show that Homœopathy is the natural ally of the modern philosophical school.

In the second place I hope it may assist in replacing some of the fancies and hypotheses of old medicine by the facts and deductions of modern science.

For the title of my paper I am indebted to a work with which you are all familiar, wherein Dr. Hughes has treated of Pharmacodynamics, the concrete study of drug action, the *δύναμις* or power of each individual *φάρμακον*.

I would borrow the term to express rather the abstract science of therapeutic action—the *modus operandi* of remedies in general.

Pharmacodynamics then, I would define to be the science which treats of remedial dynamics, and investigates the general laws according to which the normal or abnormal action of an organism may be modified. It is a branch of general dynamics, and treats therefore of force in motion ;

and it is only in so far as the organism exhibits motion that it can be brought under this branch of physical investigation. Now, just as there are certain laws governing the motion of bodies in molar physics, so I believe, are there precisely similar laws regulating the interchange of molecular forces and motions.

In my former paper, *Recent Advances in Physical Science as illustrating the Law of Similars*, I have endeavoured to show how the homœopathic law governs this interchange of motion, and the transfer of energy, both in molar and molecular physics.

In that paper I have pointed out some of the definitions, or rather axioms, which must be premised before we can fairly study the physical conditions of drug action. These axioms are two in number :

First. A living body organ, tissue, or cell differs from a non-vital one, in that its atoms and molecules are impressed with a certain complicated vibratile motion, which we call "vital motion." This motion is easily transferred to the particles of adjacent matter under favorable circumstances.

Second. Health consists in the due orderly harmonious vibration of molecules in a state of vital motion. Disease is the consequence of any interference with such vital motion, producing inharmonious, defective, excessive, or otherwise deranged motion in one or more living cells. This faulty motion, even though it be of a single molecule of a single cell, is incompatible with the just balance and harmonious interdependence of the parts of a healthy organism.

From these premises the first law of Pharmacodynamics might be formulated, almost in the very words of Newton's first law of motion.

I. Every molecule of an organism perseveres in its normal state of rest or uniform motion, unless it be compelled to change that state by forces impressed upon it from without.

This law enunciates the fact that abnormal or diseased action cannot arise spontaneously, but that any

change of a state of rest or of healthy harmonious motion must necessarily be communicated by forces acting from without.

Similarly, if we start from an organism, tissue, or cell whose molecules are in a state either of polarity or of vibration which is incompatible with healthy harmonious action, we must not expect the polarity to be altered or the motion to be changed spontaneously. Any alteration of the abnormal state must be induced by forces acting from without.

Now, the only sources of force or motion of which we know anything are the so-called imponderable forces of Nature. From these, then, the curative energy—force— or motion is derived. Light, heat, actinism, electricity, as well as the physical and chemical forces, have been shown to be but modes of motion, mutually correlated and interchangeable. One or other of them is necessary to start the living germ into action, and during its whole life their aid is necessary to growth and repair.

It is from them, too, that the living ovum draws its energy just as much as it draws its substance from the surrounding matter. It is to them also we must look for the motive power which is to alter any disarrangement in the motion of its machinery should diseased or abnormal action supervene.

The second law of Pharmacodynamics runs thus :

II. A morbid state of polarity or motion in a living cell can only be altered by the transference of energy or motion between the cell on the one hand and one of the external imponderable forces of nature on the other.

This transference of motion or energy may be brought about as we shall see either by the intervention of the physician and his remedies, or by means of the very *vis medicatrix nature* itself. In either case it is *motion*, not matter, which needs to be abstracted from or communicated to the morbid organism.

But besides the ordinary forces of nature as known to us, there are certain substances which are themselves assemblages of vibrating atoms, and which are capable under favor-

able circumstances of communicating their phases or kinds of motion, and thus modifying the vibration of living tissue.

Just as we are taught that coal represents merely the concentrated energy of long-past sunshine—of heat and actinism and chemical force, accumulated and, as it were, packed up—ready to be set loose by combustion, so would I regard the various substances of our *materia medica* as so many parcels of latent potential force able to be used under appropriate circumstances.

Let us take as an example a grain of strychnia. You all know how powerful will be the transfer of energy if some of this drug be brought into juxtaposition with a human spinal cord. But according to our theory, it can only set free in itself and then communicate to the nerve tissue the vibrations which it absorbed long since from sun and air, and earth, and sky. It can only repeat the song mother Nature taught it years ago, and it can only communicate the notes to nerve tissue, which is attuned to hear and respond to its particular vibrations. Muscle will not heed it—gland cells will not hear it—nerve alone responds to it; because nerve molecules alone have similar periods of vibration, that is to say, nerve alone is capable of similar or homœopathic action.

But we may easily believe that under certain circumstances the very vibrations of heat and electricity stored up in the drug might have been used directly to affect the nerve tissue. In the direct use of electricity we have an example of this fact. The third law then will run thus:

III. The drugs of our *materia medica* are substances which have been built up under the influence of the forces of nature and which are capable of setting free and of communicating such force or motion to the organism under favorable circumstances. The morbid action of an organ or cell may be modified by the transfer of energy which has been stored up in the substance of certain of these appropriately selected remedies.

The last point, and that of most practical importance, will be to inquire whether there is a law or rule enabling

us to choose among the manifold sources of force, that one which shall be most appropriate to the disease.

The circumstances which are favorable, and even necessary, to the transference of energy from these epitomies, or bundles, or particles of force or motion which we call drugs, will be defined in the fourth and last law of Pharmacodynamics. It is this—

IV. The condition which renders possible a transference of energy or vibratile motion between a drug and a living cell or tissue consists in the similarity or synchronism of its vibrations, in fact in its homœopathicity.

For a detailed argument and illustration of the action of this law of similarity or homœopathicity as a necessary condition of all transfer of energy, either among visible masses or invisible molecules, I must refer you to my paper already quoted.

Let us review the conclusions to which we have arrived. We have seen that the phenomena of life are merely those of motion however complicated. We must allow that the laws governing the relation existing between a tissue discord and its appropriate remedy must be a physical one, differing in no way from the ordinary laws of physics except in the complexity and minuteness of the motion. The science of Pharmacodynamics then, which investigates the mutual relations of drug motion and tissue motion must also be a purely physical science, and that relation is expressed in the homœopathic law.

It is a favourite custom at the close of the year to look back and strive to draw from the history of the past lessons and reflections pregnant with meaning for the future. Let us for a moment forecast the future of our school, when medicine and therapeutics shall be in reality branches of physical science, instinct with the spirit of the new philosophy.

A late writer has thus described the future of science :—
“ We believe that every thought and every feeling has its definite mechanical correlative—that it is accompanied by a certain breaking up and remarshalling of the atoms of the brain. This process is a purely physical one, and were the

faculties we now possess sufficiently expanded, without the creation of any new faculty it would doubtless be within the range of our augmented powers to infer from the molecular state of the brain the character of the thought acting upon it, and conversely, *to infer from the thought the exact molecular condition of the brain.*

“Our present powers shrivel into nothingness when brought to bear on such a problem, but it is because of its complexity and of our limits that such is the case.

“The *quality* of the problem and of our powers are, we believe, so related that a mere expansion of the latter would enable them to cope with the former. May it not be that a time is coming—ages, no doubt, distant, but still advancing—when the dwellers on this earth, starting from the gross human brain of to-day as a rudiment, may be able to apply to these mighty questions faculties of commensurate extent.

“Development of our mental powers, and not a change of quality, is all that is requisite. There need be no absolute breach of continuity between us and our loftier brothers yet to come.”

Let us see, then, what would be the conditions of the problem which the mighty faculties of the future physician may hope to solve, in that far distant time when medicine shall have acquired the certainty of mathematical science.

By observing, with the faculties we assume, the molecular state of the affected tissue and the associated abnormal affections, both might be so tabulated side by side that if one were given, a mere reference to the table would declare the other. In addition, the necessary exact modification in the molecular state would be clearly indicated, and the remedy would also be pointed out which is best fitted to produce the requisite modification in the atomic arrangement of polarity or motion.

We shall be able to recognise the particular cell or cells in which morbid action is set up; we shall have tabulated the exact molecular constitution and the exact normal vibratile motion proper to that cell in health; we shall be able to detect the exact alteration in action or struc-

ture, and to estimate the quantity and quality of the abnormal motion.

All this will be but a more intimate knowledge of health and diseased action. But supposing we have isolated the inharmonious vibration, the ultimate cause of the discord which is disease, how is it to be arrested or altered? I venture to believe that the magnificently developed brain of the future will have recourse to the very same methods used at the present day. It must look to the application of some of the forces of nature to arrest the faulty swing of the peccant atoms. And in many cases the very same remedies will be used as their appropriate vehicle. The problem will be the same in kind as that which we painfully and blindly attempt to solve at the present day; but then with how much certainty and delicacy.

Gentlemen, if such a glorious future does indeed await us—if in ages to come the mysteries of life be unfolded, and the secret workings of disease be thus isolated, be thus tracked at last by patient analysis to its lair, in the organ, the tissue, the cell, the very atom whose peccant vibrations are at fault—if such a time should indeed come when the physician of the future shall be able to infer *from the symptoms of a given disease the exact molecular condition of the faulty organ*—even then I may venture to believe that the great law of Pharmacodynamics will remain unchanged, and that similarity or Homœopathicity of action will govern the relation between the forces of medicine and disease.

There has always been, for me, a strange glamour and fascination about the theoretical side of medicine which consoles one occasionally for the manifold imperfections and failures of its practice. I sometimes feel inclined to echo for medicine what Ptolemy wrote of astronomy :

“ I know that I am mortal, and the creature of a day ;
 But when I see the stars, like sand, in orbits turn alway,
 As that divinest sight I heed, I spurn the earth and say,
 ‘ Now am I even as Zeus,’ and feed on his ambrosia.”

We all see signs that the immediate future bears within its womb far more wonderful and far-reaching developments still in the domain of science. Each development, each new

discovery, will, however, I firmly believe, prove on mature examination, to be in harmony with the law of similars ; nay more, we may hope that the progress of scientific research will but bring out into bolder and clearer relief the grand truth which Hahnemann's far-reaching intuition first laid hold of and formulated—a gift for all succeeding ages.

But be this as it may, whether our school gain renewed vigour from its alliance with the modern phases of philosophical research, or whether it be doomed at last to perish, having accomplished its purpose, one thing at least is certain, that this Society will not have protested in vain for liberty of medical practice and freedom of belief.

For whatever be doomed, if Homœopathy and Homœopaths pass away, still the future of liberty, physical and mental, is secure, and the cause of freedom, we are well assured, cannot die :

“ Freedom we call it, for holier
Name of the soul's there is none ;
Surelier it labours, if slowlier,
Than the metres of star or of sun ;
Slowlier than life into breath ;
Surelier than time into death,
It moves till its labour be done.”

Annals of the Hospital.

EAR AFFECTIONS ATTENDED WITH DEAFNESS.

BY ROBERT T. COOPER, M.D., Physician, Diseases of Ear.

THERE are no diseases more neglected by the Homœopathic School of Medicine than those of the ear, and none in which we are so badly off for carefully observed facts bearing upon the effect of drugs. Well may Bæhr, when instituting a comparison between eye and ear diseases, say (vol. i, p. 257): "As regards diseases of the ears, we are still worse off than in diseases of the eyes." The reason, the great reason as I verily believe, for this is the lack of interest generally manifested in ear diseases, and which has led to their states being insufficiently examined. We have yet to learn whether the varying appearances of the membrana tympani in disease afford us reliable indications for the administration of particular drugs; I am myself convinced that the alterations in colour, &c., that take place upon the membrane are of some avail as leading to the selection of the indicated remedy. But it would be impossible for any one to appreciate such distinctions sufficiently to be able to pronounce an opinion upon their significance without a long and patient study of this organ, and hence the necessity for studying it, and studying it both apart from and along with other parts of the body. Case after case must be watched and careful inquiry made at every stage as each progresses to recovery or the reverse, and every alteration noted in the colour or outline of the membrane, and as much of its surroundings as are visible. The few of our practitioners who have paid special attention

to aural diseases have combined the study of ear cases with those of the eye, but, compared with the ear, the ever changing appearances of an eye when diseased are so obvious, so easily demonstrated, and their significance is so accurately defined, that it amounts almost to a necessity, if we place ourselves in a position to choose, or it to engross our chief attention. This has been the case very strikingly with old school practitioners, and I suppose the like influences the specialists of our own school.

Our provings do not help us as much as might be expected in treating ear diseases, but the reason of this is that ear symptoms are recorded in Hahnemann's and our more recent provings in a very loose and unsatisfactory manner. Of this I could adduce very many instances, but the fact is so obvious that it would be unnecessary; however, this defect, I am convinced, can in a great measure be remedied by carefully recorded clinical observations. We give below a few cases, and hope in future numbers to be able to contribute many others. The first we shall take up supplies us with points of interest as a clinical study in regard to the action of *Hydrastis* and the pathology of at least one form of deafness.

Henry White, æt. 58, a porter by trade, was admitted 27th of October, 1877, with deafness of both sides. He used as a child to be much exposed to draughts, and then suffered from otorrhœa, and about six years ago he was again troubled with the same affection. Four years ago ozœna set in, and, after having had it for a year, he began to find himself becoming deaf. His throat feels dry and he suffers from cough, while the nose and upper part of his throat feel stuffy; there is a dull, heavy sensation about the forehead, and he still has some unpleasant nasal discharge. Is liable to cold feet and to confinement of the bowels. Hearing distance, 2 inches both sides; voice heard better than the watch. Malleus-handle red on both, but especially so on the left side. *Soda chlorata* ϕ , gtt. vij— \mathfrak{z} ij. Misce. \mathfrak{z} j, t. d. in Aquâ.

November 10th. Three days after being here the left ear discharged for a whole day, but has not done so

since; can hear much better; bowels are regular. A minute perforation on the left membrane, right meatus filled with soft cerumen. Watch-hearing—right $\frac{21}{30}$, left $\frac{10}{30}$. I ascertained, on closely questioning him, that by mistake he had sniffed the medicine up his nose instead of taking it by the mouth; its beneficial effect given in this way is often remarkable (*vide my Clinical Lectures*, p. 99), and here it had, I think we may safely infer, a positive influence, as seen by the left ear discharging after three days' use of it. He then was given for the ensuing fortnight a *Soda chlorata* lotion to be sniffed up the nose (*Soda chlor. φ*, gtt. vij— $\overline{3j}$), and the same remedy for internal use (*Soda chlor. φ*, gtt. j— $\overline{3vj}$. Misce. $\overline{3j}$, t. d. in Aquâ).

At the end of this time he expressed himself as hearing clearer, but the watch-hearing was not so good—12 in the left and $\frac{1}{2}$ in the right.

Dec. 8th. Has been varyingly better and worse, throat is very sore, and there is much heaviness about the forehead. Watch-hearing 1 inch on both sides. Continue, only with 7 drops to 6 oz. internally.

22nd. Unable to hear so well. Watch-hearing—left 2, right $\frac{1}{2}$. *Hydrastis φ*, gtt. vj— $\overline{3vj}$.

January 5th, 1878. Can hear much better in the left ear; forehead and throat feel better. Watch-hearing—left 20, right $\frac{1}{2}$. To continue the *Hydrastis*, but to have besides camphor inhalation (*vide my Lectures*, p. 125).

19th. Still hears very much better with the left ear; *Hydrastis* caused a sore feeling in the chest, with a violent paroxysmal cough, with thick phlegm generally coming on in the evening. It went away whenever he left off medicine. Watch-hearing—left 18, right $\frac{1}{2}$. To continue.

February 2nd. Is much better, left ear especially, chest the same, and feels "sore all over." Brings up a good deal of wind from the stomach, no noises in the ears. Bowels are regular. To have *Chinin. sulphuricum 3x*, gtt. v.— $\overline{3vj}$. Misce. $\overline{3j}$, t. d.

23rd. Chest is better and seems better generally, but has much heaviness about the forehead. Continue.

March 9th. Is about the same; his arms and legs

twitch; chest and cough are much improved. I now find him to be troubled with thread-worms. To have *Terebinth.* ʒx, gtt. xiv—ʒvj. Misc. ʒj, t. d.

March 30th. Is much better, especially the *right* ear, but has not alone twitchings in the arms, but cramp in the legs as well. Watch-hearing—left $5\frac{1}{2}$, right $\frac{1}{2}$. Continue.

April 13th. Is very much better, hearing greatly improved. Right membrane opaque and retracted, his general health is very much improved, and the cramps are less. There is still a trifling nasal discharge. Watch-hearing—left 30, right 1 inch.

Though I do not claim this as an absolute cure of deafness, it is yet undeniable that very great improvement resulted from treatment, an improvement due principally to the *Hydrastis*.* The case was a very obstinate one; its pathological interest consists in the gradual transmission of the catarrhal process from one organ (the nose, including probably the frontal sinuses) to the other (the ear, by way of the Eustachian tubes).

The italicised symptoms are, I incline to think, undoubtedly pathogenetic, they bring *Hydrastis* into relationship with *Rhus toxicodendron* and *Bryonia alba*; and then to *Hydrastis* is also due, though not distinctly stated in the report, the removal of the disposition to confined bowels.

The occurrence of an otorrhœa on the left side three days after commencing to sniff up the *Soda chlorata* solution, leads us to infer a very strong influence upon the middle ear, owing no doubt, to actual entrance of drug particles *vid* the Eustachian tubes into the middle ear; it in fact raked up an old sore that had previously existed.

The next case also shows the beneficial effects of *Hydrastis* in deafness; and, although this case may be pronounced an incomplete cure, yet, when we remember that conversation-hearing was perfectly restored, the cure is in reality a very satisfactory one.

George W—, æt. 35, like the last a porter by trade, came to the hospital on the 3rd of November, 1877, with deafness

* In giving the palm to *Hydrastis*, the reader will question my judgment; I am quite convinced that it was the chief agent in effecting improvement.

which he had had for six years, on the right side, and for five years on the left. It had come on by itself "probably from cold." He had been to St. Bartholomew's Hospital, but there he was assured that nothing could be done for him. He is a light-haired, "catarrhal" looking man, and often gets "stuffy colds in the head;" he goes to bed all right, but wakes unaccountably with a terrible cold. He often suffers from noises in the head, his hearing is best in a noise, and worst when excited.

General health good, and bowels regular.

Left malleus-handle red and inflamed looking, right white, and membrane papery looking. Watch-hearing—3 inches on left, $\frac{1}{3}$ inch on right. Hearing best for the voice.

This proved a very obstinate case, and it was rendered additionally so by his being unable to attend more than once a month. I used the air-douche (Politzer's) on several occasions with some temporary benefit, but the disposition to take cold with catarrhal nasal flux notwithstanding the administration of *Pulsatilla* and *Graphites*, defeated all our efforts for the first five months. The post-pharyngeal region was granular.

I then (on the 13th April) gave him for the first fortnight of the ensuing month, seven drops of *Tincture of Sulphur* (ϕ), and the succeeding two weeks *Hydrastis* twelve drops, as with the *Sulphur*, for the fortnight.

He returned saying that there was a distinct improvement during the *Hydrastis* fortnight, and so it was gone on with till the end of July, when he came and reported himself very much better, he could hear conversation perfectly; both membranes looked natural except that on the *right* side, the malleus-tubercle, was unduly prominent; the watch-hearing had risen to 12 inches on the left side, and 5 $\frac{1}{2}$ on the right.

The case is an undoubted triumph for *Hydrastis*.

The indications would be: *persistent catarrhal tendency, affecting especially the naso-pharyngeal mucous membrane, a fiery redness of the malleus-handle, and a deafness in which the hearing is better for the voice than for the watch, improved by being in a noise, aggravated by being excited.*

These, of course, require additional confirmation.

It is surely a triumph to restore perfect conversation-hearing to cases that have been pronounced by good authorities incurable.

As we are upon *Hydrastis*, I shall finish up this paper by giving the following case:—

Harriett C—, æt. 16, a plethoric, fresh-looking servant girl, of a highly nervous and sensitive disposition, came to the Ear Dispensary at the Hospital, 11th May, 1878, having suffered *during her entire life time* (so far as she is aware) from deafness which is attributable—but uncertainly—to scarlet fever. Hears best upon the right side; on this side she had a discharge a year ago, and when a child used to be troubled very often with “abscesses in the ears.”

She is very drowsy, especially in the evening. General health (bowels, catamenia &c.), good. Watch-hearing,—left $3\frac{1}{2}$, right $4\frac{1}{2}$. For the first fortnight to have,—

Five drops of *Hydrastis* to go over that time.

At the end of this time she did not consider herself improved.* Watch-hearing—right 6 inches, left 4 inches.

To have fourteen drops in the fortnight.

At the end of this, the second fortnight, expresses herself as much better. Watch-hearing—right $\frac{12}{30}$, left $\frac{5}{30}$.

Continuing the same prescription; by the end of the second month (20th July,) her hearing (voice) was much improved, nervousness and drowsiness were also better. Watch-hearing—right $\frac{11}{30}$, left $\frac{7}{30}$.

From this date till the 28th September, her watch-hearing remained stationary, though the voice-hearing improved, and she now complained of numbness of the finger-ends.

We now prescribed a fortnight of *Ignatia* in the second decimal, a drop night and morning, and on the 19th October, she returned reporting no change in the hearing but a cessation of the numbness of the finger-ends, and that she had had a good deal of right-side faceache.

Hydrastis, a drop night and morning, was now pre-

* A patient's statement may be accepted as the state of the voice-hearing.

scribed, and in addition she was directed to inhale *Terebene* after the Valsalvian method (see my *Clinical Lectures*, pages 39 and 125), twenty-one drops of Cleaver's *Terebene*, to two drachms of water, with a drachm of *Spirits of Chloroform*, added.

November 16th.—Is much better; upon her gums I notice a marginal redness underneath which oozes a slight discharge, and for the first time I ascertain that her *hearing has always been improved by being in a noise*. Faceache gone, nervousness quite left. Both membranes free from congestion. Hearing distance—right $\frac{14}{36}$, left $\frac{6}{36}$.

Glycerine is applied on this occasion freely to the nostrils. (*Vide Clinical Lectures*, p. 52.)

Dec. 14. Every one remarks the improvement in her hearing, her mistress no longer complains of her being deaf. Watch-hearing—right $\frac{14}{36}$, left $\frac{9}{36}$.

This case also lends countenance to the applicability of *Hydrastis* to "a hearing better in a noise;" in other words, to one of the most intractable as well as one of the most common forms of chronic deafness, and one for which we stand sadly in need of efficient remedies. *Graphites* is the only drug whose proving reveals this symptom, and as a curative agent *Graphites* will often be found inappropriate to other features present in any given case.

CASES TREATED BY ANTISEPTICS.

By A. H. Buck, L.R.C.P.

THE highly interesting paper read by Dr. Blackley at the Homœopathic Congress at Leicester this year, may tend to make the following cases of interest, as illustrating the effects of antiseptic remedies in certain forms of diseases connected with the alimentary canal.

A. B—, twenty-five days old, female.

July 25th. The mother's milk having failed three weeks after her confinement, the child was fed by means of the bottle with cow's milk and water; she was, when I saw her, somewhat emaciated, patches of aphthæ were upon the mucous membrane of the palate and mouth; she was restless, did not take her food well, and seemed to have a difficulty in swallowing. I ordered *Borax*, 1x trit. gr. ij, every three hours, and local application of *Glycerine* and *Borax*.

26th. Vomiting had commenced during the night; the aphthous patches remained much the same; the *Borax* was continued every two hours.

27th. Vomiting considerably increased, the milk was now discontinued, and arrowroot with water given. The aphthous patches considerably increased. Continued *Borax*.

At 5 a.m. on the fourth day of my attendance I was summoned to my patient; her pulse was very feeble; she had been retching all night; had had repeated motions; she was utterly prostrated, lying passively on the nurse's lap, and retaining only for a few seconds what was put into the mouth. At midday the prostration was still greater, and with the exception of the powders only a little weak

brandy and water could be given by moistening the lips, a film formed over the eyes, the pulse could hardly be felt, the mouth was partly open, and the tongue and lips parched and dry; the child, to all appearances, was sinking. I had the extremities kept as warm as possible, and I gave *Arsenicum* 8x gr. ij, every hour, instead of the *Borax*. The aphthous patches had nearly disappeared. In the evening the retching had almost ceased; the infant had retained the brandy and water; after the second dose of *Arsenicum* the bowels were still constantly moved, but the pulse was stronger.

August 1st. Five days after the first attendance the thrush was no longer visible, and the vomiting had quite ceased; the child, though emaciated, was soon convalescent.

B. C—, female, three months.

July 15th. The infant had looked ill for some days, and had not taken her food as usual; the mother's milk had failed three weeks after her confinement, and the child was fed with milk and water from the bottle with a vulcanite tube and teat. She had vomited frequently, looked dull and heavy. Temp. 90.5. Skin hot and dry; action of the pupils sluggish; bowels confined. I thought it a case of commencing cerebral congestion, but, upon examining the mouth on my second visit, I found patches of aphthæ; the vomiting was a little better; bowels rather relaxed. Gave *Borax* 1x gr. ij, every two hours, with local application of *Glycerine* and *Borax*.

17th. The aphthous patches were increased; vomiting no better, great prostration and wasting. Continued same treatment.

18th. Vomiting slightly better. Continued same treatment.

19th. The infant was much weaker; retching constant; motions frequent and offensive; she takes no notice of anything, and remained in much the same condition until the 22nd. I had still continued the *Borax* internally, and the powders were always retained. The aphthous patches had quite disappeared, and the retching was so much better that she could retain thin arrowroot with a few drops of

brandy in it; the motions, however, were still frequent and slimy. As the bowel symptoms continued troublesome, I gave *Merc. corr.* 3x trit. every two hours, stopping the *Borax*. By the 25th she had greatly improved; her strength returned; and the *Merc. corr.* was continued for a few days, and she made a good recovery.

The symptoms in both these cases were similar; in the first more severe, the child being only a few days old. I have repeatedly found that when the infant is taken from the breast at an early age—that is, before three months—it is very liable to thrush. I think it is attributable to the use of the white vulcanite tubing and teats now so commonly used in hand-rearing. They are manufactured by hardening the india rubber by treating it with heated sulphur, much of which remains in the tubing, which smells strongly of it. I think it is probable that the sulphur so acts upon the saliva of the child as to produce the particular parasitic disease known as thrush. I have frequently seen a patch of aphthæ at the upper part of the palate where the teat is pressed by the child in the act of sucking. I recommend my patients to use only the black india-rubber tubing and teats, as being free from sulphur, and I have found the children using them less liable to thrush. Both cases were treated with *Borax* almost entirely, and I think there is no doubt it acted as an antiseptic.

There are many diseases of an obscure and obstinate character in adults connected with the stomach and digestive organs which may be relieved, if not cured, by antiseptic remedies. The following cases have been under my care the last few months.

E. W—, æt. 35, housewife.

July 17th. E. W— is a thin, spare woman; she told me that about three months ago she had vomited up a round worm. She now complained of a constant burning pain in the epigastrium, worse after food; constant vomiting; the tongue was coated and the bowels confined. She had been suffering in this way for about two months. I gave *Arsenicum* trit. 3x.

23rd. No improvement in any of the symptoms.

Continued of water rising in the mouth. I gave
Bismuthi ℥.

30th. Pains in epigastrium better, but vomiting still the same: could only retain arrowroot and water and pulpy food. Gave *Ipec.*

August 7th. No material improvement. From the description she gave me of the vomited matter I suspected a parasite, and gave *Hypsulphite of soda* three times a day.

14th. I found the patient decidedly better; she has had less pain, and has been able to retain far more food than for some weeks. Continued.

21st. Great improvement. Mrs. W— is now able to take meat; her strength increases rapidly. I saw her once or twice more, and she made a very satisfactory recovery. "I saw this patient a few days ago, and she has not had any return of her old symptoms."

T. G—, æt. 30. Occupation active. This man was rather delicate looking; he had about ten years ago taken a course of mercury for specific symptoms, which had for some months quite disappeared. He complained now of frequent griping in the abdomen, preceded by sinking sensations; he had suffered from this for some months. At times the pains in the bowels resulted in violent diarrhœa several times during the day; it was worse in damp weather. According to his own description it came from him like yeast. He complained also of flatulence and constant eructation. Gave *Carb. veg.* ℥ gr. iij ter die.

May 16th. Flatulence and eructation better; diarrhœa in morning, and slight hæmorrhoidal symptoms. *Nux vom.* ℥, ter die. *Sulphur* 5, n. and m.

22nd. Diarrhœa no better; hæmorrhoidal symptoms gone. Repeated *Nux* and *Sulphur*. I gave this patient several other medicines, but without any marked effect upon the diarrhœa, and as it had still the character of yeast and was aggravated by damp weather, I gave *Sulphite of soda*.

June 19th. The diarrhœa and griping pains are better; he continued the medicine for some weeks, and all his symptoms gradually disappeared.

G. F—, æt. 40. Occupation sedentary. He is a stout healthy looking man. About four years ago he received severe injuries affecting the spine, caused by a railway accident; he was laid up for ten months; he gradually got better, but for some months had suffered from extreme flatulence, especially increased on mental excitement or depression. He occasionally had pains in the back, resulting from the collision, and tingling in the fingers. His tongue was fairly clean; bowels confined; abdomen much distended with flatus, which he expels with great noise, and over which he has no control.

I gave him several medicines, such as *Carbo veg.*, *Carb.*, *Cal.*, *Antim. crud.*, *Pulsatil.*, *Lycopod.*, without any marked effect. The flatulence would disappear for a time, but none of the remedies effected a cure. I treated him for some weeks without any favorable result. On one occasion he complained of great languor, both mental and physical, with headache and vertigo, and a return of his old pain in the back, with spinal tenderness; he occasionally had neuralgic attacks over the right eye. I then gave him *Acid carbolic* with most marked and satisfactory results; it relieved his headache and spinal symptoms. He has taken *Carbolic acid* frequently, and it is always an effectual remedy for this flatulence and distension.

Whether this medicine acted as an antiseptic or on the principle of similars I cannot say. I am inclined to think antiseptically. I have since given the acid in like cases of obstinate flatulent distension in higher dilutions, but without any satisfactory result. I return to the *lx*, and have every reason to be satisfied with it.

SOME CASES OF CHRONIC INTESTINAL
DISORDER.

By Dr. RICHARD HUGHES.

1. *Chronic diarrhœa*—*Arsenicum*.

Amelia B—, æt. 61, a monthly nurse, consulted me at the Hospital on November 14th, 1877. She had suffered from diarrhœa for twenty years, but had been worse since an attack of "gastric fever" four years ago. It begins early in the morning, and goes on at intervals throughout the day. She has a weak and sore feeling across the transverse colon, and frequently a sensation "as if her inside were coming from her." The motions are often black or green, and always mixed with mucus. The tongue is red and vallated. She is thirsty; has got thin; and her pulse is 120. She has also chronic erythema of the leg. *Arsenicum* 12, a pilule night and morning.

Dec. 6th. Much better. *Arsenicum* 6, in the same manner.

20th. Still improving; only four stools in the day now, more solid and natural. She continued the last prescription till the end of February, 1878, when the stools were three only in the day, and the general condition much improved. I saw her no more till May 30th, when she came to say that she had had to discontinue the treatment, owing to a nursing engagement; that she had then been nearly well, but that for a month past the stools had been more frequent—from three to six a day. Her pulse, however, was only 90, and there were no enteritic symptoms. She had *China*, and subsequently *Mercurius corrosivus*, with benefit; and again passed from my notice owing to her engagements.

2. *Chronic diarrhœa*—China.

Maria T—, æt. 40, came under care January 17th, 1878. She had suffered from diarrhœa for eighteen months. It had come on gradually, and become gradually worse. She was now passing from 12 to 18 motions a day, quite liquid. The bowels felt cold. There was no pain or soreness, but much tenesmus, and the sphincter ani was weak. Her general condition was good. *Aloes* 2, three drops every night.

24th. Much less tenesmus. Continue.

Feb. 7th. Only five or six motions a day now, but character the same. *China* 1, three drops every night.

21st. Still less frequent and more solid. Continue. She continued this medicine till April 25th, with a few intermediate doses of *Aloes* for recurrence of tenesmus; and by this time was quite well.

3. *Chronic constipation*—Plumbum.

George S—, æt. 28. Came (January 3rd, 1878) to get help for constipation, from which he had suffered for three years. During most of this time he has had to take pills daily. When he has omitted them, the motions (when they have come) have been so hard as to cause cracks at the anus. *Plumbum carbonicum* 3, three grains dry on the tongue every night.

17th. Pills have to be taken only every third day now. Continue.

31st. Has quite dispensed with the pills, and has a daily motion, without pain. Omit.

To these I would add two cases from private practice, but to which I have made reference in speaking on Dr. Wilde's paper about aperients, as reported in the present number of the *Annals*.

4. *Chronic constipation*—Plumbum and Opium.

April 10th, 1878. Miss W—, æt. 71, consulted me this day. She is a tall, thin person, of sallow complexion. She has been constipated as long as she can remember, and has used aperients occasionally for a good time. For the

last four years she has taken them regularly every night. For twenty years past has had attacks of "sick-headache" every week or two; she wakes in the morning with them, and the pain continues for twenty-four or thirty-six hours. Though feeling very sick, she rarely vomits. Supposing these attacks to be due to the constipation, she treats herself on their occurrence to more active purgatives. Having heard that homœopathy has remedies for constipation, she has come to see if she can be delivered from her present bondage. I gave her *Plumbum carbonicum* 2, three grains dry on the tongue every night; but, thinking this a favourable opportunity of testing Dr. Claude's experience with the higher attenuations of *Iris*,* and having regard to the sick-headaches, I gave a dose of the 18th of that remedy every morning.

May 8th. She has now continued this medication for a month, has only had one headache, but the bowels are as stubborn as ever. On inquiring further as to symptoms, she told me that before the headaches come on she is wont to dream much, to have flushes of heat and disagreeable taste in the mouth, and to be more easily troubled by outward circumstances. She now took *Opium* 1, two drops every morning for the first fortnight, and then—no change having occurred—night and morning for the second.

June 5th. Again only one headache in the month, which was materially shortened by taking a drop of the *Opium* every hour, as I had recommended. The aperients seem to act more easily. After another month's course of the same medicine, I directed her (July 18th) to leave off her aperients entirely for ten days, taking during that time a dose of *Plumbum* at night and of *Opium* in the morning. She did so with fear and trembling, but came on the 20th to report that no harm had been done, and that she had had two small spontaneous evacuations. I now gave her *Plumbum carbonicum* 30, five drops every night.

August 28th. She reports to-day: "No headaches for a long time; has gone almost entirely without aperients; the bowels act naturally every eight days or so." The only

* See *L'Art Médical*, vol. xlv.

thing she complains of is much flatulent distension. To solicit a more frequent operation of nature, I ordered an enema every other night; and, as I had hardly gained by going up in the scale with *Plumbum*, I came down, and gave three grains of the first trituration every night.

Between this and the end of the year she had but two headaches, and the bowels came to act from every second to every sixth day. The enemata were omitted after a time. She has gained flesh and colour, and both looks and feels a different person.

5. *Mucous flux of intestines*—*Antimonium crudum*.

Aug. 19th, 1878. I was consulted this day by Mr. R. W. R—, æt. 23. His story was as follows:—

As a boy he used to have “bilious attacks” very frequently. He then began at 13 to be troubled with ascarides, and at one time was supposed to have tapeworm, but nothing would bring any such offender away. With the worm symptom he used to observe much mucus in his stools. At 12 he commenced the practice of masturbation, and continued it till he was 20. At this time the bilious attacks (which used to recur every month or so) ceased, but in their place came permanent dyspepsia. The appetite was voracious, but he suffered from great distension after food. A tendency to giddiness, which had been coming on all this time, for the last two or three months had become confirmed. It was a whirling sensation, felt most when sitting quietly. The bowels were alternately confined and relaxed, the motions always containing mucus. At times he had irritation of the bladder, with mucous sediment in the urine. The tongue was coated white, and the whole condition very depressed. I found the ascending colon tympanitic, but the descending dull; and, suspecting a retention of fæces, I ordered a dessert-spoonful of *Castor oil* to be taken that night, and five drops of *Antimonium crudum* every morning.

23rd. A quantity of very offensive fæces was discharged, and the descending colon is now clear. Continue.

Sept. 5th. Mr. R— reports to-day that the mucus has

646 *Some Cases of Chronic Intestinal Disorder.*

rapidly decreased in amount, and has now almost disappeared. The giddiness is gone, and the appetite has become natural. There is no discomfort now after food.

The sudden reaction seemed almost too much for the system ; and this, with some sexual irritation, brought on a group of symptoms, chiefly nervous, which for a time required exclusive attention. On their subsidence the improvement in the chronic condition was found to have been well maintained ; and the report on Nov. 25th is " keeping well." The *Antimonium* has been taken occasionally for a week at a time.

INDEX TO VOL. VIII.

	PAGE		PAGE
Abscess of orbit, case of, by Dr. Ransford	275	Blackley, Dr. J. G., remarks by, on veratrum viride	9
Aconite in neuralgia and anaesthesia, by Dr. Hughes	489	Blake, Dr. E. T., paper by, on lung-rest and lung-exercise	108
Amputation and its results, by Dr. J. Jones	326	— paper by, on sewage-poisoning	580
Antiseptics, cases treated by, by Dr. Buck	637	— remarks by, on arsenic	60
Aperients, use of by homœopaths, paper by Dr. J. Wilde, on	605	— on glossitis and small-pox	192
Arsenic in scaly skin eruptions, paper by Dr. J. G. Blackley on	49	Brown, Dr. D. Dyce, paper by, on case of spinal paralysis during pregnancy	241
— influence of, on elimination of urea	54	— paper by, on heat and cold, in pregnant and puerperal states	398
Bayes, Dr., remarks by, on antecedents of cancer	395	— remarks by, on cancer	174
— on arsenic	60	— on glossitis	194
— cases of constipation cured by natrum mur.	438	— on inoculation and vaccination	237
— on facial paralysis	272	Bryce, Dr. W., paper by, on hepar sulphuris	30
— on heat and cold in pregnant and puerperal states	419	Buck, Dr. A. H., cases treated by antiseptics	637
— on hepar sulphuris	41	Butcher, Mr., paper by, on recent discoveries in physical science, illustrating the law of similars	441
— on lung-rest	116	— paper by, on pharmacodynamics	620
— on poison-oak	478	— remarks by, on antecedents of cancer	393
— on small-pox	198	— on inoculation and vaccination	238
— on veratrum viride	9	— on salicylate of soda	373
Belcher, Dr., remarks by, on hydrastis in cancer	175		
Bell, Dr. V., remarks by—		Cameron, Mr., on recent discoveries in physical science	464
— on hay-fever	184	Cancer, antecedents of, paper by Mr. A. C. Clifton on	384
— on heat and cold	418	Cantharis in ischuria renalis, case of, by Dr. W. Wolston	530
— on hepar sulphuris	42	Carfrae, Dr., clinical lecture by, on diseases of women	303
— spinal curvature	105	— ditto, on menorrhagia	428
Blackley, Dr. C. H., paper by, on causes of hay-fever	118	— remarks by, on salicylate of soda	372
— on ozone	120		
Blackley, Dr. J. G., paper by, on arsenic in scaly skin eruptions	49		
— cases of rheumatism treated by salicylic acid	502		
— cases of skin disease	332		

PAGE	PAGE		
Children, disease of, cases of, by Mr. Wood	497	Engall, Mr., remarks by, on antecedents of cancer	393
Clifton, Mr. A. C., paper by, on antecedents of cancer	384	— on hepar sulphuris	44
Congestive apoplexy, Dr. C. Weston on	186	— on poison-oak	477
Cooper, Dr. R. T., paper by on <i>recutrum viride</i>	1	— on spinal curvature	101
— cases of ear affections	494, 630	Facial paralysis, paper by Dr. Roth on treatment of	262
— remarks by, on arsenic	62	Glossitis, case of, by Dr. C. Wolston	177
— on the dose	12	Gutteridge, Dr., paper by, on intractable forms of disease	164
— on poison-oak	479	— on Bright's disease	168
— on sulphate of soda	372	— on cancer	167
— on small-pox	193	— on hydatid tumour of liver	166
Drug-action corroborating diagnosis, paper by Mr. Wood on	374	Hale, Dr. R. D., remarks by, on drug-action	382
Drury, Dr., paper by, on inoculation and vaccination	214	— on enteric fever	23
— remarks by, on antecedents of cancer	395	— on hepar sulphuris	44
— on cholera	11	Hamilton, Dr., remarks by, on sewage-poisoning	604
— on drug-action	381	Hay-fever, paper by Dr. C. H. Blackley on	118
— on dysmenorrhœa	261	Heat and cold in the pregnant and puerperal states, paper by Dr. Dyce Brown, on	398
— on enteric fever	26	Heat and electricity, paper by Mr. Maberly on	199
— on hepar sulphuris	43	Hepar sulphuris, paper by Dr. Bryce on	30
— on poison-oak	479	Hewan, Dr., remarks by, on heat and electricity	210
— on sewage-poisoning	602	— on sepiæ	163
— on small-pox	195	— on small-pox	192
— on spinal paralysis	250	Hughes, Dr. R., paper by, on re-proving of sepiæ	153
— on succussion	573	— on aconite in neuralgia, and anesthesia	489
Drysdale, Dr., remarks by, on spinal curvature	103	— cases of chronic intestinal disorder	642
Dudgou, Dr., presidential address for 1876	136	— remarks by, on use of aperients	617
— remarks by, on bichromate of potash	558	— on dysmenorrhœa	261
— on enteric fever	28	— on enteric fever	23
— on hay-fever	136	— on facial paralysis	273
— on hepar sulphuris	45	— on inoculation and vaccination	236
— on inoculation and vaccination	235	— on post-scarlatinal nephritis	557
— on lung-rest	116	— on recent discoveries in physical science	464
— on recent discoveries in physical science	463	— on small-pox	191
— on sepiæ	162	— on spinal paralysis	250
— on sewage-poisoning	602	Inoculation and vaccination, paper by Dr. Drury on	214
— on succussion	573		
Dysmenorrhœa membranacea, case of, by Dr. Matheon	252		
Ear affections, cases of, by Dr. Cooper	494, 630		
Eczema, rhus tox. in, W. Wolston on	539		
Engall, Mr., paper by, on succussion	561		

PAGE	PAGE		
Intestinal disorder, cases of chronic, by Dr. Hughes	642	Presidential address for session 1876-77, by Dr. Wyld	280
Intractable forms of disease, paper by Dr. Gutteridge on	164	— session 1877-78, by Dr. Hale	481
Ischuria renalis, paper by Dr. W. Wolston on	550	Rausford, Dr., paper by, on case of abscess of orbit	275
— terebinthina in	552	— remarks by, on antecedents of cancer	398
Jones, Dr. Jas., on results of amputation	326	Rheumatism, acute, paper by Dr. Wheeler on cases of, treated by salicylate of soda	363
— remarks by, on albuminuria	558	— cases of, treated by salicylic acid, by Dr. J. G. Blackley	502
— on arsenic	62	Rhus diversiloba, paper by Dr. Murray Moore on	466
Kyngdon, Mr., paper by, on enteric fever	14	Rhus toxicodendron in eczema, Dr. W. Wolston on	539
— remarks by, on hepar sulphuris	42	Roth, Dr., paper by, on treatment of facial paralysis	262
Lateral curvature of spine, paper by Dr. Roth on treatment of	90	— paper by, on treatment of lateral curvature of spine	90
Leadam, Dr., remarks by, on veratrum viride	9	— remarks by, on antecedents of cancer	394
Lectures committee, report of	151	— on aperients	518
London homœopathic hospital, twenty-sixth annual report	64	— on hay-fever	135
— twenty-seventh	339	— on heat and cold in the pregnant and puerperal state	418
— twenty-eighth	509	— on lung-rest	113
Lung-rest and lung-exercise, paper by Dr. E. Blake on	108	Salicylate of soda in acute rheumatism, paper by Dr. Wheeler on	368
Maberly, Mr., paper by, on heat and electricity	199	Salicylic acid, cases of rheumatism treated by, by Dr. J. G. Blackley	502
Markwick, Dr., remarks by, on poison-oak	478	Sepia, reproving of, paper by Dr. Hughes on	153
Matheson, Dr., paper by, on case of dysmenorrhœa membranacea	252	Sewage-poisoning, paper by Dr. E. T. Blake on	580
— remarks by, on baptisia	24	Similar, cases illustrating the law of, paper by Dr. W. Wolston on	539
Menorrhagia, clinical lecture on, by Dr. Carfræ	428	Skin disease, record of cases of, by Dr. J. G. Blackley	332
Moore, Dr. Murray, paper by, on the poison-oak of California	466	Small-pox, Dr. C. Wolston on	181
Ozone, Dr. C. H. Blackley on	120	Smith, Dr. Harmar, remarks by, on inoculation and vaccination	236
Pharmacodynamics, paper by Mr. Butcher on	620	Spinal-paralysis during pregnancy, paper by Dr. Dyce Brown on	241
Physical science, recent discoveries in, illustrating the law of similars, paper by Mr. Butcher on	441	Spine, lateral curvature of, paper by Dr. Roth on treatment of	90
● Poison-oak of California, paper by Dr. Murray Moore on	466	Succession, paper by Mr. Engall on	561
Presidential address for session 1875-76, by Dr. Dudgeon	136	Süss-Hahnemann, Dr., remarks by, on inoculation and vaccination	

PAGE	PAGE		
Terebinthina in ischuria renalis, Dr. W. Wolston on	553	Wolston, Dr. W., paper by, on cases illustrating the law of similars	539
Typhoid fever, paper by Mr. Kyngdon on	14	Women, diseases of, clinical lec- ture on, by Dr. Carfræ	303
Urea, influence of arsenic upon elimination of	56	Wood, Mr., paper by, on drug- action corroborating dia- gnosis	374
Ureometer, new form of, by Dr. J. G. Blackley	58	— on diseases of children	420, 497
Veratrum viride, paper by Dr. Cooper on action of	1	— remarks by, on dysmenorrhœa membranacea	260
Wheeler, Dr., paper by, on salicy- late of soda in acute rheu- matism	363	— on inoculation and vaccina- tion	234
— remarks by, on spinal para- lysis	250	Wyld, Dr. G., presidential address for session 1876-77	230
Wilde, Dr. J., paper by, on the use of aperients by homœopaths	606	— remarks by, on bone-setters	106
Wolston, Dr. C., paper by, on cases of glossitis, small-pox, and congestive apoplexy	177	— on cancer	176
— remarks by, on enteric fever	22	— on the dose	10
— on facial paralysis	373	— on inoculation and vaccina- tion	237
— on hepar sulphuris	41	— on recent discoveries in phy- sical science	465
— on inoculation and vaccination	237	— on salicylate of soda	373
— on lateral curvature of spine	101	— on small-pox	196
— on opiates	174	Yeldham, Dr., remarks by, on arsenic	61
— on sepia	162	— on bone-setters	103
		— on eczema	568
		— on enteric fever	25
		— on hepar sulphuris	40
		— on poison-oak	478
		— on small-pox	196











